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LATERAL INCISIONAL HERNIA

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Long term outcomes of lateral incisional hernia repair: A single centre experience

Aims

Lateral incisional hernias (LIH) are uncommon and surgical management is challenging due to proximity to costochondral margin or iliac crest. Last 2 decades have witnessed application of several technical modifications including enhanced view totally extraperitoneal, transversus abdominis release and robot assisted LIH surgery.

We performed LIH repair with either open retromuscular (ORM)/ open onlay (OO) / or laparoscopic intraperitoneal onlay mesh repair and evaluated outcomes.

Methods

Retrospective analysis of institutional electronic health records of consecutive LIH patients operated between January 2014 – December 2024. Main outcome measure was hernia recurrence.

Results

Over 11 years, 19 (8M: 11F) patients, median age 56 (range 17 – 83) years underwent LIH surgery. Median BMI was 28 (range 19-38). 16 had elective surgery - 13 IPOM/IPOM plus & 3 ORM while 3 had emergency surgery (2 ORM, 1 OO).

By EHS classification, hernia was L1 (n=11), L2 (n=04) & L3 (n=04). Median hernia width was 4 (range 3-12) cm classified as W1 (n=06), W2 (n=10) and W3 (n=3).

All elective W1 (n=5) patients whether L1, L2 or L3 underwent IPOM. Of 8 elective W2 patients (L1, L2, L3) 7 underwent successful IPOM while 1 needed conversion to OO procedure. All elective W3 (n=3) patients had hernias in L1 location and had ORM.

Of 15 (79%) patients available for follow up, 2 (13.3%) had recurrence at a median follow up duration of 45 (1-131) months.

Conclusion

LIH repair can be performed with acceptable long-term hernia recurrence rates with appropriate selection of surgical procedure.