

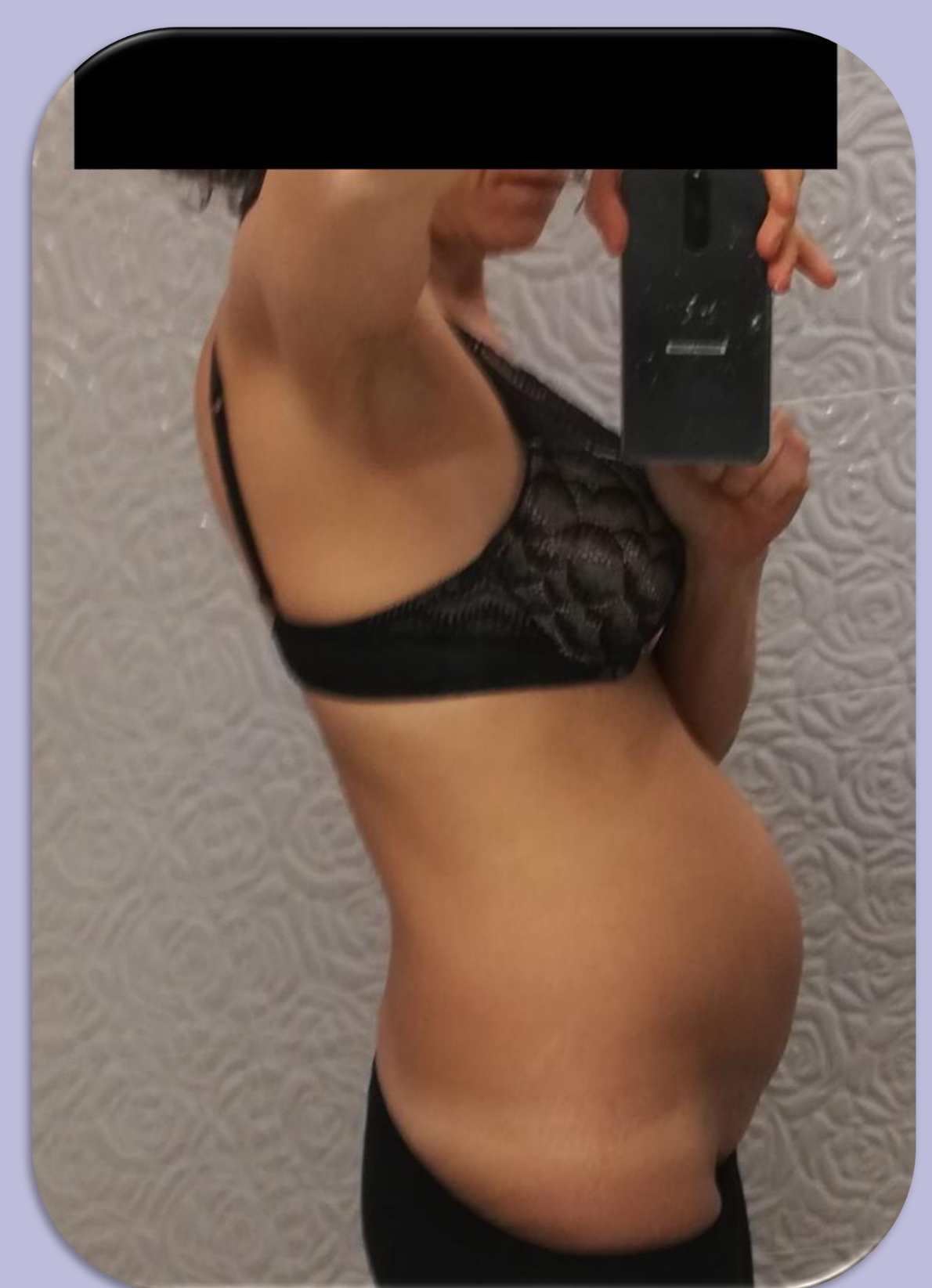


The use of polypropylene for REPA in diastasis recti muscles. Is it a viable choice? Short and long term results

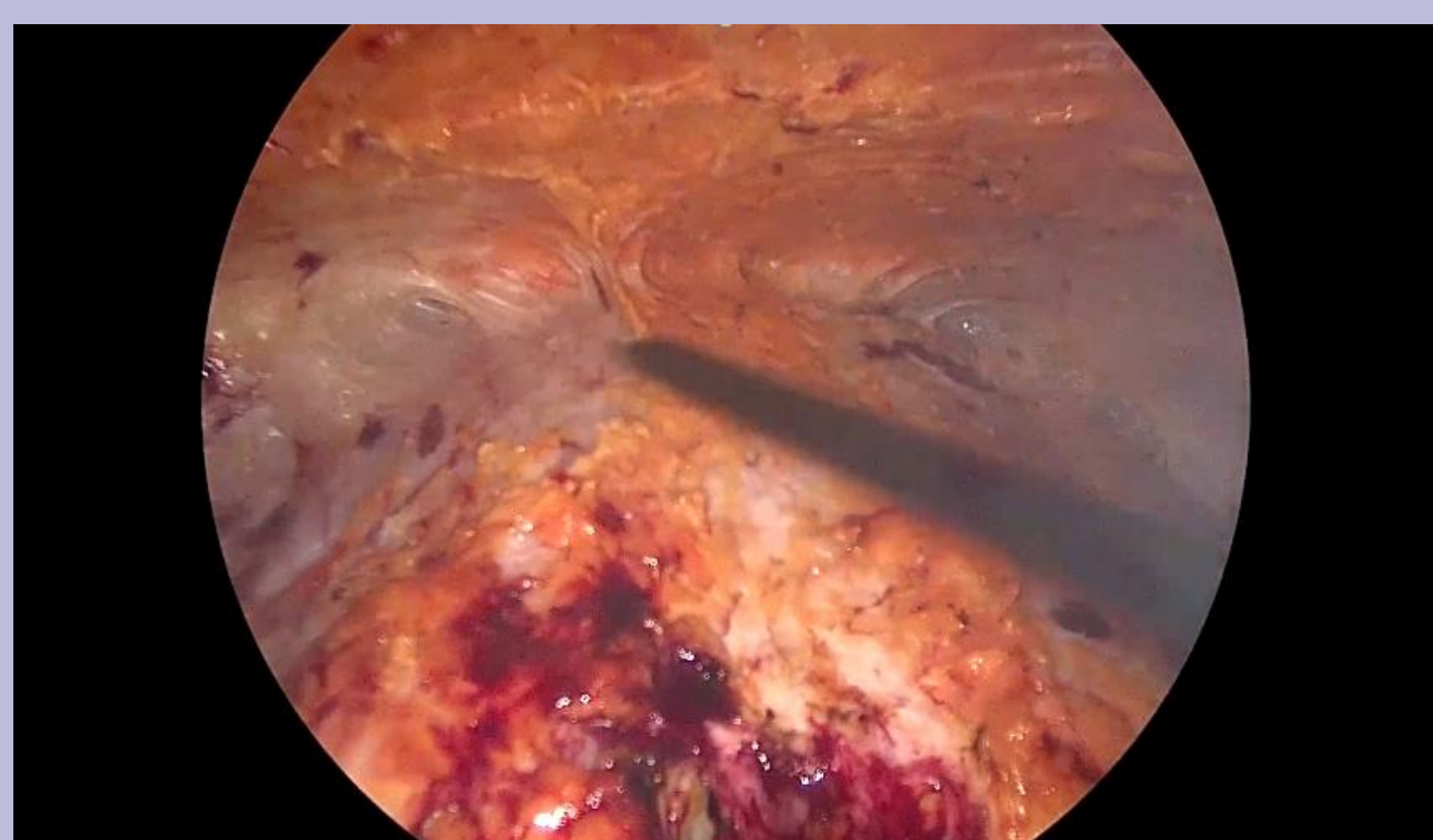
G. Brancato*, M. Donati**, M. Zanatta**, S. Cuccomarino*** Italy
 - * U.O.C. di Chirurgia Generale III, Azienda Policlinico-S. Marco, Catania
 - ** I Clinica Chirurgica, Azienda Policlinico-S. Marco, Catania
 - *** Clinica S. Caterina da Siena, Torino

Introduction: The approach to the rectus abdominis diastasis, as demonstrated by literature data, is described both via open and laparoscopic methods, with relevant complications, such as hematomas, skin necrosis, infections, suture dehiscences, which can reach 40% for both techniques (F. Hickey et al. Hernia 2011). The aim of this work is to demonstrate the validity of endoscopic pre-aponeurotic repair (REPA) with the aid of a polypropylene prosthesis, a technique that addresses to both functional and aesthetic needs in the short and long term.

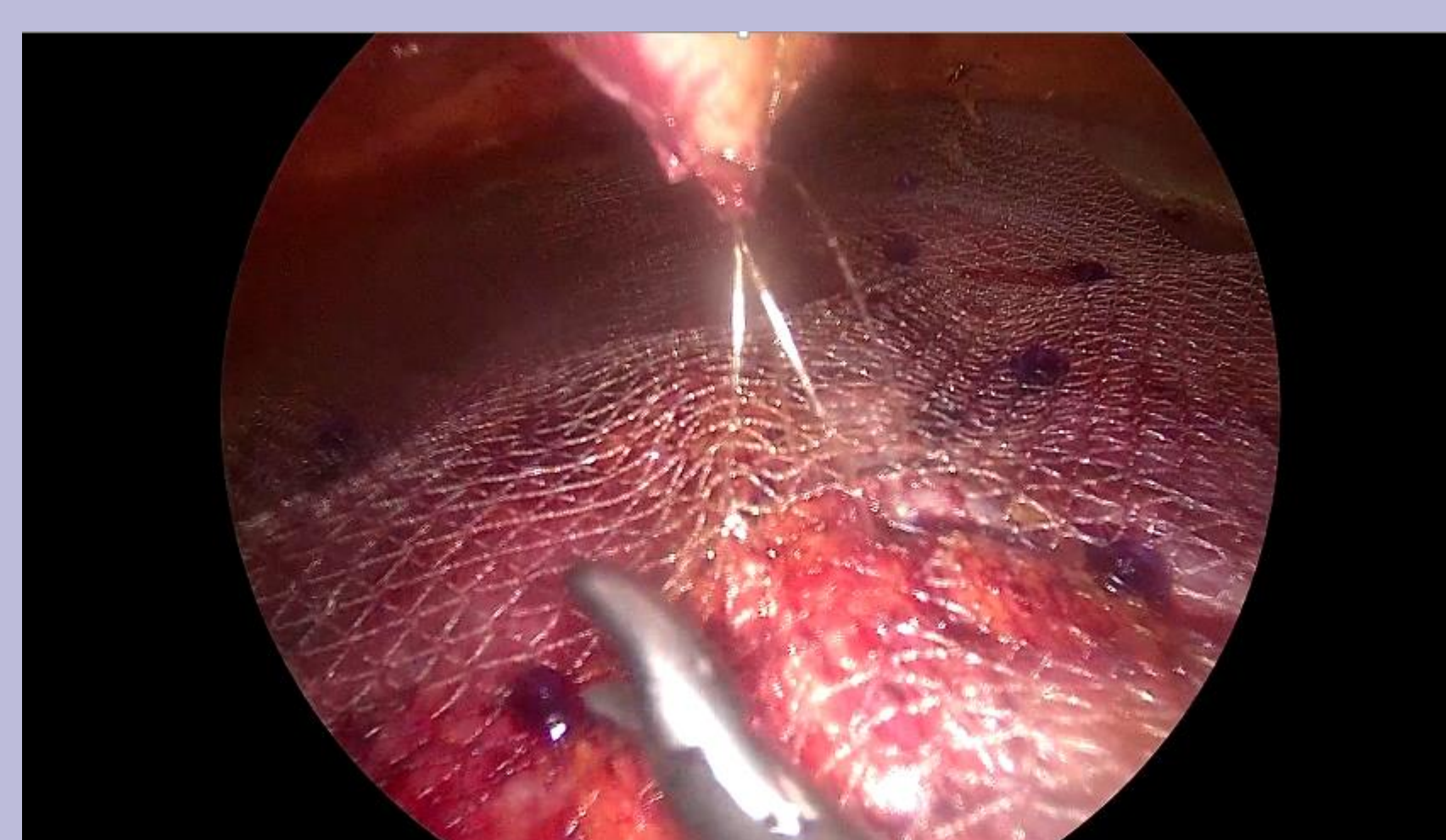
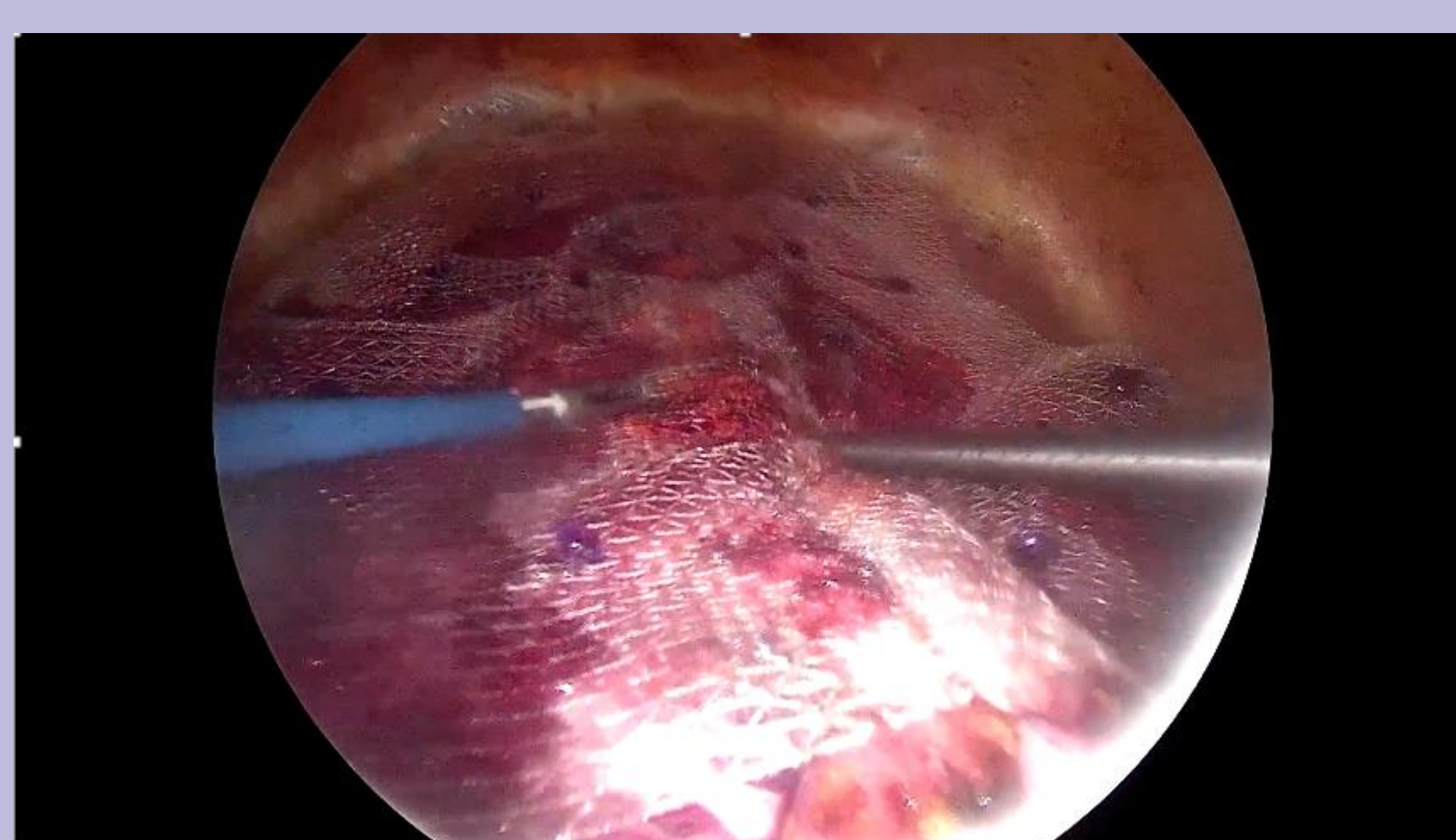
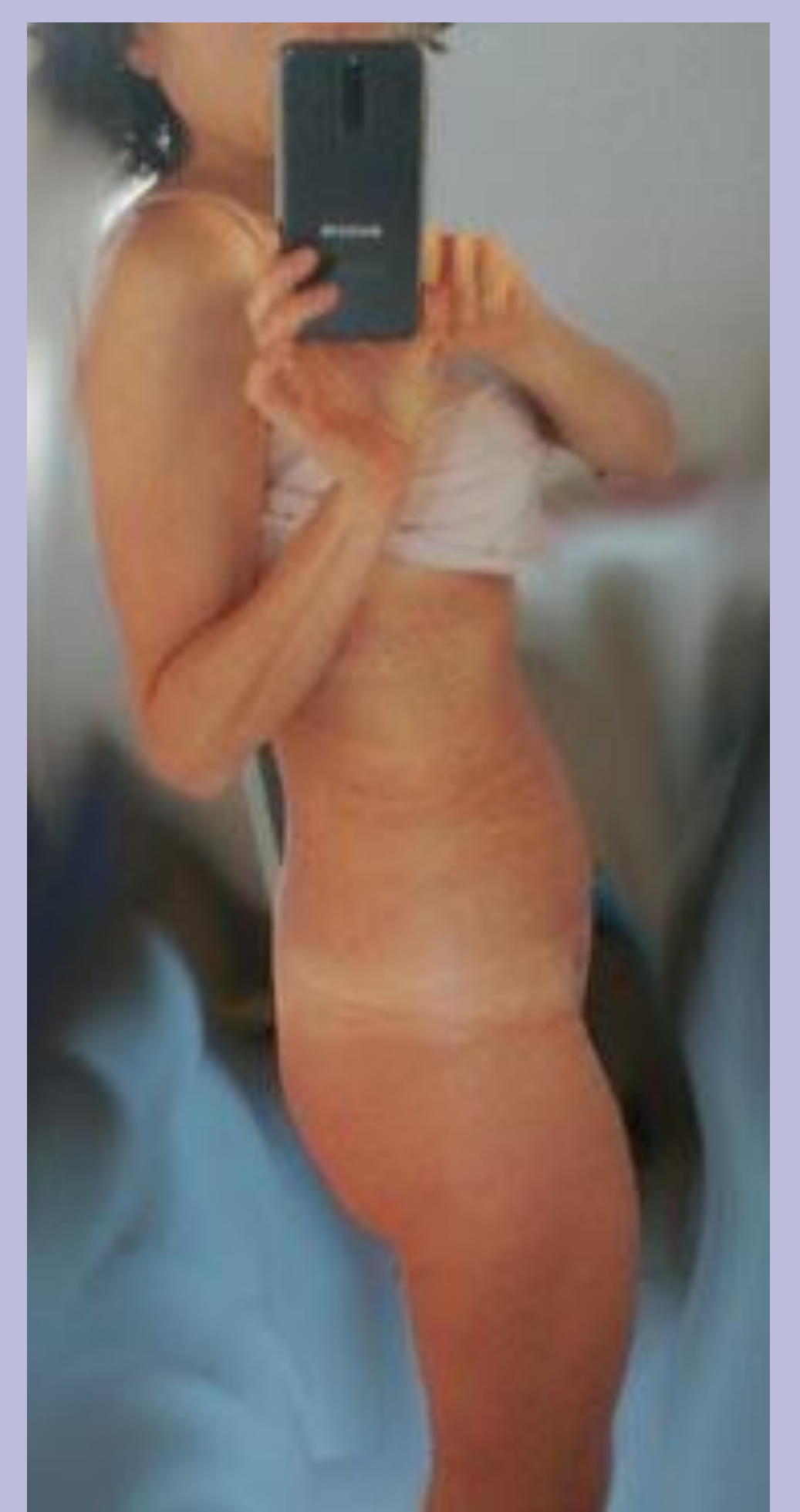
Materials and Methods: From 2017 to 2023, 356 women with diastasis recti underwent REPA (29-59 years). To a different extent, all patients presented preoperative symptoms (lower back pain, urinary incontinence, persistent meteorism, constipation, postural defects and prolapse). Technique: subcutaneous approach through three suprapubic accesses, respectively 1 cm in size median suprapubic and 2 others placed laterally of 0,5 cm. After having sculpted the muscular-aponeurotic plane until reaching the last ribs, we proceed with the reconstruction of the linea alba, simultaneously repairing coexisting umbilical hernias in 100% of cases, with an absorbable barbed suture and an ultra-light macroporous polypropylene mesh is placed (30g/m², Hermesh 8, 30x30 cm), modelled on the patient from time to time and fixed at the perimeter with clips reabsorbable.



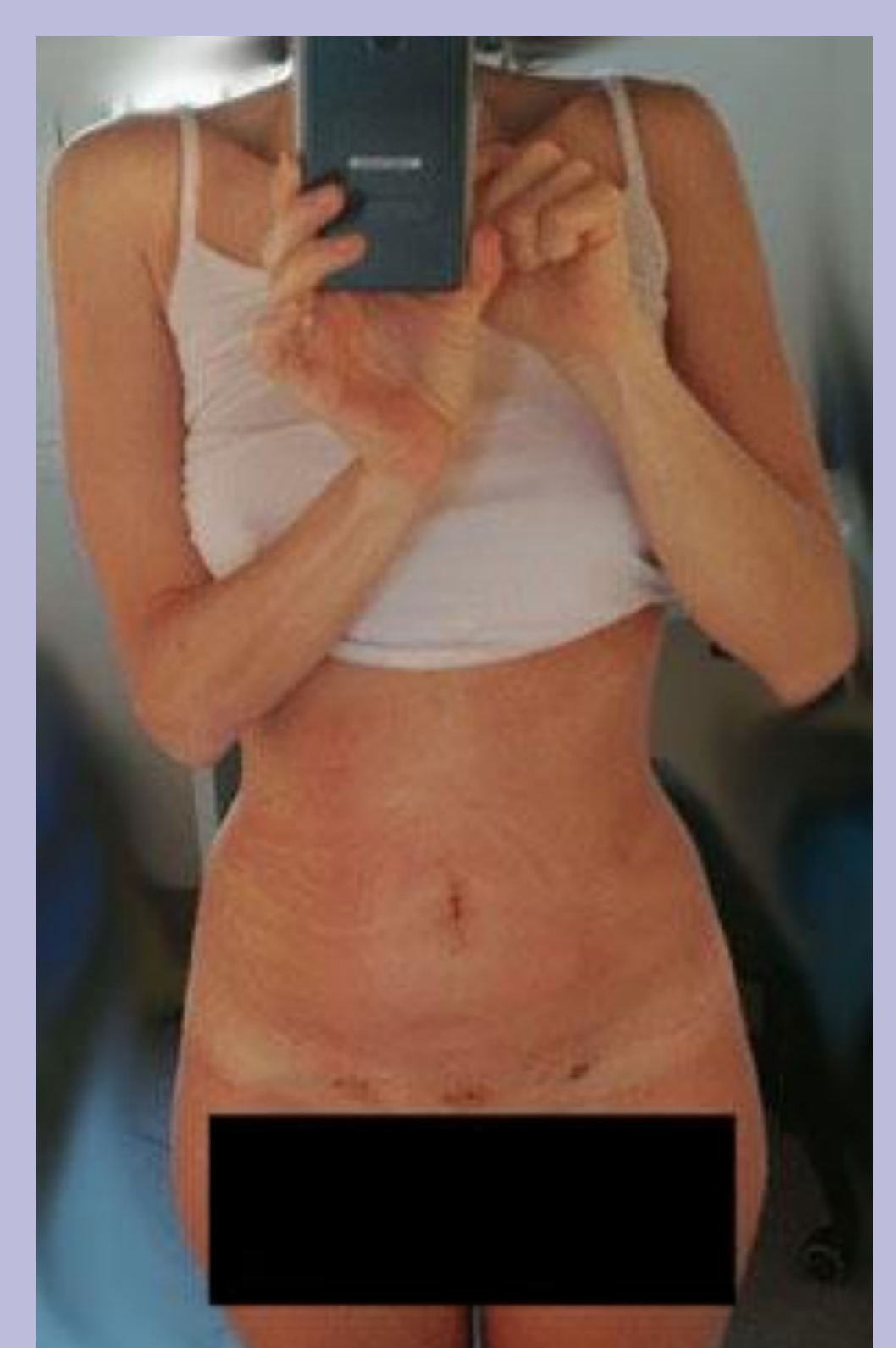
Before



Results: The post-operative courses were regular; the patients ate a light meal in the evening, their temperature remained below 38° and post-operative pain was managed with paracetamol for the first 3-4 days. The patients were discharged in the first postoperative day. In a follow up > 2 years on 294 patients, 3 recurrences, 13 seromas and 8 hematomas were recorded. The preoperative symptoms underwent a global improvement in the days following the operation, then completely disappeared. All patients successfully underwent functional rehabilitation with hypopressive gymnastics for a period of two months.



Conclusions: REPA is a safe minimally invasive technique, with low recurrence rate and excellent aesthetic results. The polypropylene mesh, which when modelled does not exceed a weight of 0.8 g, is also considered an appropriate choice for the prevention of relapses. No infection of the prosthesis was observed. The described complications were all classifiable as Dindo 1. The validity of this technique, demonstrated by the data expressed, allows us to state that it represents a valid alternative to open and laparoscopic surgery.



4 weeks p.o.