

Hepatobiliopancreatic Surgery and Transplantation Meets Hernia Surgery – the challenge of off-midline incisions (EHS202500757)

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Aim

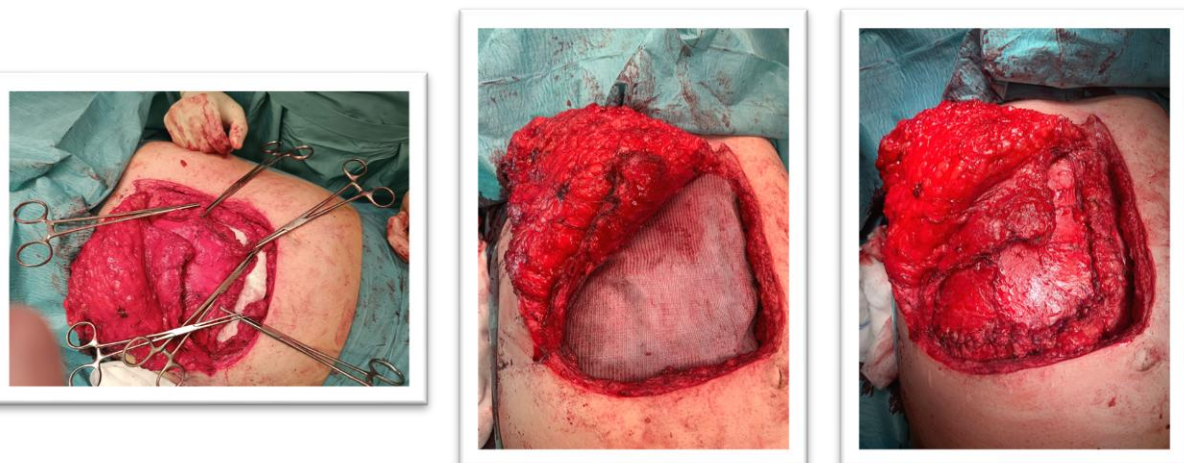
To present critical aspects of incisional hernia diagnosis, planning and surgical strategy after hepatobiliopancreatic surgery and/or transplantation (HBP-T).

Material & Methods

We conducted a retrospective review of our cases of incisional hernia after HBP-T surgery in our Institution. In this narrative review, we have selected and highlighted what we consider the critical steps of complex incisional hernia correction after HBP-T surgery, from preoperative management to intra-operative decisions and postoperative course.

Results

Incisional hernias after HBP-T surgeries are complex hernias due to the frequent use of combined midline and lateral incisions, frequently subcostal and transverse incisions. The increasing knowledge on the abdominal wall anatomy from component separation techniques made us critically analyse the damage of anatomical structures in HBP-T surgery and their consequences in the morphology and function of the abdominal wall. We conducted a review of our incisional hernias after HBP-T surgery and present what we consider the key-points of their correction, including pre-operative planning, intraoperative techniques and post-operative follow-up. Several considerations on hernia prevention after off-midline incisions are also presented.



Conclusions

Incisional hernias after HBP-T surgery are very challenging, demanding judicious patient selection, preoperative planning and prehabilitation, as well as excellent surgical technique and complex techniques mastering, to achieve optimal results. It is of major importance to raise awareness among HBP-T surgeons of the potential influence of their incisions on the abdominal wall function and morphology.