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Incisional Hernia

A One-Year Follow-Up Study on Intraoperative Fascial Traction: Single-Center Experience

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Aim

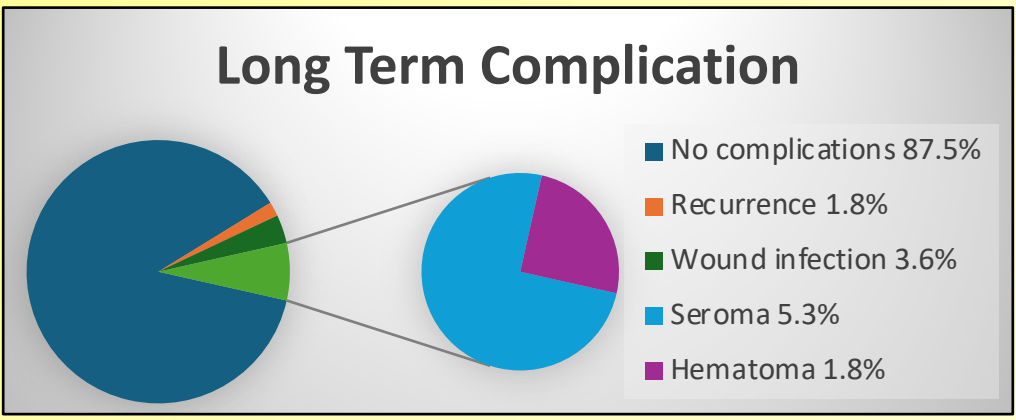
To evaluate the 1-year follow-up outcomes and complications associated with Intraoperative Fascial Traction (IFT) in hernia repair

Materials & Method

This single-center retrospective analysis involved 60 patients undergoing hernia repair using IFT. Four patients were excluded due to lack of follow-up—three international patients and one who deceased from myocardial infarction. The study analyzed hernia registry data from the remaining 56 patients. Except for one patient with a large W2 hernia, all other 55 patients had W3 hernias. Postoperative complications assessed included recurrence, seroma, hematoma, wound infection, and chronic pain. The minimum follow-up period was 12 months.

Results

Local wound complications were observed in 10.7% of the cases (6 patients), consisting of seroma in 3 patients, wound infection in 2 patients, and hematoma in 1 patient. A low recurrence rate of 1.8% (1 patient) was noted. Additionally, 2 patients (3.6%) underwent reoperation for other hernias. A significant correlation was identified between a higher Body Mass Index (BMI) and an increased risk of seroma and wound infection. Chronic pain was reported by 4 patients, but none required further intervention.



Conclusion

IFT demonstrates an acceptably low rate of complications in complex incisional hernia surgery, particularly in high-risk patients. These findings underscore the method's effectiveness and safety, emphasizing the need for patient-specific management, especially for those with higher BMI or additional risk factors. Further multi-centric studies with larger sample sizes and extended follow-up durations are crucial to substantiate these results and refine the accuracy of the recurrence rate.

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