

EHS202500507

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The effect of preoperative digital weight-loss program in hernia patients

Aim To find out whether strong support in weight control is beneficial before hernia repair. Weight loss of 5-10% can already reduce the risk of pulmonary and wound complications. Recommended BMI below 35kg/m² prior to ventral hernia repair is an unrealistic goal for many

Methods According to our hernia database, 50% of ventral hernia patients have BMI over 35 and 10% over 40kg/ m². From 2022, obese patients scheduled for elective hernia surgery have been offered an opportunity to participate in a digital weight loss program. The outcome has been gathered in a prospective database

Results

	Completed coaching program 37/99	Did not complete 62/99 Changed the method to lose weight 19/62
Surgery	33/37	26/62
Achieved CSWL	26/33	10/26
Even ≥10%	16/33	5/26
The average reduction in weight (kg)	-7.39 %	-4.58%

In total, 99 hernia patients entered the digital weight loss path. 37 (37 %) patients completed the program. Of them, 31/37 (83%) achieved clinically significant weight loss (CSWL) of at least 5%.

33/37 patients underwent surgery. Of them, 26/33 achieved CSWL; in 16/26 the weight reduction was ≥ 10%. The average reduction in weight (kilograms) was -7.39% from the baseline (median -10.06%, range -31.40% to 1.72%) on the operation day.

Some 43 patients did not complete the coaching program and 19 changed methods for weight optimization. Of these 62 patients, 26 had hernia surgery. Their average weight loss on the day of surgery was -4,58% (median -3,51%, range -25,70%-11,0%). 10/26 patients achieved CSWL (5/26 >10%).

Conclusion

Preoperative digital coaching program helps hernia patients lose weight effectively before an operation.

A greater number of patients is needed to assess the effect in reducing complication rates.