

USE OF BOTULINUM TOXIN A IN THE REPAIR OF INCISIONAL HERNIAS THROUGH EXTENDED TOTALLY EXTRAPERITONEAL ACCESS

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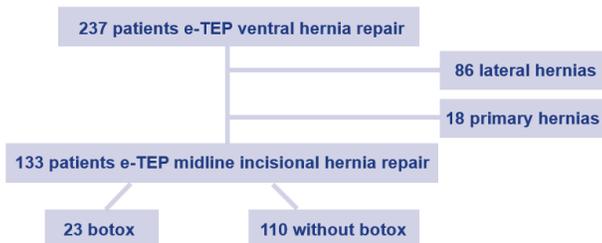
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AIM

The extended totally extraperitoneal (eTEP) approach enables retromuscular mesh placement with the benefits of minimally invasive access. Preoperative botulinum toxin A (BTA) injection facilitates defect closure in large hernias. This study evaluates postoperative outcomes of eTEP incisional hernia repair, comparing patients with and without preoperative BTA.

MATERIAL AND METHODS

A retrospective analysis was conducted between March 2019 and July 2024 in La Paz and Fundación Jiménez Díaz hospitals.

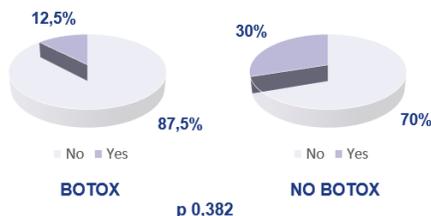


RESULTS

Groups were similar in sex, age (botox: 69 years vs. no botox: 66 years; $p=0.352$), BMI (body mass index) (both groups: 29; $p=0.761$), comorbidities (including hypertension, diabetes mellitus, smoking, heart disease and chronic obstructive pulmonary disease), and ASA classification.

	BOTOX (n=23)	NO BOTOX (n=110)	
Hernia size	100 cm	56 cm	$p < 0.001 *$
Complexity	52.2%	15.6%	$p < 0.001 *$
Surgical time	179 min	134 min	$p < 0.001 *$
Peritoneal flap	73.9%	33%	$p < 0.001 *$
TAR	8.7%	22%	$p 0.117$
VAS score	2	3	$p 0.017 *$
Hospital stay	2 days	1 day	$p 0.005 *$
Complications	34.8%	9.2%	$p 0.004 *$

CLAVIEN-DINDO GRADE III-IV COMPLICATIONS



CONCLUSIONS

The eTEP approach offers minimally invasive hernia repair, avoiding intraperitoneal meshes. BTA enables closure of larger, complex defects with reduced postoperative pain and no increase in severe complications.