

Post operative morbidity and recurrence after IPOM: Retrospective Monocentric Study

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Introduction:

- ✓ Intraperitoneal meshes are commonly used to repair abdominal wall hernias especially with laparoscopic approaches improving outcomes by reducing complications and speeding recovery.
- ✓ Large incisional hernias with wide defects and significant rectus muscle retraction remain challenging to manage, with uncertain long-term results concerning recurrence and complications.

Methods

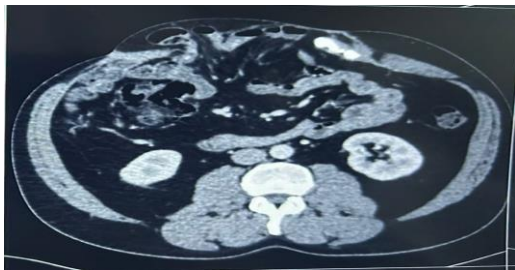
- ✓ Retrospective study
- ✓ Department of General Surgery B at Charles Nicolle Hospital of Tunis, Tunisia
- ✓ Including patients who underwent IPOM for abdominal hernia or incisional hernia
- ✓ January 2013 and December 2023
- ✓ Patients with incomplete medical records were excluded.

Results

Number of patients	40
History of hernia Surgery	8 (2 urgent, 6 elective)
History of incisional hernia Surgery	8 (6 urgent, 2 elective)
Current episode : Hernia location	37 :midline / 3 :lateral
Surgical approach	87% laparotomy / 10% combined / 3% Laparoscopy
Mean defect size	9.9 cm (range: 1–20 cm).
Concomittent surgery	06 Cholecystectomy / 01 Sleeve
Post operative morbidity	<p>02 patients required intensive care unit (ICU) stay.</p> <p>The mean length of hospital stay was 4 days (range: 1–14)</p> <p>NO reoperations and no deaths within 30 days postoperatively.</p> <p>05 readmission within 30 days for SSI.</p>

At distance follow up

Complications	<p>1.Acute intestinal obstruction : 1 (2.5%)</p> <p>➔ Medical treatment</p> <p>2.Enterocutaneous fistula: 1 (2.5%)</p> <p>➔ Medical treatment (diet, somatostatin, parenteral nutrition) followed by surgery (mesh removal and fistula intubation) ➔ Death</p> <p>3.Chronic suppuration 3 (7.3%)</p> <p>➔ 2 patients: antibiotics + reoperation for surgical excision of the mesh</p> <p>➔ 1 patient: antibiotics + percutaneous drainage</p>
Recurrence	<p>08 patients (19.5%)</p> <p>– The recurrence was clinical in 7 patients (17.1%) and radiological in 2 patients (4.9%)</p>



Axial CT image revealing a localized parietal bulging with protrusion of the intraperitoneal mesh and intra-abdominal organs

Conclusion:

- Various surgical techniques are effective for abdominal wall defect repair.
- Technique selection depends on defect size, patient comorbidities, and intraoperative findings.
- IPOM shows good results for small to medium defects (<80 cm²), but has high recurrence in large hernias.
- A prospective comparison between IPOM, IPOM plus, hybrid IPOM, retromuscular mesh eventually with component separation is needed to identify the best approach for large defects.