

## IMMEDIATE REPAIR OF TRAUMATIC ABDOMINAL WALL HERNIAS AS A STANDARD OF CARE

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### BACKGROUND

- Traumatic abdominal wall hernias (TAWH) are rare injuries seen after blunt abdominal trauma.
- The recognition of these injuries may be delayed in 27% of cases due to distracting injuries<sup>1</sup>.
- Due to the limited numbers in literature, there is variation in approach and timing of repair.
- We present a standardised approach to successful management of traumatic lumbar hernias.

### METHOD

Three consecutive patients presenting with a traumatic lumbar hernia were treated in a standardised way. Their injury severity scores were 8, 17 and 20.

Management included:

- Surgery in the index admission
- Intraoperative Botulism Toxin (Botox) injection
- Primary repair with the usage of bone anchors with Krackow suture technique
- Post operative multidisciplinary allied health management

### RESULTS

All cases were diagnosed within 4 hours of presentation. All cases underwent a successful repair in their index admission within three days of presentation. There were no early recurrences or postoperative complications.

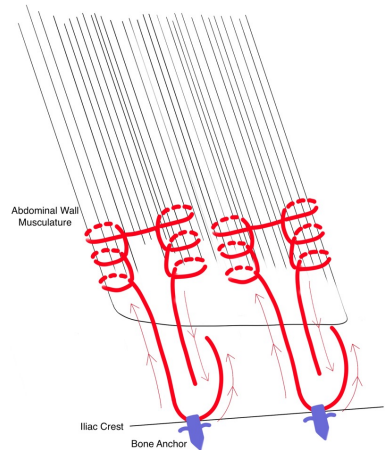


Illustration 1: demonstrating use of the Krackow suture in conjunction with bone anchors to reapproximate the abdominal wall with the ilium.

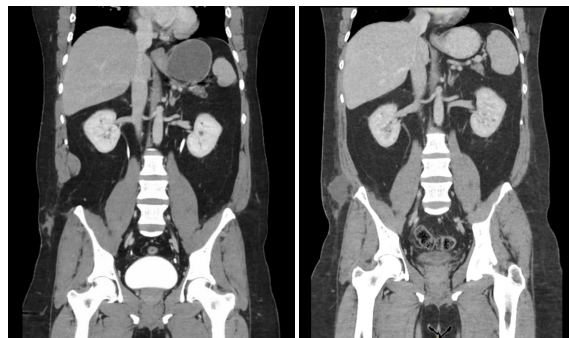


Figure 1.  
Pre-operative coronal CT

Figure 2.  
Post-operative week 4 CT

### CONCLUSION

The case series demonstrates the successful management of TAWH in the acute setting. This approach provides reliable and efficient results with excellent post operative outcomes.

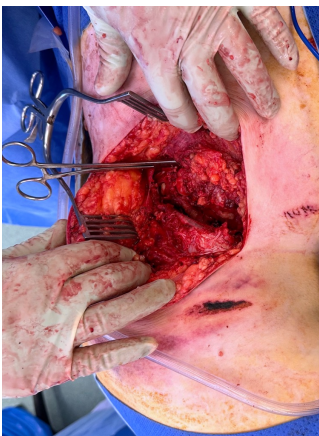


Figure 1.  
Demonstrating the avulsion of the right internal & external oblique from the iliac crest.

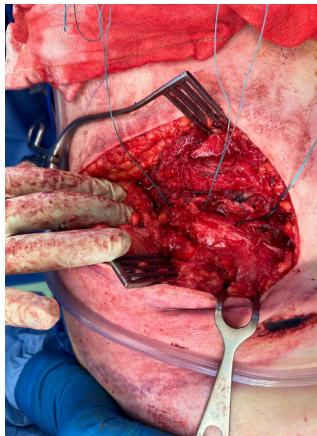


Figure 2.  
Krackow sutures to internal and external obliques with Ethibond sutures. Use of Mitek Plus bone anchors to iliac crest inferiorly.



Figure 3.  
Completed repair of abdominal wall hernia.