

COMPARATIVE OUTCOMES OF LAPAROSCOPIC VERSUS OPEN APPROACHES IN COMBINED ABDOMINAL WALL AND BARIATRIC SURGERY: A DESCRIPTIVE STUDY

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INTRODUCTION

Abdominal wall hernia is a common comorbidity in patients with obesity, with an estimated prevalence of 10–30%. Despite its clinical significance, there is currently no clear consensus on the optimal management approach in bariatric surgery candidates. This lack of standardized guidelines highlights the urgent need for a well-defined therapeutic strategy to improve surgical outcomes and reduce postoperative complications.

AIM

To compare outcomes of combined abdominal wall and bariatric surgeries, emphasizing surgical efficacy and patient safety

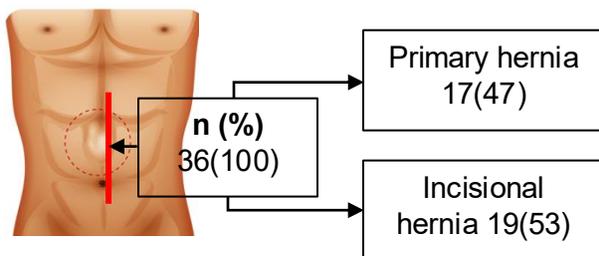
MATERIALS AND METHODS

- Descriptive study (2006–2023, single center)
- Patients: 36 synchronous abdominal wall hernia repair.
- Variables analyzed: Operative time, hospital stay, complications and recurrence.

RESULTS

- **Total patients:** n=945
- **Underwent synchronous repair:** n= 36 (3.8%)
- **Mean age:** 51 years, **women:** 75% (n=27)
- **Mean BMI:** 47.5 kg/m² [36–68]
- **Average hernia defect size:** 4.7 cm [1-11]

Types of Hernia



Type of bariatric surgery

Vertical gastrectomy n(%)	Gastric bypass n(%)	SADI-S n(%)
17(47)	18(50)	1(3)

	OA (n=30)	LA (n=6)	p
Operative time (h)	3.5	4	0.02
Days of hospitalization	5.3	3.8	0.248
Complications rate (n)	1	1	0.486
Recurrence rate	4	0	0.305

CONCLUSIONS

- Combined abdominal wall and bariatric surgery is feasible and secure
- No differences in the hernia approach were observed in our series. Hernia recurrence was related to patients' higher BMI and