

Hernia Defect Size Does Not Impact Recurrence Rates When the Fascial Defect Is Closed in AWR

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Aim: We questioned if defect size, even in giant hernias, would impact recurrence following mesh repair with complete fascial closure.

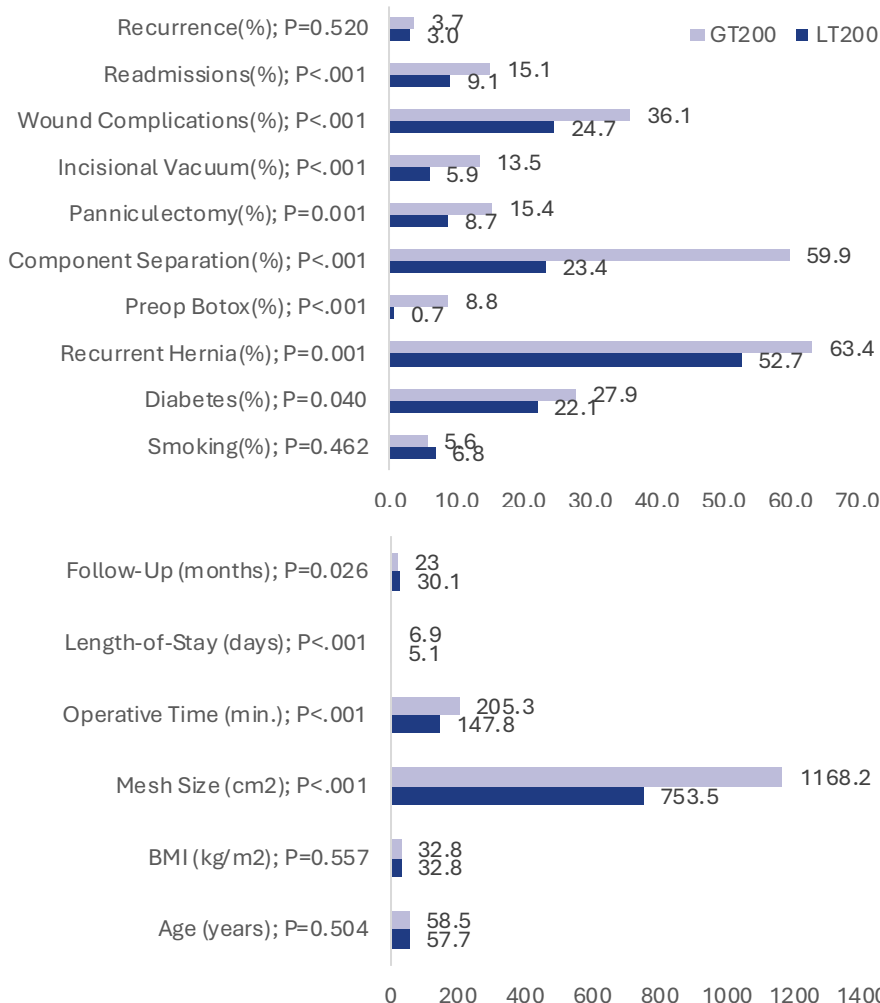
Methods:

- Prospectively maintained hernia database
- Inclusion criteria:
 - Open AWR
 - Fascial closure
 - Synthetic mesh
 - CDC clean wound class
- 984 patients compared by defect area: $\geq 200\text{cm}^2$ vs. $< 200\text{cm}^2$



Group GT200: 377 patients,
 mean defect area = $363.2 \pm 196.7 \text{ cm}^2$
Group LT200: 607 patients,
 mean defect area = $92.8 \pm 60.8 \text{ cm}^2$

Results:



Conclusions:

Defects $\geq 200\text{cm}^2$ required more complex measures to achieve fascial closure:
 ↑ Botox
 ↑ CST

Defects $\geq 200\text{cm}^2$ had increased complications:
 ↑ length-of-stay
 ↑ wound complications
 ↑ readmissions

Defects $\geq 200\text{cm}^2$ had similar recurrence rates as moderate sized hernias despite being 3.9x larger