TOPIC: ABDOMINAL WALL HERNIA - Umbilical hernia: choice of approach, repair, results, follow up

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VS:08

THE USE OF THE NEW TARGET MESH FOR THE TREATMENT OF THE SMALL OMBILICAL HERNIA, WITH AN OPEN MINIMAL INVASIVE SURGERY

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In our daily practice, the use of a mesh, even for the smaller ventral hernia is nearly systematic

Our preference is to put a polypropylen mesh in the preperitoneal space, through a small peri umbilical incision.

The main difficulty of the technique, was to fix the prosthesis in the space through the small incision.

The author realized 100 procedures with a new self expandable mesh, to treat specifically the small ombilical hernia.

It is the target mesh, a twelve cm rounded polypropylene mesh with three not knitted and not woven concentric rings.

The mesh can be cut between two concentric ring, depending of the size of the parietal defect

The movie shows the dissection of an umbilical hernia, with several small holes, and specially, shows how to put, and to fix the prosthesis in the preperitoneal space with only four stiches.

The semi rigid concentric rings of the prosthesis makes easier how to put the prosthesis in the right position, and secure the correct positioning. it's a self expandable prosthesis.

A prospective study, n = 100, follow up 10-50 months, is under way, with a low rate of complication, recurrence or severe chronic pain.

VS:09

TEP IN UMBILICAL HERNIA REPAIR

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Introduction: During last twenty years Rives-Stoppa repair become standard for repair of incisional and ventral hernias. Endoscopic retromuscular approach have same benefits and offers advantages of minimal invasive surgery. In last ten years we performed 64 operations using this approach and 40 of them were umbilical hernias.

Material and method: We operated patient with hernia between 5 and 10 cm diameter. Patients with symptoms of chronic and acute incarceration were excluded, but some of operated patients had irreducible hernias. The age of patients was between 42 and 78 years, BMI 38 kg/m².

We used lateral approach in all cases. Three ports et the level of semi-lunar line, 0 mm for laparoscop, and two 5mm for working instruments. The troacars are inserted under the rectus muscle and working space is created by insuflation and blunt dissection.

Dissection of hernia sack is sometimes difficult and peritoneum tears especially in cases of umbilical hernias. After opposite retro muscular space is created we placed mesh of adequate size. With suture-passer mesh is fixing transcutaneously in all corners. Before tighten mesh in the position we put continuous V- Loc suture through defect and come out through abdominal wall at the end. During exsufflation we tight suture and mesh.

Results: 88 % of patients were evaluated.

Early complication: Few hematomas in subcutaneous plan. Two conversion, one small bowel injury with second open operation. Three recurrence, all in first postoperative year. We used defect closure technique in last nine cases. We don't have recurrence in those cases and we improved cosmetic results.

Conclusion: We can say that this approach can be used in all cases of uncomplicated umbilical hernias, especially in overweight patient. We can use broad spectrum of meshes, and fixations is easy and chip.