

What Patients Benefit the Most from Prehabilitation with Botulinum Toxin Type A (BTA)? A Retrospective Series on Operated Midline Incisional Hernia

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Effectiveness of BTA on Midline Incisional Hernia

Are there any preoperative factors for identifying which patients will profit from BTA on avoiding the need of complex techniques such as posterior component separation (PCS)?

DESIGN OF THE STUDY:

- o Retrospective study
- o Time period: 2017-2023
- o Inclusion criteria: all patients operated on open retromuscular midline incisional hernia in whom BTA was indicated preoperatively (Width hernia size more than 8 cm)
- o Separated into 2 groups: Rives technique vs PCS technique

RESULTS

- o 20 patients (11 Rives and 9 PCS)
- o No differences in CT measurements between both groups
- o A higher proportion of female patients and a significantly higher BMI were identified on Rives group

CONCLUSIONS

- o BTA more effective in women and patients with elevated BMI
- o No topographic CT found
- o Further research needed on BTA on midline incisional hernias

	Rives n=11	PCS n=9	P
Age (years)	80,2 ± 11,8	79,2 ± 6,9	0,832
Femenine gender (%)	7 (64%)	0 (0%)	0,003*
BMI (Kg/m²)	30,4 ± 4,4	26,8 ± 2,7	0,048*
Smoking habit (%)	4 (36%)	7 (77%)	0,064
ASA III-IV (%)	3 (27%)	3 (33%)	0,769
Surg duration (min)	211 ± 52	214 ± 73	0,897
Midline closure	10 (90%)	5 (56%)	0,043*
Abdomen			
CT			
Hernia L (cm)	141 ± 44	149 77	0,790
Hernia W (cm)	9,7 ± 2,2	10,7 ± 3,1	0,429
Abd perim(cm)	60,9 ± 10,1	66,9 ± 6,5	0,140
Oblique t(cm)	2,1 ± 0,7	2,4 ± 1,1	0,363
RectusDefectR	1,4 ± 0,4	1,3 ± 0,5	0,838