

ENHANCING SAFETY IN VENTRAL PATCH REPAIR BY USING A HYBRID TECHNIQUE

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METHODS

- A single centre retrospective analysis.
- Sample size: 100
- .Umbilical hernias, M3: defect size ranging from 1cm to 2.5cm.
- Demographics, post-operative pain, duration of hospital stay, surgical site occurrences (early and late), post-operative complications and recurrences were noted.

OPERATIVE STEPS



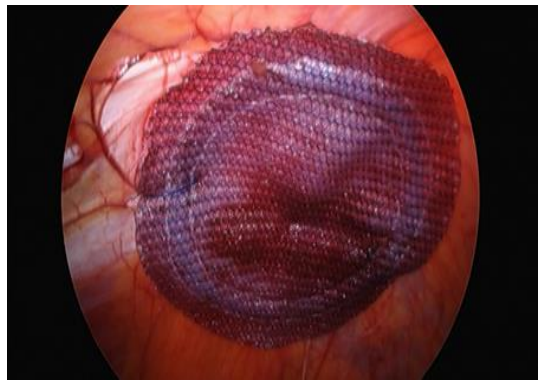
Incision and port position



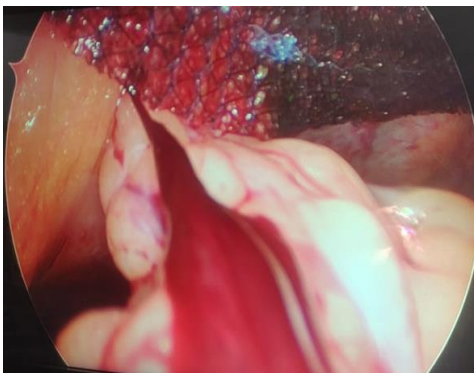
Technique of inserting the patch



Transfascial sutures through the same incision



Final view after deployment



Omentum trapped between mesh and ab wall

FOLLOW UP

- Outcomes were recorded in terms of postoperative pain (VAS at 24 hours)
- Complications
- Recurrence.
- Mean follow up period was 2 years (range 6 months to 5 years). In patients who were unable to come for the long-term physical follow up, a telephonic follow up was done, and direct questions about recurrence, pain, or any other complaints were asked, and the responses noted.

RESULTS

- The study population comprised of 42 male and 58 female patients.
- Mean age was 48 years (range 19-79).
- 36 patients had comorbidities (American society of anaesthesiologist's grade (ASA) I : 64 patients, ASA II : 26 patients, ASA III : 10 patients).
- Mean Body mass index was 29 (range 20-35).
- 2 patients developed a superficial SSI: Managed conservatively.
- Pain: 5 percent had VAS of 4-5
- Oral Diclofenac was given was 3 days
- No recurrence noted.

CONCLUSION

- The hybrid technique of the of ventral patch placement is a safe way for optimum visualization for the correct mesh placement and may improve results, decrease complications and recurrences.