47th ANNUAL INTERNATIONAL CONGRESS EHS 2025 JUNE 4-6 PARIS - FRANCE

Prehabilitation with Botulinum Toxin type A in Complex Ventral Hernia Repair: Preliminary Results at Tertiary Referral Center

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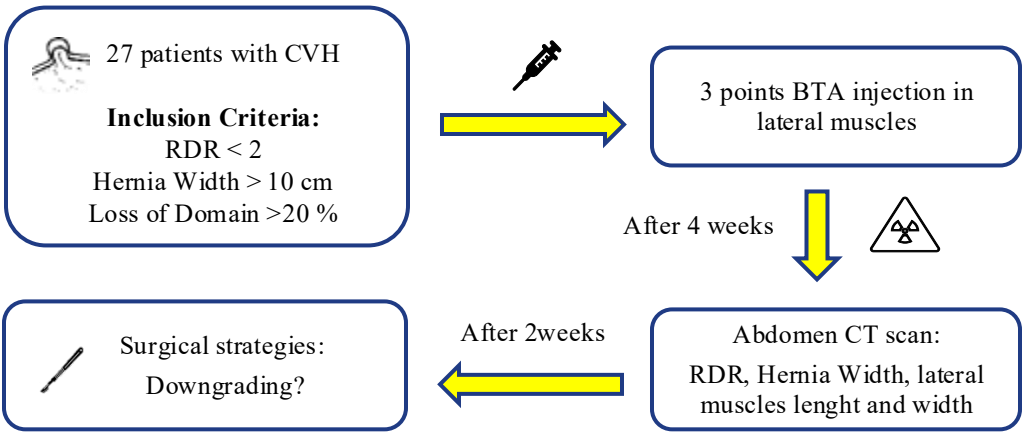
Introduction

The pre-operative application of botulinum toxin type A (BTA) has been proposed for the prehabilitation of the abdominal wall in complex ventral hernia (CVH) with loss of domain to achieve a tension-free fascial closure. We aim to assess if predictive scores of myofascial release – rectus-defect ratio (RDR), component separation index (CSI) and hernia width - improve after prehabilitation and if there is a correlation with the surgical strategy, avoiding or reducing the need of adjunctive component separation techniques (CST).

Material and Methods



Results

P < 0.05

Hernia Width

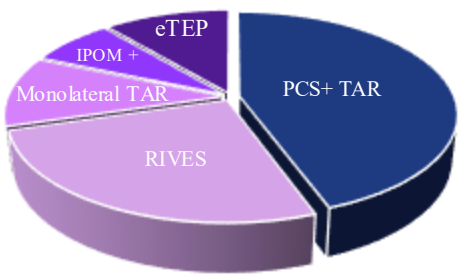
Lenght and width of lateral muscles

Abdominal transverse diameter

P > 0.05

RDR, CSI and Tanaka index

Surgical Procedure



Downgrading: 56%

Conclusions

The length and width of LM and the transverse diameter increase significantly. They are no predictive scores of MR, but contribute to improve the compliance of abdominal wall, tension-free mid-line reconstruction and down-grading of surgical procedure. Further studies are necessary to understand the effect of BTA on predictive score of myofascial release.

References

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