

Coexisting ventral hernias and diastasis recti: is the patch mandatory?

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Backg round EHS guidelines recommend a patch repair for small and medium sized ventral hernias (VH) combined with diastasis recti (DR).

Since in open abdominoplasty for DR correction, a simple suture repair is commonly used even when a VH is present, we aimed to demonstrate that combining suture repair of the hernia and of the diastasis could be effective in endoscopic techniques as well.

Technique At the first step performed via the Alexis retractor, short periumbilical incision, hernia reduction, suture of the hernia orifice, and approximation of both rectus muscles on 10-12cm length over the orifice suture line were performed. At the second step the camera was placed via the Alexis cap with two 5mm trocars laterally. Subcutaneous dissection was extended upwards and laterally, and rectus muscle approximation by suture was performed from the xyphoid process to the previous suture line.

Method Data were prospectively collected in the French Club Hernie database.

Results 180 patients (157 females, 23 males) aged 43.9 (18-82) years, with 22.8 (15.9-41) BMI, underwent sutured repair of combined VH and DR. The hernias were umbilical (146), epigastric (10), combined (18), trocar-site (6). The hernia diameter was 1,7 (1-4) cm. The operation duration was 73.8 (50-170) mn. There were 44 (24.5%) seromas, including 4 complicated cases, and 2 hematomas. With a mean follow-up of 17.5 (12-29) months, 165 (91.7%) patients were evaluated. There were no VH recurrences and 5 partial DR recurrences.

Conclusion the double-layer suture repair of small and medium-sized VH associated to DR is effective.

