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Primary ventral hernia

Communication's title

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Retrospective Analysis of eTEP Rives-Stoppa Repair of Umbilical and Epigastric Hernia with Concurrent Diastasis Recti

Aim

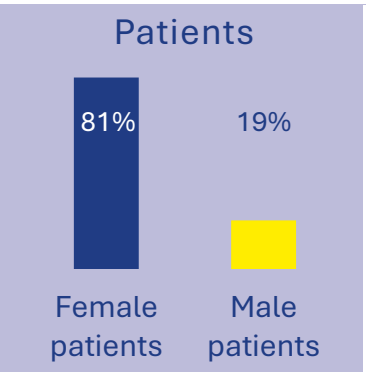
Umbilical and epigastric hernias are common surgical conditions, and may frequently be associated with diastasis recti. This study aims to retrospectively analyze outcomes of hernia repairs including concurrent diastasis recti repair utilizing the eTEP Rives-Stoppa technique, performed at the Center for Minimally Invasive Surgery, University Clinical Center Niš, during 2022 and 2023.

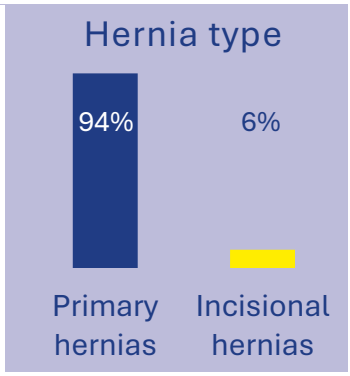
Material & Methods

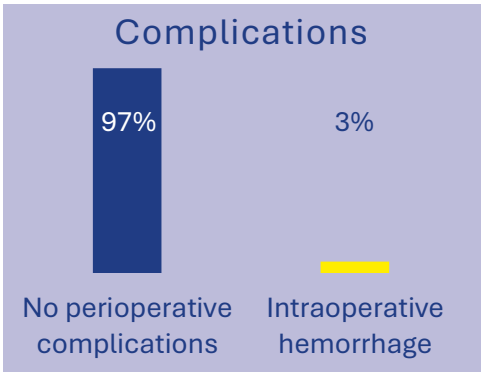
A total of 31 patients underwent surgical repair for umbilical and epigastric hernias, including 25 females (81%) and 6 males (19%). The average BMI was 25.8. Primary hernias accounted for 94% (n=29), while incisional hernias made up 6% (n=2). All patients had concurrent diastasis recti. Defect sizes ranged under 6 cm, with an average size of 3.06 cm.

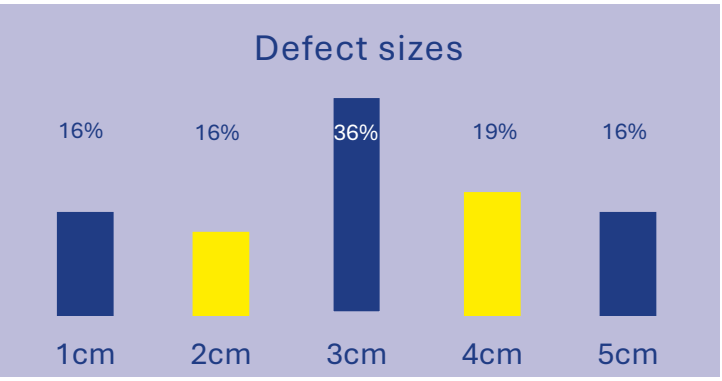
Results

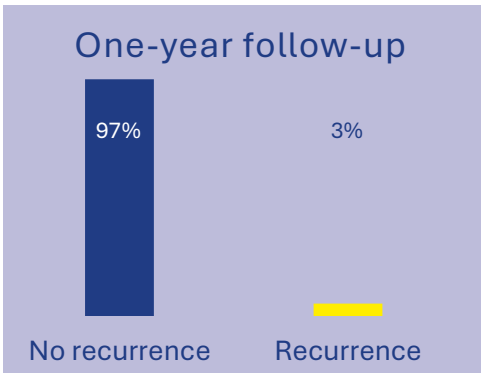
Perioperative outcomes were favorable, with a single instance of intraoperative hemorrhage (3.2%). Over a one-year follow-up period, one patient (3.2%) experienced hernia recurrence.











Conclusaion

The study indicates that utilization of the eTEP Rives-Stoppa technique for repair of umbilical and epigastric hernias, alongside concurrent diastasis recti repair, yields low perioperative complication rates and acceptable recurrence rates. Additionally, the authors observed a trend of seemingly significantly lower postoperative pain with this technique, potentially due to the absence of mesh fixation with sutures or tacks. Furthermore, this approach is more cost-effective, utilizing regular polypropylene meshes instead of the more expensive bilayer meshes used in other endoscopic techniques. These findings suggest that this technique offers both clinical and economic advantages, providing satisfactory patient outcomes while reducing costs.