Hybrid technique for the treatment of incisional hernia: 58 cases report
Bing Sun, Xian-zhao Deng, Bo-ming Guo, Bo Wu, You-ben Fan, Jie Kang
Department of General Surgery, Shanghai JiaoTong University Affiliated Sixth People’s Hospital, China

Objective: To explore therapeutic effect of a combined laparoscopic and open technique (hybrid technique) for the repair of incisional hernia.

Methods: A retrospective analysis was made in 58 incisional hernia during Jan 2011 to May 2016. Results All cases were operated on successfully and recovered uneventfully. The operating time was 40-160 (91.5±30.4) min. The diameter of the hernia ring was 2-25 (7.5±5.7) cm and the mesh size was 150-600 (273.2±108.5) cm, Postoperative complications included incison infection (n=3, 5.8%), seroma (n=2, 3.4%), abdominal pain (n=8, 13.7%), All of them were cured with conservative treatment. Postoperative hospital time was 6-15 (9.3±2.1) days. No patient developed massive haemorrhage, bulging, mesh infection. No recurrence occurred during the follow-up of 3-53 months.

Conclusion: Hybrid technique is a safe and effective procedure for incisional hernia repair especially for large complicated hernias.
Therapeutic effect of hybrid technique for incarcerated or strangulated incisional hernia repair
Wen Luo, Yong Wang
Department of Hernia and Abdominal Wall Surgery, The Central Hospital of Wuhan, Tongji Medical College of Huazhong University of Science and Technology, China

Objective: To investigate the safety and effectiveness of a hybrid technique for incarcerated or strangulated incisional hernia repair.

Methods: The clinical and follow-up data of 11 cases of hybrid technique for incarcerated or strangulated incisional hernia repair performed from January 2011 to January 2015 at the Wuhan central Hospital of University were analyzed retrospectively.

Results: All cases were performed by hybrid technique successfully with a mean operation time of (151.9±65.2) min and a mean time of postoperative hospital stay of (11.7±3.6) days (7-14 days). All patients were followed up for (21.4±12.1) months (12-36 months). There was neither obvious seroma nor recurrence nor bulging.

Conclusion: The hybrid technique is safe and effective for incarcerated incisional hernia repair with less complication.
The use of prosthetic mesh in the emergency management of the acute incarcerated inguinal hernias: a retrospective study of 167 patients

Jing Liu
Department of Hernia and Abdominal Wall Surgery, Beijing Chao-Yang Hospital, Capital Medical University, China

Introduction: Tension-free hernia repair has been regarded as a gold standard treatment for selected inguinal hernias, but the use of prosthetic mesh in incarcerated inguinal hernias is controversial. We performed our study to evaluate the safety of prosthetic mesh repair for emergency cases.

Methods: Patients with acute incarcerated inguinal hernias who underwent emergency prosthetic mesh repair during 2010 to 2015 at our department were included. Patient characters, operative approaches, results and complications were retrospectively analyzed.

Results: A total of 167 patients were included in our study. 122 patients underwent open surgery while the remained 45 patients underwent laparoscopic TAPP. There were 153 males and 14 females, the median age was 54 ± 17 years. The hernia was indirect in 133 patients (79.6%), direct in 15 patients (9.0%) and femoral in 19 patients (11.4%). Non-viable intestinal resection was performed in 14 patients (8.4%), only 2 of which underwent wound infection. Another 3 patients who developed wound infection had viable hernia content. There were 2 perioperative mortalities. During the median follow-up of 34 ± 19 months (range from 6-77 months), 2 recurrences were recorded in our study.

Conclusion: The use of prosthetic mesh in the treatment of acute incarcerated inguinal hernia is safe. Non-viable intestinal resection cannot be regarded as a contradiction of the mesh repair.