



Making complex abdominal wall hernia surgery easy. Is there a way?

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Published online: 24 February 2020
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In the past, hernia operations were commonly considered simple procedures that could easily be performed by surgeons early on in their specialist training.

Today, on the other hand, we are seeing, quite rightly, a growing interest in developing hernia surgery as a highly specialized field. Readers of our journal will know that we have recently looked at proposals concerning the possible creation of centers able to provide accreditation of excellence in advanced hernia surgery. But above all, we have been seeing researchers striving to solve the more complex problems encountered in hernia surgery.

Hernia cases can be complex for various reasons. Patients may present a severe clinical-anatomical picture, i.e. a history of multiple recurrence, large parietal defects or ones with peculiar anatomy, as well as conditions such as obesity, sepsis or open abdomen. Accordingly, these patients sometimes present numerous risk factors. The complexity of some cases derives from the care setting, which can differ greatly between countries that are more or less technologically advanced. Finally, the complications that can arise during the treatment of initially simple cases constitute a further factor.

First-level training in hernia surgery is adequate for dealing with problems such as primary inguinal hernia and first-time uncomplicated incisional hernias. Instead, a high

level of specialization is required to deal with more complex situations and, above all, to find simple ways of resolving difficult problems.

For this reason, we hope to see the world's leading experts and researchers in this field engaging in continuous anatomical research and "experimentation" with new techniques for reconstruction or for separation of components, and with the use of prostheses. Although the latest approaches may sometimes seem risky or completely contrary to the precepts of anatomy and classical physiology, the advent of new surgical techniques has made it possible to view anatomical planes in an original and totally new way, allowing them to be "manipulated" and reconstructed according to innovative principles.

Through a call for papers and invited papers by illustrious authors, we have tried, in this issue, to start a lively debate on this critical and cutting-edge aspect of parietal surgery. I am confident that the published results will be useful in daily surgical practice and also help to encourage stronger and more profitable research.

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