Reply

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We thank Drs. Fischer and Fabian (doi: [10.1007/s00268-007-9163-7](https://doi.org/10.1007/s00268-007-9163-7)) for their interest in our article. The reherniation rate reported in our randomized clinical trial indeed is high when compared to the results in the literature. However, no prospective trials have been published until now, and none of the published studies have had a well-defined follow-up program, as in our study. Because only a few published series have reported adequate follow-up [1–5], it is possible that the reherniation rate has been underestimated. Moreover, in our series most reherniations were small and asymptomatic and did not need further reconstruction, so that 89% of the patients were fully satisfied with the result after a “components separation technique” (CST) repair.

We are reluctant to advocate the technique advised by Drs. Fischer and Fabian for several reasons: first, because bulging of the abdominal wall still is a cosmetic problem in thin patients, it will probably be more pronounced after transection of the internal oblique muscle; second, because transection of the internal oblique muscle endangers innervation of the abdominal wall muscles and may result in paralysis of a part of the abdominal wall [6], it would be very difficult to treat bulging of the abdominal wall; third, because since 2001 we have had two patients with an abdominal wall rupture at the site of lateral releasing incisions. In one of those patients the rupture occurred the day after surgery and was repaired with a polypropylene mesh. In the other patient bilateral ruptures occurred 1 h and 1 week after the initial operation, respectively (Fig. 1A and 1B). Because this last operation was recorded by video, we can be certain that only the external oblique muscle was

transected without further damage to the abdominal wall muscles.

We believe that CST in combination with mesh repair may be a better solution to diminishing the reherniation rate after CST alone. At present we are conducting a

Fig. 1 **A.** Swelling of the abdominal wall that occurred within 1 h of “components separation technique” (CST) repair. **B.** At operation a complete rupture of the abdominal wall musculature was found at the site of the releasing incision

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randomized controlled clinical trial comparing CST and CST in combination with retromuscular mesh. The results of the interim analysis are promising and justify continuation of the trial.

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