47th ANNUAL INTERNATIONAL CONGRESS EHS 2025 JUNE 4-6 PARIS-FRANCE

Joachim CONZE, FEBS-AWS
UM Hernia Centre Dr. Conze, Munich
Department of Surgery RWTH University Hospital, Aachen, Germany;

Nikola Freifrau von Horst von Eichel-Streiber
Department of Anesthesiology; Charité Berlin, Germany

Supraumbilical/epigastric Satellite Defects in Umbilical Hernia Repair

The Importance of Ultrasound in Umbilical Hernia Repair

Aim:

In 2020 Henriksen et al. published the EHS guidelines for the treatment of umbilical and epigastric hernias. Within these guidelines a clinical examination alone was recommended as diagnostic modality, with imaging by ultrasound or CT consideration only in case of doubt. This study wants to show the importance of a preoperative ultrasound investigation that are neglected by the recommendation of the guidelines.

Material & Method:

In a retrospective study we investigated the results of 104 patients that were operated with preperitoneal mesh augmentation. In all patients a preoperative ultrasound was performed, and the defect size, hernia content, degree of rectus diastasis and possible satellite defects investigated. The results were compared with the intraoperative findings.

Results:

Rectus diastasis ranged between 2.0 – 8.0 cm (mean 4.2cm) with a defect size between 1.2 - 4.5 cm (mean 2.4 cm). Supraumbilical satellite defects were detected in 21 patients (20.2%), 11 of them already by preoperative ultrasound.

Conclusion

The preoperative ultrasound is easy to perform and gives important information on the morphology of the abdominal wall and hernia characteristics. Surprisingly every fifth patient showed a satellite defect, undetected by clinical examination. The future update of the guidelines might consider the importance of the preoperative ultrasound.