AVS2-1

The minimal open pre peritoneal approach to treat the umbilical hernia, with a new target mesh, positioned in the pre peritoneal space: Video

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Our preference to treat an ombilical hernia is to put a mesh in the preperitoneal space.
The main difficulty of the technique was to unroll the prosthesis through the small incision.
So we created a new semi rigid and self-expandable mesh.
It is the target mesh: a twelve cm rounded polypropylene mesh with three not knitted and not woven concentric rings. The mesh can be cut.
The main step of the procedure is the preperitoneal space dissection.
A personal prospective study (n=112) is under way, under the control of the French club hernie data base.
Follow up: [15-63] months.
79 men, 33 women
Primary 108, secondary 4
Day surgery, n=106 (88%)
Complications; Seroma, n=2; Ombilical necrosis, n=1; Recurrence, n=1 with a good result after reoperation
Post-operative pain at one month: Visual Analogic scale (VAS)
VAS=0: 96 (86%)
VAS [1-3]: 11 (10%)
VAS [4-7]: 4 (3.5%)
VAS 8: 1 (0.90%)
Post-operative pain between 3 and 6 month (Only the patients with pain at one month are reviewed)
VAS=1-3: 5
VAS=4-7: 1
VAS=8: 1
For all these patients the post-operative pain is less important than the preoperative one
Post-operative pain between 12 and 51 months (All the patients are reviewed at one year)
VAS=4-7: 4 patients
Conclusion: The use of the extra peritoneal mesh is a safe technique. The use of the target mesh make easier to unroll the prosthesis in the Preperitoneal space. The post operative pain rate is very low.

AVS2-2

Abdominal Incisional Hernia Treated by Hybrid Operetion

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Introduction: Surgery for abdominal incisional hernia has been selected a variety of surgical procedures.
Methods: From 2012, We underwent 11 cases Hybrid Operation. It details the eight cases using the VENTRIO mesh.

1. Make the marking of the hernia.
2. Determine the position of the small incision (4 ~ 5cm). This includes taking into account the overall picture of the hernia, it is important to image the center of the mesh deployment range.
3. previous surgery wounds of the small incision, it is possible that the incision in the sack to reach safely in the abdominal cavity.
4. Attach the wound retractor XS to incision, and then set up a free access XS.
5. Insert 5mm port to observe the abdominal cavity from the side abdominal wall from free access. If necessary the camera, it will be the operation ready switch the operation equipment.
6. adhesiolysis and daughter hernia of observation. The determination of the mesh size.
7. Insert the large mesh than wound retractor part "cigar-roll, half & half method". Do stay tacking.
8. you can see "Look up at The dome of PANTHEON".
9. tacking the entire circumference by the double crown method. "Avoiding dangerous zone in the pubic groin" is important.

Conclusion: 1. Hybrid surgery is easy to diagnose daughter hernia in observation from within the abdominal cavity. In the lower abdomen, knowledge of laparoscopic inguinal hernia repair will be considered useful. 2. skin incision is considered to be the length of the mesh can be inserted minimum.

AVS2-3

Our experience in management of ventral henias in difficult positionslike suprapubic. lumbar,epigastric and subcostal regions

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Traditionally hernias in difficult positions like suprapubic, lumbar, subcostal and post CABG epigastric hernias were seen as a relative contraindication for IPOM or laparoscopic repair, with time and experience these hernias are being tackled laparosopically using a partial TAPP approach. we present our experience of handling these type of cases and show the videos of the surgical management.

AVS2-4

Different varieties of "Component Separation Technique"

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Component Separation Technique (CST) is an evolving technique for repair of large ventral hernia with loss of domain.
Ramirez designed it first time in 1990. It allows medialization of rectus muscle & closure of the defect without tension.
However, it has its own pitfalls.
Various modifications like perforator preserving CST, Endoscopic CST, Posterior CST, Transverse Abdominis Release (TAR) have evolved.
We Will show short video clippings of different procedures.

AVS2-5

Complex Abdominal Wall Hernia Repair

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One of the most difficult challenges in abdominal wall hernia repair is the repair of complex or combined abdominal wall hernias. It provides a challenge among surgeons as to how to repair the hernia defect with the least recurrence and also restores the abdominal wall physiology. Here we present a case of a 50 ,male who underwent a previous laparotomy due to trauma obtained when he was gored by a water buffalo sustaining intra-abdominal injuries as well as abdominal wall injuries. He presented with a combined incisional and bilateral inguinal hernias together with a hernia over the site where he was gored. A video of the technique of repair will be presented as well as the different options in abdominal wall reconstruction.