AS9-1

Initiative content reduction surgery for giant ventral hernia in an obese Russian patient: A case report

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Hernias are routine general surgical problems that may present in any age group, regardless of the patient's socioeconomic status. We present a rare case of a giant ventral hernia in a Russian patient with the BMI of 43.8kg/m^2. This is an unusual case and is very rarely reported in China, even Asian. This current case report describes a 56-year-old gentleman who presented to the hospital with a giant ventral hernia complicated with hypertension, coronary disease and diabetes. He was refused by American and European surgeons because of the poor lung function and higher BMI. And we found the length of his small intestine was nearly 10 meters during operation. The literature on large abdominal wall hernias is reviewed, and a technique of initiative content reduction surgery (ICRS) is also presented. ICRS is safe and effective for obese patient's giant ventral hernia associated with loss of abdominal domain. It can reduce postoperative IAH and BMI, and avoid the occurrence of abdominal compartment syndrome, which finally reduce the rate of postoperative complications and recurrence.

AS9-2

Withdrawal

AS9-3

Liver cirrhosis ascites complicated with incisional hernia: case report

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Introdution: We present a special case of hernia with liver cirrhosis, its main complication was abdominal compartment syndrome, and was cured by Transjugnlar Intrahepatic Portosys Temic Stent Shunt (TIPSS).
Methods/Case Report: A 52 years-old lady with liver cirrhosis ascites complicated with incisional hernial. She had 2 times previous abdominal operation, respectively were subtotal gastrectomy and splenectomy. The hernia was between the 2 incisions, its length was 20 cm, and its width was 8 cm, and the skin of hernia thin. The hernial repaired operation was Intraperitoneal Onlay Mesh, used a piece of Proceed mesh, the mesh size was 30.5cm×30.5cm. Two days later, the main complication was abdominal compartment syndrome due to the liver cirrhosis ascites, a tube was used to drainage ascites through abdominocentesis for 7 days.After she leaved hospital,diuretic was required to use, but two months later,the abdominal compartment syndrome happen once again,and the diuretic was on effect.so the Transjugnlar Intrahepatic Portosys Temic Shunt (TIPSS) was performed,after the TIPSS, the ascites was on the decline,twe weeks later, the asctes had not beeen searched by ultrasound.
Conclusion: Liver cirrhosis ascites with incisional hernial is a complex case,aftr the hernial repair operation, the abdominal compartment syndrome which due to the ascites is the main complication, abdominocentesis and drainage ascites is a way to us,but usually is the provisional measures, the Transjugnlar Intrahepatic Portosys Temic Shunt (TIPSS) is the solution.

AS9-4

Progressive Preoperative Pneumoperitoneum Preparation for Surgery of Large Incisional Hernias with Loss of Domain

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AS9-5

Strategies for functional repair of complex abdominal wall defects

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AS10-1

A Report of 4,445 Cases of Laparoscopic Inguinal Hernia Repair: 15-year Experience from A Single Center

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Objective: To perform a systematic evaluation of the clinical effect of laparoscopic inguinal hernia repair (LIHR) retrospectively based on large population of patients.
Methods: The clinical data of 4,445 cases (5,530 hernias) who underwent LIHR at our hospital between January 2001 and December 2015 were analyzed retrospectively. There are 2,402 TAPPs in 2,125 cases, 2,907 TEPs in 2,306 cases, and 21 IPOMs in 20 cases, including 6 cases underwent TAPP and IPOM simultaneously. The 5,330 hernias included 3,216 indirect hernias (60.3%), 1,164 direct hernias (21.8%), 399 recurrent hernias (7.5%), 479 complex hernias (9.0%), and 72 femoral hernias (1.4%). All procedures were accomplished by the same surgical team, and the surgical technique was selected by the surgeons. The median time of follow-up is 51months (range from 7-187 months).
Results: The average operative time is 30.2±11.2min, 27.1±8.7min for unilateral hernia repair, and 43.0±11.0min for bilateral hernias repair. No patient required analgesics. The average length of hospital stay is 1.4±1.1d. 99.4% and 99% of patients returned to normal activities by 2 and 4 weeks, respectively. Totally, there were 12 recurrent cases (0.2%), including 5 after TAPP and 7 after TEP. There are 250 seroma (4.7%), 68 urinary retention (1.3%), transient neuropraxia (0.4%) and 3 paralytic intestinal obstruction (0.1%).
Conclusion: LIHR is a safe and efficient strategy for hernia repair. With systematic evaluation of patients, appropriate selection of surgical procedures, and standardized practice, LIHR could achieve satisfied clinical results.