

The Safety of TAR With No Retromuscular Drainage

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Introduction

Posterior component separation with transversus abdominis muscle release (TAR) plays a pivotal role in achieving effective and long-lasting reconstruction for **complex ventral hernias**.

While TAR is linked to a surgical site occurrence (SSO) rate of 22% and a surgical site infection (SSI) rate of 11%, the use of retromuscular drains remains a common practice. ¹

Materials and Methods

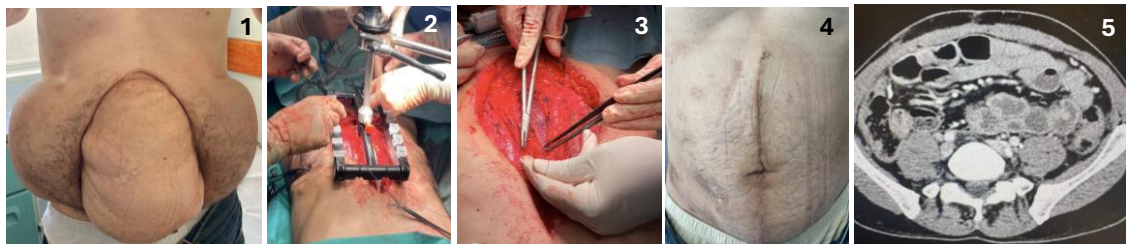
Retrospective study (April 2021–July 2024).

TAR surgeries and associated **morbidity** were analyzed.

Results

Preoperative risk factors were present in 65% of patients: COPD, smoking, obesity and diabetes.

Median Age	66 y	244 Complex Hernias		46 Botulinum Toxin
Median BMI (Min – Max)	29, 4 kg/m ² (19,4-37,8)	47♀	88 TARs	41♂
Localization	67 Middle Line 18 Lateral 3 Both	5 PPP		
Average CT transverse defect	10 cm	Macroporous polypropylene mesh (48 g/m)		
Median CeDAR's calculation	29.5%	No retromuscular drainage	No retromuscular hematoma	
Recurrent Hernia	35%	61 Subcutaneous-only drainage	No recurrences	
Surgical time	105-450 min	89% Closed incisional NPT	SSI 1.1%	
Median Follow-up	18 months			SSO 18,2%
				SSOPI 5.7%



1. 14cm hernia with skin insufficiency. Preoperative subcutaneous tissue expanders. Bilateral Transversus Abdominis Release (TAR).
2. Fasciotens® technique. 3. Placement of a 49 cm (L) x 40 cm (W) mesh. Complete medialization of the rectus abdominis muscles.
4. 1 month postoperatively. 5. CT scan performed one year postoperatively

Conclusion

This study, with a **significant sample size**, confirms the **safety of TAR**, establishing it as a **key technique** in functional reconstruction of complex hernias.

The absence of retro-muscular drainage proved to be safe.