

The best way to repair Ventral Hernia Laparoscopic or Open

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Laparoscopic or Open Ventral Hernia repair

Wound complications

0.26 (95% CI 0.15-0.46) in favour of laparoscopy

Recurrence

1.22 (95% CI 0.62 -2.38) follow up < 2years in 50%

Cochrane database 2011 March 16th 880 patients in 10 RCT's

Laparoscopic V Open Ventral Hernia repair

	Open (100)	laparoscopic (94)
Wound infection	5 (5%)	4(4%)
Seroma	4 (4%)	7(7%)
Haematoma	11(11%)	10(11%)
*Recurrence	17 (18%)	14(14%)

*Mean follow up 35 months. Included hernias 3-15 cm in diameter

RCT

HH Ekar et al Jama Surg March 2013

Laparoscopic V Open Ventral Hernia repair

Open (1,495)

Laparoscopic (1,763)

Defect 5cm (2-10) 8cm (5-14) P<0.001

*Recurrence 21% 15% P0.03

48 months follow up

*reoperation rates

*Danish nationwide prospective Study
J.Am.Coll Surg 2013, 216:217-28*

Laparoscopic V Open Ventral Hernia repair

Experts

Recurrence at 2 years - 12%
(20 of 165)

Cumulative recurrence rate - 15%
(20 of 136)

Laparoscopic V Open Ventral Hernia repair

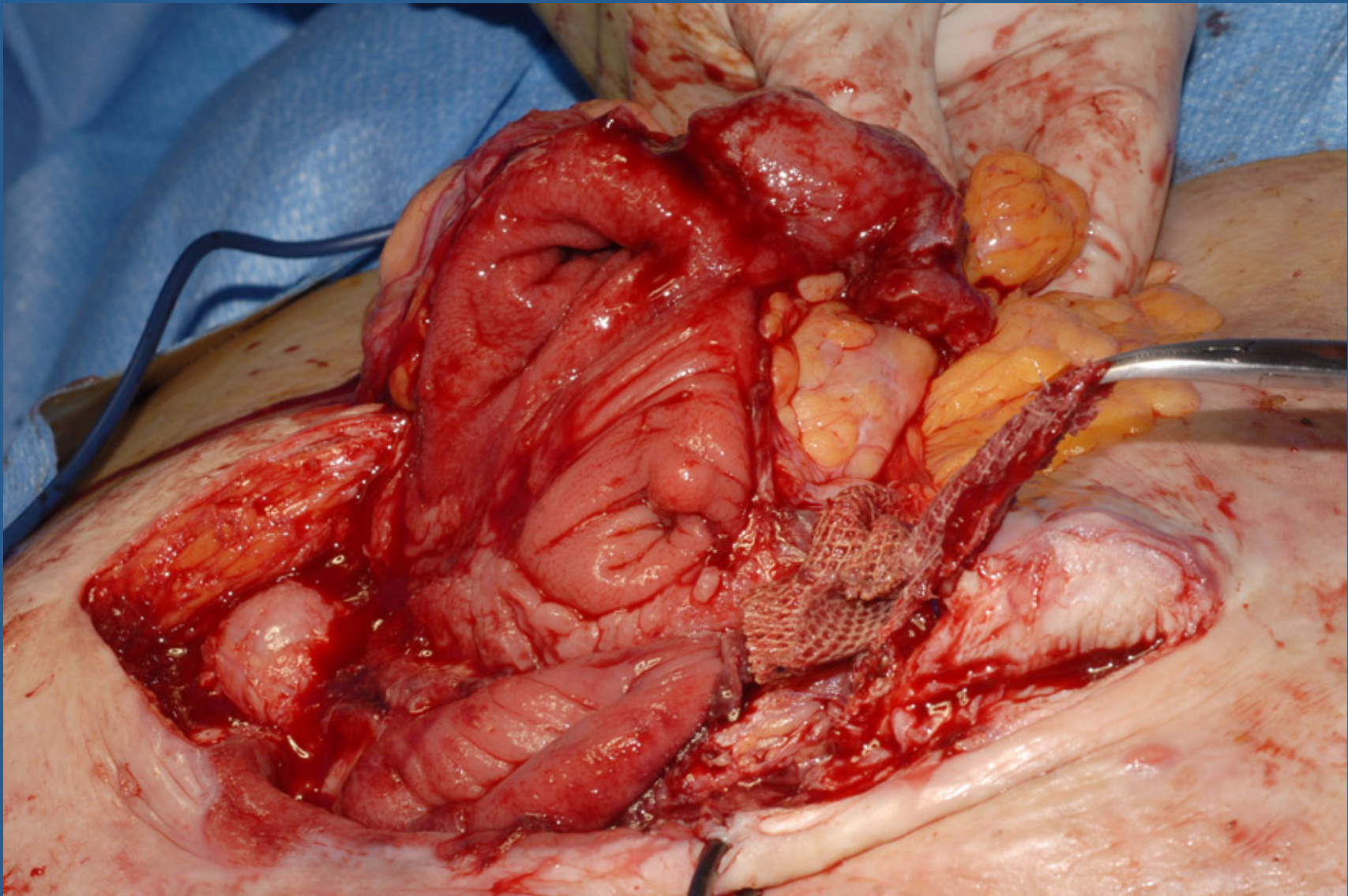
My own practice

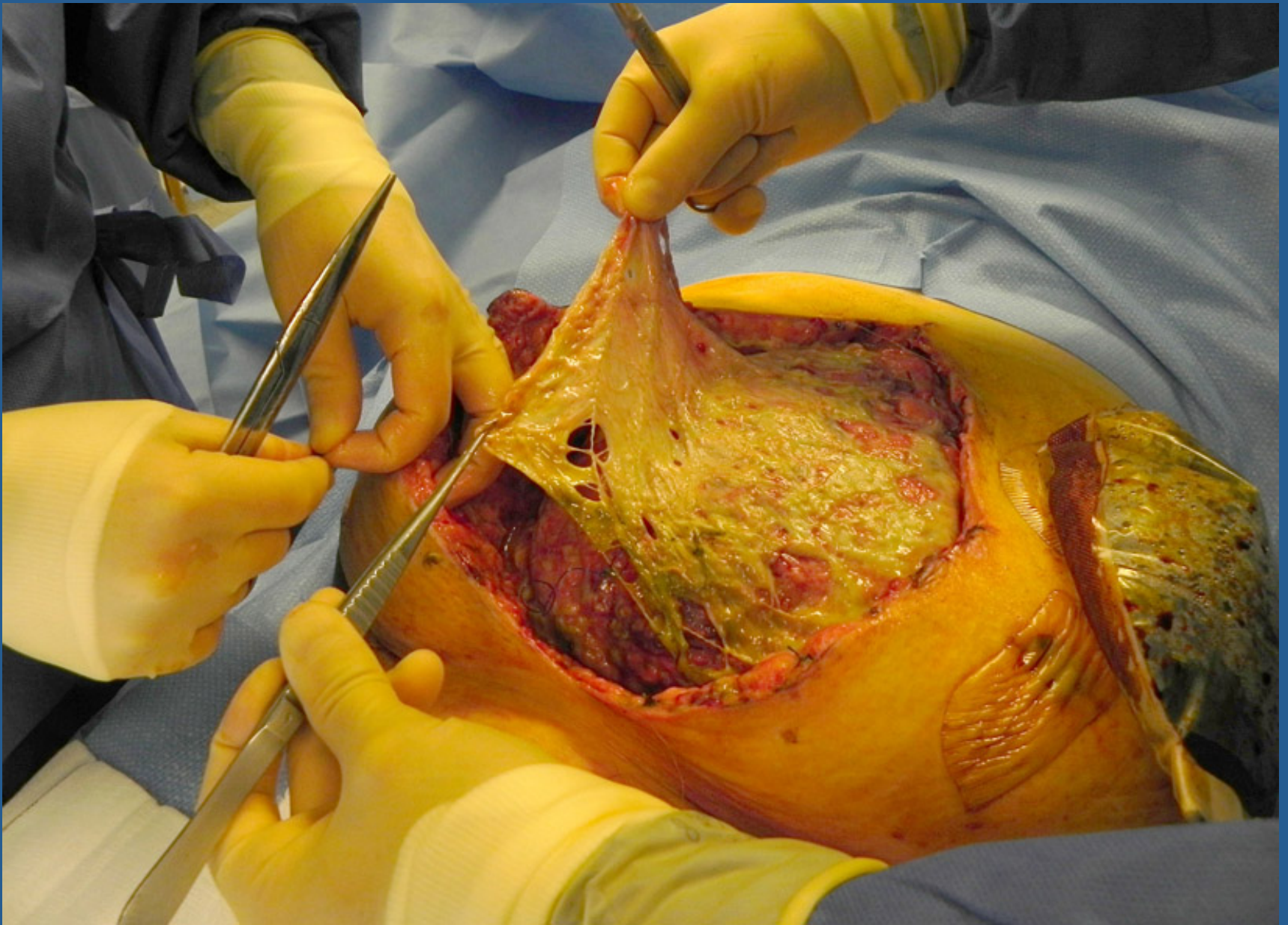
2011-2012 (N=81)

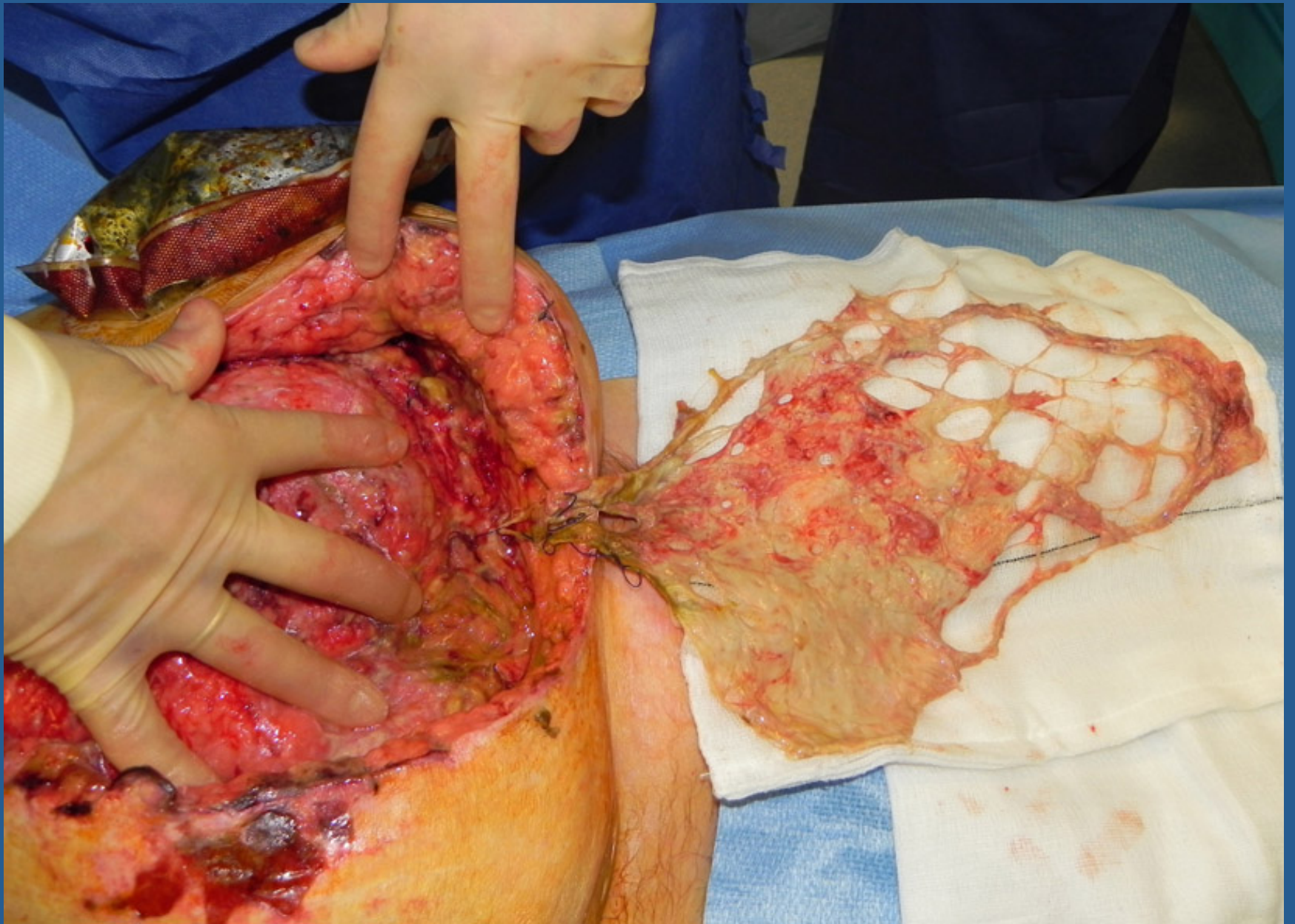
Open	45 (sublay, CSM)
Laparoscopic	34 (width <6cm)
Combined	2









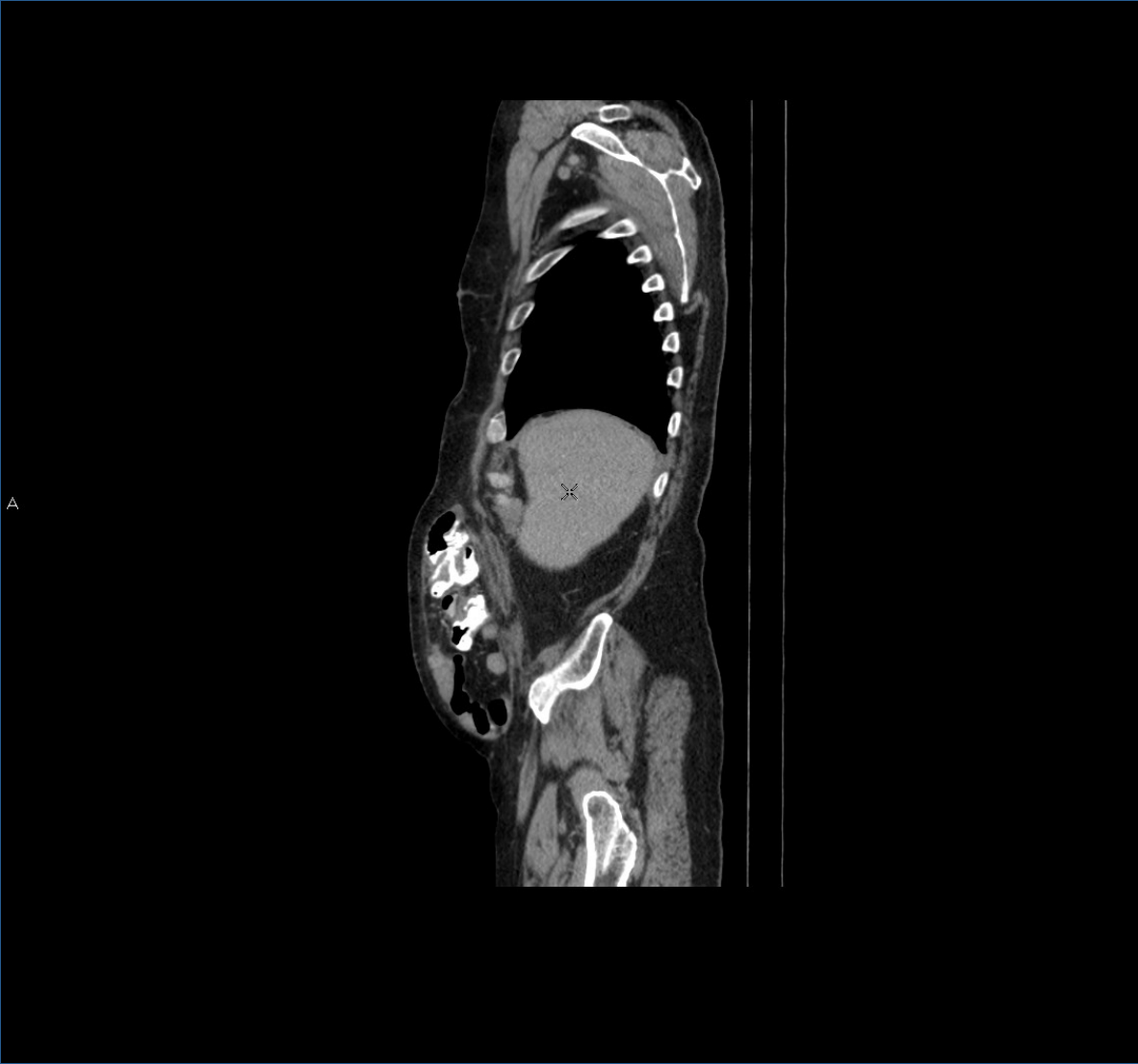


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Laparoscopic V Open Ventral Hernia repair

Way forward

Asymptomatic Ventral Hernia's N=48

Followed up for a minimum of 6 years

Only 3 (6%) converted to operation

Laparoscopic V Open Ventral Hernia repair

Predictors of poor outcome

	Odds Ratio	95% CI
Age >70	1.63	1.27 - 2.12
Ascites	9.71	(3.83 - 24.59)
Airway disease	4.1	(2.13 – 7.9)
Acute renal failure	11.45	(2.33 – 56.38)
Hernia size	2.4	(1.4 - 4.2)
Open repair	1.4	(1.11 – 1.8)

Laparoscopic V Open Ventral Hernia repair

Better Assessment

- Brief Pain Inventory (BPI)
- EuroHs Qol
- Exclude Functional Bowel Disorders (Irritable Bowel)
- Use of CT

Laparoscopic V Open Ventral Hernia repair

Conclusions

1. If asymptomatic observe
2. If symptomatic laparoscopic or sublay repair for suitable patients