

EHS202500455 - Intestinal Obstruction Following Bilateral Laparoscopic Inguinal Hernioplasty Due to Expulsion of Sutures

Cesardo¹, Campillo¹, Domínguez¹, Troyano¹, Valverde¹

¹Fundació Hospital de l'Esperit Sant – Barcelona (Spain)

Case Report: Intestinal Obstruction Due to Barbed Sutures Following Bilateral Laparoscopic Inguinal Hernioplasty

Material and methods

Descriptive

Results

A 77-year-old man with a history of hypertension, type 2 diabetes, and hypercholesterolemia presented with bilateral inguinal hernia for evaluation in the outpatient clinic. Given his active lifestyle, laparoscopic repair using the transabdominal preperitoneal technique was performed. The procedure was uneventful, and the patient was discharged 8 hours post-operation.

On the tenth postoperative day, the patient visited the emergency room after developing symptoms of bowel obstruction. Following examination, the diagnosis of ileal obstruction due to adhesions was concluded by computed tomography. Initial conservative treatment with nasogastric decompression and oral Gastrografin was attempted.

However, due to persistent symptoms after 24 hours, urgent laparoscopic exploration was decided. Intraoperatively, no mesh failures or peritoneal adhesions were found in the surgical site. After careful inspection of the bowel, adhesions in the small intestine were identified as the cause of the obstruction.



The cause of the adhesions were the barbed suture that was free from both peritoneal incisions. Adhesiolysis was successfully performed without complications, and the barbed sutures were extracted. The patient recovered well postoperatively, although he developed hospital-acquired pneumonia, likely due to aspiration, and was discharged after completing intravenous antibiotic therapy.

Conclusions

This case highlights a rare but significant complication(1-2), although the use of absorbable and barbed sutures is well-documented, complications may still occur. This emphasizes the need for close postoperative monitoring and early surgical intervention in cases of suspected intestinal obstruction due to adhesion.

References

- Wang L et al. Surg Case Rep, 2021;7:161.
- Suárez-Grau JM et al. J Abdom Wall Surg, 2024;3:12562

