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PRIMARY VENTRAL HERNIA

CRANIAL Pe-TEP TECHNIQUE: EARLY OUTCOMES IN THE MANAGEMENT OF PRIMARY VENTRAL AND INCISIONAL HERNIAS

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AIM

This study evaluates early outcomes of a **cranial approach** to the preperitoneal/pretransversalis enhanced-view totally extraperitoneal (**PeTEP**) technique for repairing:

- Primary ventral hernias (PVH) with rectus diastasis
- Small to medium incisional hernias (IHs)

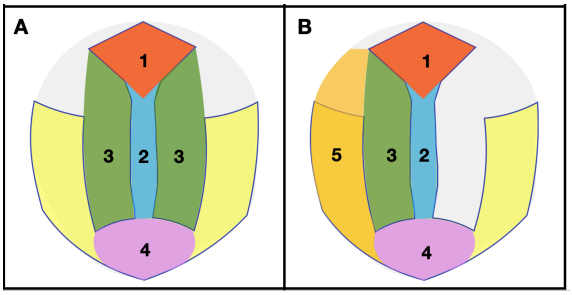
MATERIALS & METHODS

Design: Prospective, observational multicenter study

Period: October 2023 to December 2024

Surgical Technique:

- Cranial access to the preperitoneal fatty rhomboid
- Dissection extended caudally to the pubis and laterally to semilunar lines
- For lateral hernias, dissection exceeded the ipsilateral semilunar line



Cranial PeTEP dissection pathway for midline (A) and lateral (B) defects

RESULTS

Total patients: 39

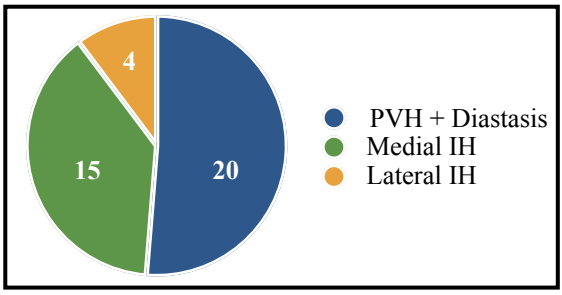
59% had concomitant hernias

Mean defect area: 10.2 ± 13.65 cm²

Mean mesh size: 515.8 ± 265.89 cm²

Surgical site occurrences (SSOs): 7.7%

No infections or recurrences observed at **a mean follow-up of 7.1 months**



Distribution of hernia types

CONCLUSION

The **cranial PeTEP** is a **safe**, **effective**, and **reproducible** minimally invasive technique

It enables **extensive mesh placement** in the **preperitoneal plane**:

- Without breaching the retromuscular space
- Without requiring posterior component separation, even in lateral hernias

Further studies with longer follow-up are needed to validate these encouraging results