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Laparoscopic Ventral Hernia Repair: Looking back and forward

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Laparoscopic repair of ventral hernia is an accepted modality of treatment that has stood the test of time. The laparoscopic repair is advantageous in terms of shorter hospital stay and lesser wound infection rate. There are clear advantages of laparoscopic repair in elderly and morbidly obese patient. The recurrence rates are reported to be similar or better than open repair. The advantages of laparoscopic intraperitoneal onlay mesh repair (IPOM) are that it is a standardized technique, reproducible and we have long term results over 25 years. However, the intraperitoneal mesh that is required for laparoscopic IPOM repair remains a concern. Recent updated guidelines state that the intraperitoneal placement of prosthesis specifically produced for laparoscopic ventral hernia repair is safe. However, the same guidelines also state that the use of an intraperitoneal mesh is associated with adhesion formation, shrinkage of mesh and chronic pain. In our study at a tertiary referral center, we observed significant morbidity during re-laparoscopy access and also adhesion related morbidity from previous intraperitoneal mesh implantation. We know that the underlay approach for mesh placement in hernia repair is best. This entails mesh to be placed in the intraperitoneal, extraperitoneal or retrorectus location. Experience with Rives-Stoppa open repair of abdominal wall hernias indicates a low rate of recurrence. The laparoscopic retrorectus repair of abdominal wall hernias appears to combine all the advantages of laparoscopic approach and retrorectus placement of mesh. Further effort to develop a laparoscopic approach to the retrorectus space for treatment for abdominal wall hernias is likely.