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INCISIONAL HERNIA

PREHABILITIATION OF LARGE ABDOMINAL WALL DEFECTS WITH BOTULINUM TOXIN. OUR EXPERIENCE.

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AIM

- Complex abdominal wall hernias surgery is a challenge.
- The use of **Botulinum Toxin type A** (TBA) produces a paralysis that allows the muscle flaps to be lengthened to close the midline withour tension.

MATERIAL & METHODS

- Retrospective study.
- 3 years.
- N=8 cases of big complex incisional hernias prehabilited with TBA.
- Preoperative CT scan.

TECHNIQUE

- Tanaka score.
- PP association if Tanaka >20%.
- TBA (Dysport – 500 UI per patient) in 5 bilateral points with ultrasound control.
- Midline crossover + hernia reduction.
- Tailored approach.

RESULTS

Age (average)	67.25 (48 - 84)
Sex	2 F (25%) 6 M (75%)
BMI	2 (25%) </= 25 1 (12.5%) 25-30 5 (62.5%) >30
Length of stay	10,375 days
ASA	4 I (50%) 4 II (50%)
Dysport 500ui	8 (100%)
PP	2 (25%)
Hernia type	Ventral 5 Inguinal 2 Lateral 1

Surgery type	8 scheduled (100%)
Mesh location	5 (62.5%) sublay 2 (25%) preperitoneal 1 (12.5%) intraabdominal
Reoperation	1
ICU	3
Major complications	1 dehiscence
Minor complications	2 seromas 1 hematoma
Readmission	0
Recidive	1
Pain	0
Exitus	1 pneumony

FOLLOW-UP →

- 1 month: 8 (100%).
- 6-12 months: 5 (62.5%).
- 24 months: 4 (50%).

CONCLUSION

Prehabilitation in complex abdominal wall hernias is important to avoid serious complications and restore the midline. The use of TBA, sometimes associated with PP, is a great resource. Its application is simple and reproducible, allowing to obtain better results.