

# VENTRAL LATERAL HERNIAS: COMPLEX HERNIAS, COMPLEX SURGERIES. DESCRIPTIVE STUDY OF A CASE SERIES IN A TIER 2 HOSPITAL

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## AIM

- Non-medial incisional hernias (NMIH) arise from previous off-midline surgical incisions.
- Incidence ranges from 6-17%.
- NMIH pose a challenge for abdominal-wall surgeons due to their anatomical complexity.
- EHS classifies them as: subcostal(L1), flank(L2), iliac(L3), and lumbar(L4), each requiring specific surgical approaches.
- Objective→ to describe the management and postoperative outcomes of NMIH in our center.

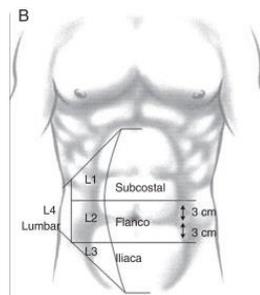
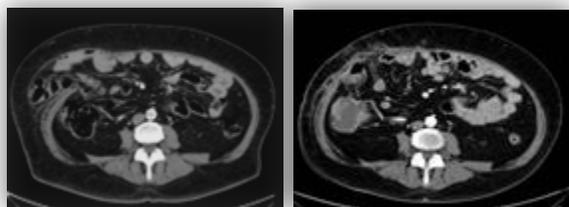


Image 1. EHS Classification

## MATERIAL & METHODS

- Retrospective analysis of cases treated between 2018-2024 at a tier 2 hospital.
- All patients included in this series were treated by two senior surgeons with experience in complex abdominal wall surgery.



Images 2 and 3. Pre and postoperative CT scan of flank incisional hernia.



Images 4 and 5. Clinical assessment and preoperative CT scan of patient with NMIH.

## RESULTS

- Total patients: 23 (mean age: 66.5 yo; 52% female).
- Comorbidities: Obesity in 69,5%, obstructive sleep apnea syndrome in 13%.
- NMIH according to EHS classification: L1(13%), L2(35%), L3(26%), and L4(26%).
- Mean defect size: 6.2 cm.
- Open surgery in 60,8%, with preperitoneal mesh placement in most cases.
- Laparoscopic approaches included IPOM/IPOM-plus, eTAR, and TAPP.
- Mean hospital stay: 3.8 days.
- Local complications: seroma (21,7%), haematoma (8,7%), surgical site infection (4%), all managed conservatively.
- 1 year follow-up: 2 recurrences (10%).



Images 6 and 7. Pre- and postoperative evaluation.

## CONCLUSIONS

- NMIH are rare, and they represent a diagnostic and therapeutic challenge.
- Anatomical knowledge is essential.
- The surgical technique for NMIH remains an open debate without unification of criteria.
- Current guidelines recommend mesh placement in deep planes. In our practice, we usually have a mesh overlap of at least 4 times the size of the defect.
- Further studies are needed in order to reach consensus on the best possible treatment for these complex hernias.