



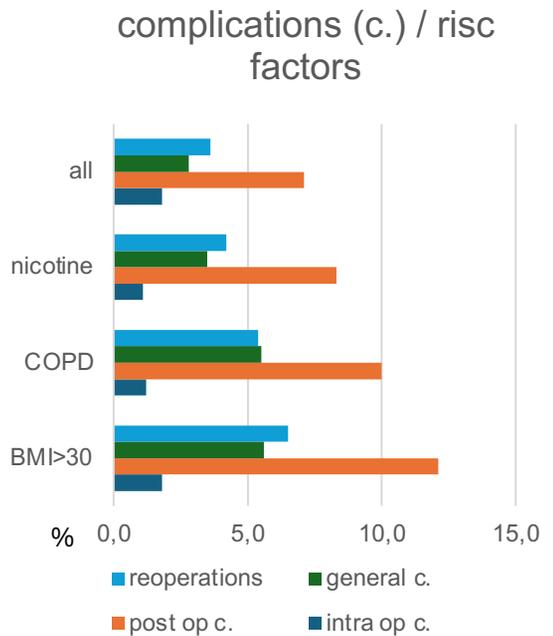
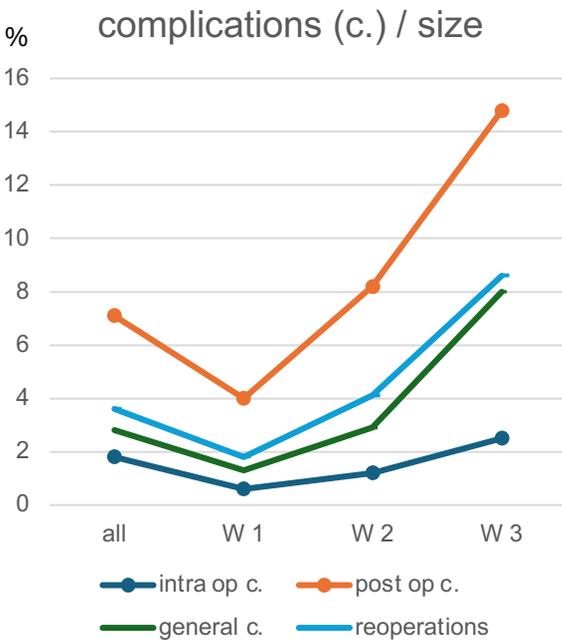
Risk factors for complex incisional hernias? Registry based analysis of 27.781 cases.

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Aim: The question of how to define complex incisional hernia has been attempted to be answered for years. Most recently in the EHS Delphi Consensus in 2023. Since 2022 the German **Herniated Register** included several so-called complex factors. In the following study, we investigated the influence of certain factors on the choice of surgical procedure and on morbidity in the treatment of primary incisional hernias.

Material & Methods: In the period **from 2/22 to 1/25**, the data of **27.781 incisional hernia operations** were documented in Herniated. The choice of surgical procedure as well as the occurrence of intraoperative and postoperative complications, general complications and the reoperation rate were analyzed for the overall collective and for the risk factors (defect width, BMI, COPD and nicotine). The EHS classification was used for the defect width.

Results: The distribution of defect width according to EHS revealed **45.7% W1, 41.6% W2 and 12.7% W3 hernias**. The proportion of open retrorectus procedures increases with increasing defect width (W3: 59%). Transversus abdominis release (TAR) was used in only 12% of operations. 10.9% of patients had a **BMI > 30%** (obesity) **9.4%** had **COPD** and **14.8%** reported **nicotine abuse**. An increase in perioperative risk was observed in all groups.



surgical procedures/ EHS width / risk factors	all	W1	W2	W3	BMI>30	COPD	nicotine
Lap. IPOM	15,9	20,0	14,5	5,9	17,2	17,6	14,5
open sublay	41,5	23,9	55,2	59,9	46,8	43,7	43,6
direct closure	9,7	19,5	1,7	0,9	3,2	6,6	8,2
TAR	2,3	0,1	1,9	11,6	3,4	3,3	3,5
others	30,6	36,5	26,7	21,7	29,4	28,8	30,2

in percent %