

## DESCRIPTIVE ANALYSIS FOLLOWING THE IMPLEMENTATION OF AN ABDOMINAL WALL PREHABILITATION PROTOCOL

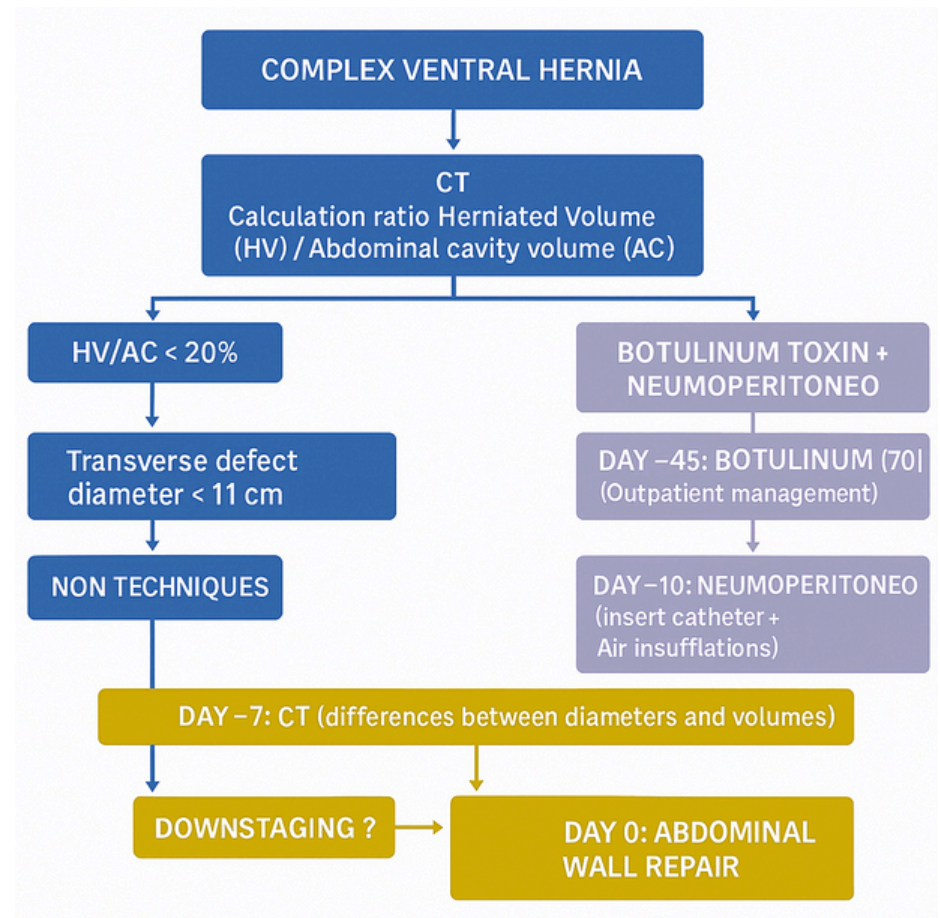
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### INTRODUCTION

The management of abdominal wall defects is a complex and debated field, requiring a variety of surgical techniques and approaches. A prehabilitation protocol based on **Enhanced Recovery After Surgery (ERAS)** principles was developed, incorporating:

- Volumetric CT
- Risk factor optimization (E.G., smoke, BMI <35 kg/m<sup>2</sup>, HbA1c <6.5%, nutritional assessment)
- Respiratory physiotherapy
- Botulinum toxin type A (*Ibarra-Hurtado model*)
- Preoperative progressive pneumoperitoneum (PPP).



Evaluates outcomes in 16 patients (2022–2024), analyzing defect classification (EHS, Tanaka Index), surgical techniques, and complications (Clavien-Dindo).

### RESULTS N= 16 patients



- N = 15 complex ventral hernias & 1 inguinoscrotal hernia with loss of domain (LOD)
- November 2022 – December 2024
- Secondary-level hospital
- Abdominal wall defects > 11 cm or Tanaka Index > 20%
- Require prehabilitation: PPP and/or type A botulinum toxin

#### NO COMPLICATIONS FOLLOWING PPP



- Defects: M2–M4W3
- ASA III: 50%
- Mean BMI: 31.8 kg/m<sup>2</sup>
- Previous colorectal surgery: 37.5%
- Gynecological surgery: 19%

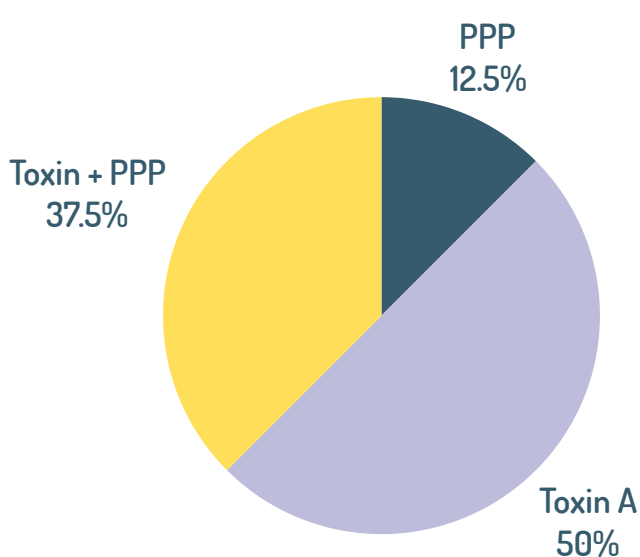


Figure 1. Abdominal Prehabilitation.

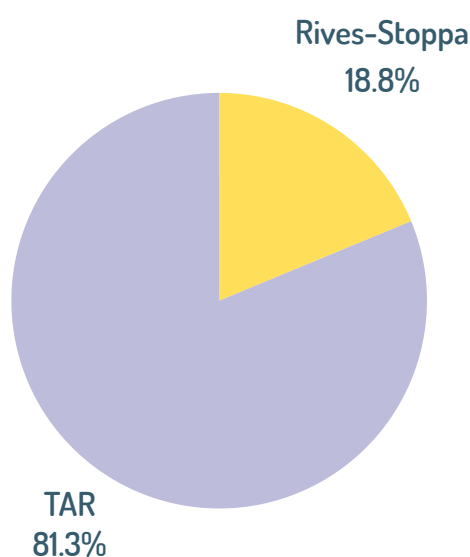


Figure 2. Type of Intervention Following Prehabilitation.

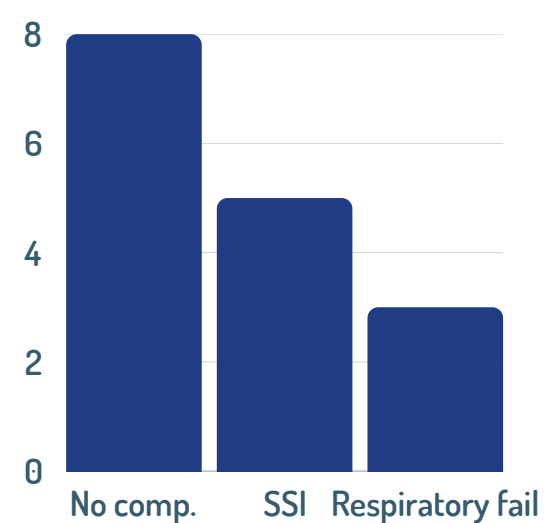


Figure 3. Postoperative Complications.



### CONCLUSIÓN

- Multidisciplinary management and protocol standardization in secondary-level hospitals enhance outcomes and facilitate earlier recovery in complex abdominal wall repair.
- Further evaluation identifies areas for optimization in postoperative outcomes.

