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Incisional Hernia

Multidisciplinary Geriatric & AWR Clinic Facilitates Preoptimization

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Aim: Age is considered a non-modifiable risk factor for postoperative complications and increased length-of-stay (LOS) after abdominal wall reconstruction (AWR). We aimed to preoptimize patients and improve outcomes by incorporating Geriatric Medicine into a multidisciplinary AWR clinic.

Methods:

- Prospectively maintained hernia database
- Tertiary hernia center in USA
- Patients ≥65 years old who saw a Geriatrician in our AWR clinic
- Open ventral hernia repair
- 7/2020 – 8/2024
- Descriptive study of preoperative characteristics, intraoperative details, and postoperative outcomes

Results:

Demographics

100 patients seen by a Geriatrician
Average age: 73.0±5.0 years
62.0% female
# of comorbidities: 5.1±2.5
BMI: 29.0±4.7 kg/m^2
18.0% with diabetes
1.0% current smokers
78.0% ASA classification III/IV

Hernia & Operative Characteristics

Defect size: 201.1±168.1 cm^2
54.0% recurrent hernias
23.0% contaminated wound class
74.0% synthetic mesh
87.0% preperitoneal mesh location
37.0% component separation

Surgical & Medical Outcomes

Average LOS: 5.0±5.3 days
0.0% venous thromboembolism
0.0% UTI
0.0% sepsis
3.0% admission to ICU
1.0% reintubation for respiratory failure
3.0% reoperation
5.0% readmission
6.0% wound complications

Conclusions:

- Geriatric patients were comorbid with complex, large hernias
- Rates of surgical and medical outcomes were low and did not reflect the increased risk associated with advanced age
- A comprehensive geriatric assessment incorporated into a multidisciplinary AWR clinic may help preoptimize older patients before OVHR and improve short-term outcomes