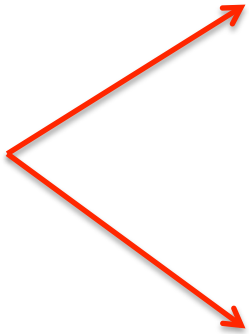
# COMMENT JE FAIS….

Mathieu BECK

Clinique A. Paré Thionville

MESH 2014

# PROTHÈSE



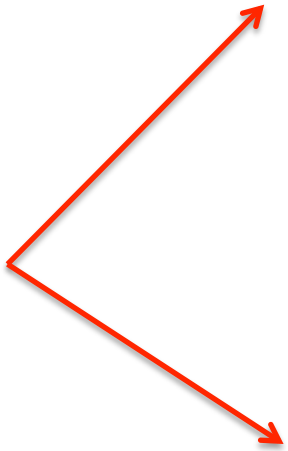
Réparation prothétique?

Réparation non prothétique?

# PROTHÈSE

Réparation prothétique

# SITE DE LA PROTHÈSE



Intra-péritonéale?

(fixation nécessaire)

Rétro-musculaire?

Autre?

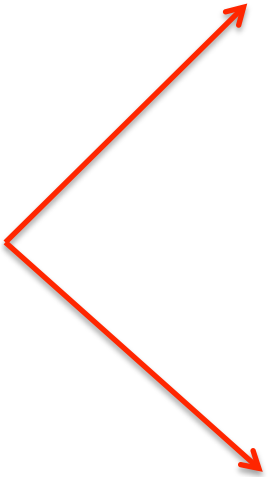
# SITE DE LA PROTHÈSE

Rétro-musculaire

# ABORD

Voie coelioscopique?

(prothèse nécessairement intra-péritonéale et nécessairement fixée)

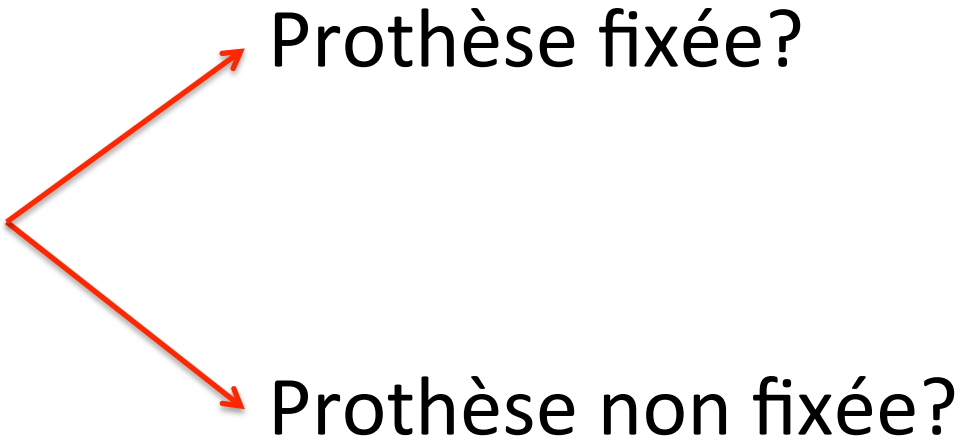


Voie ouverte?

# ABORD

Voie ouverte

# FIXATION



# FIXATION

Prothèse non fixée

# PORTRAIT ROBOT 1

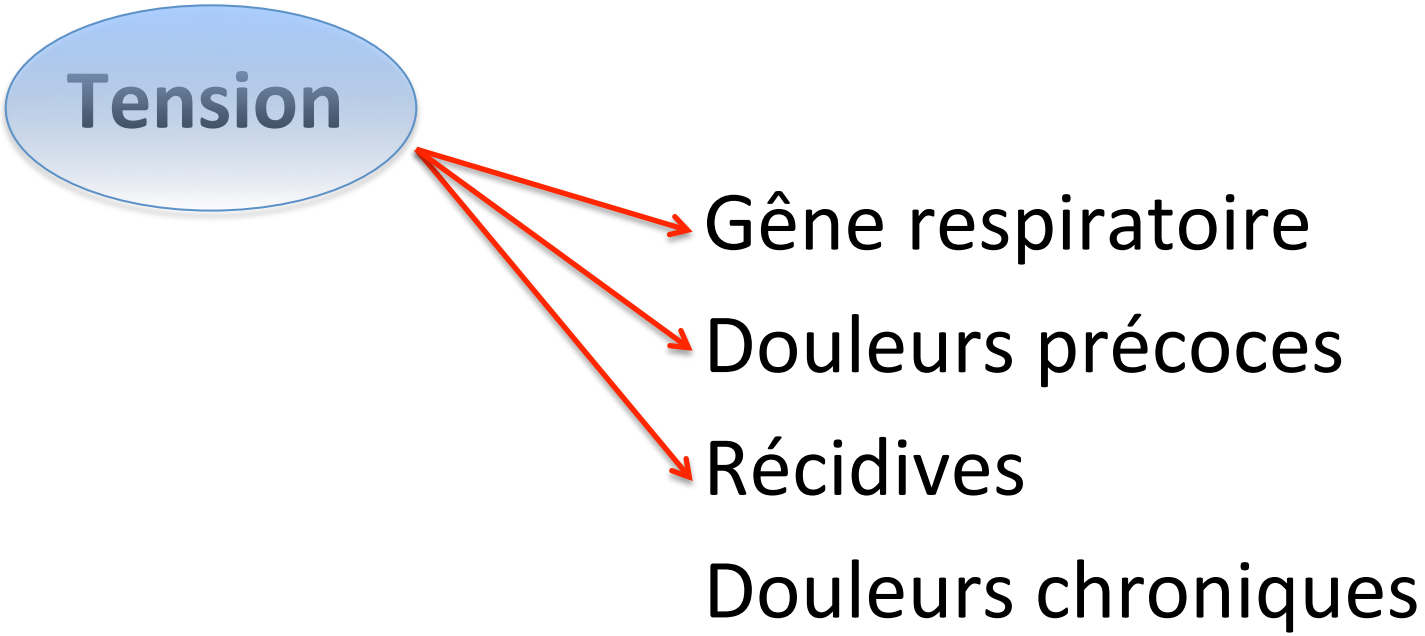
- Voie ouverte
- Réparation prothétique
- Prothèse non fixée
- Rétro-musculaire

# FERMETURE PARIÈTALE

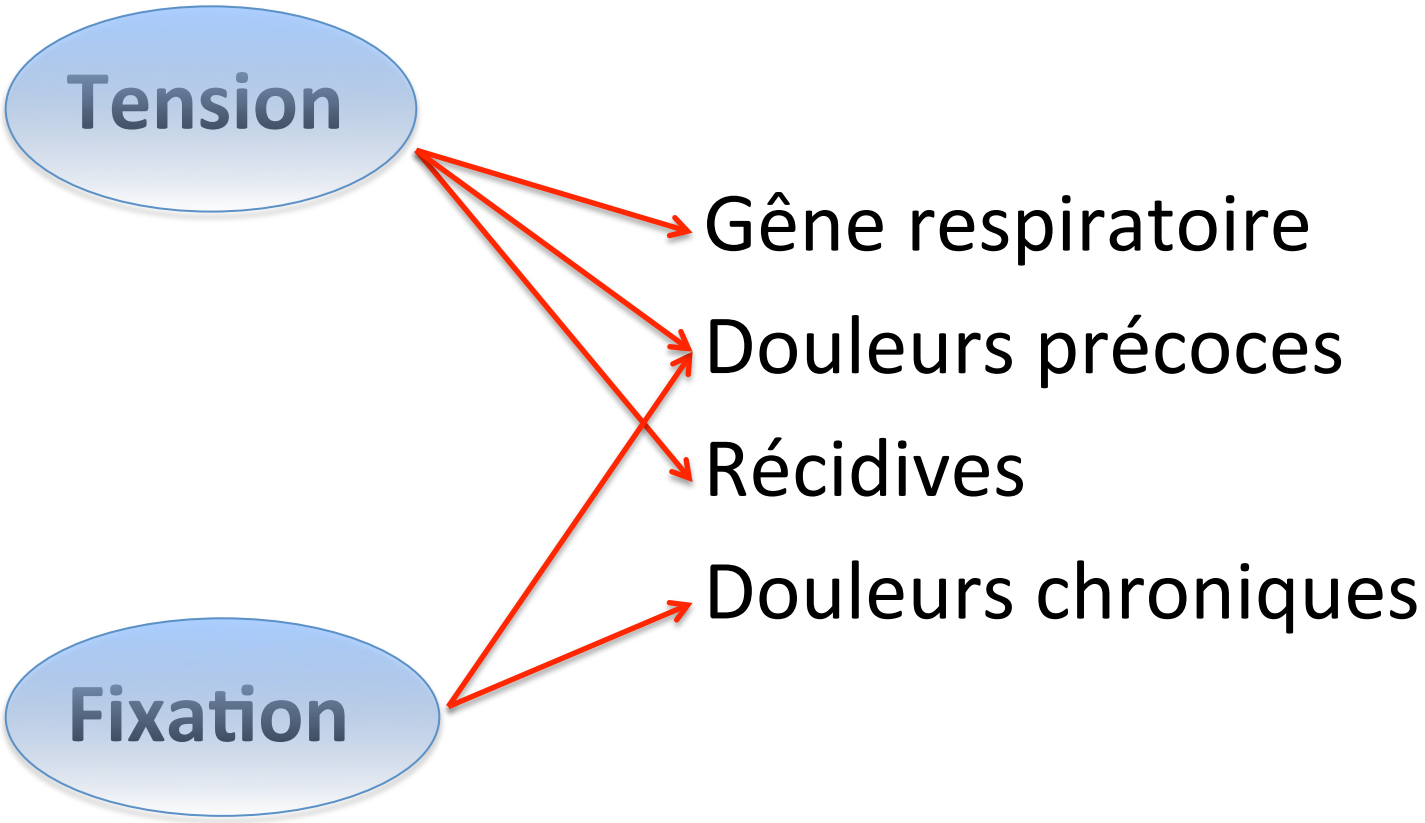
- Fermeture d'un plan péritonéal et aponévrotique postérieur (rétroprothétique)

- Fermeture d'un plan aponévrotique antérieur (préprothétique)

# ÉVITER


Tension
Gêne respiratoire
Douleurs précoces
Récidives
Douleurs chroniques

# ÉVITER


Tension
Fixation
Gêne respiratoire
Douleurs précoces
Récidives
Douleurs chroniques

# RECOURS

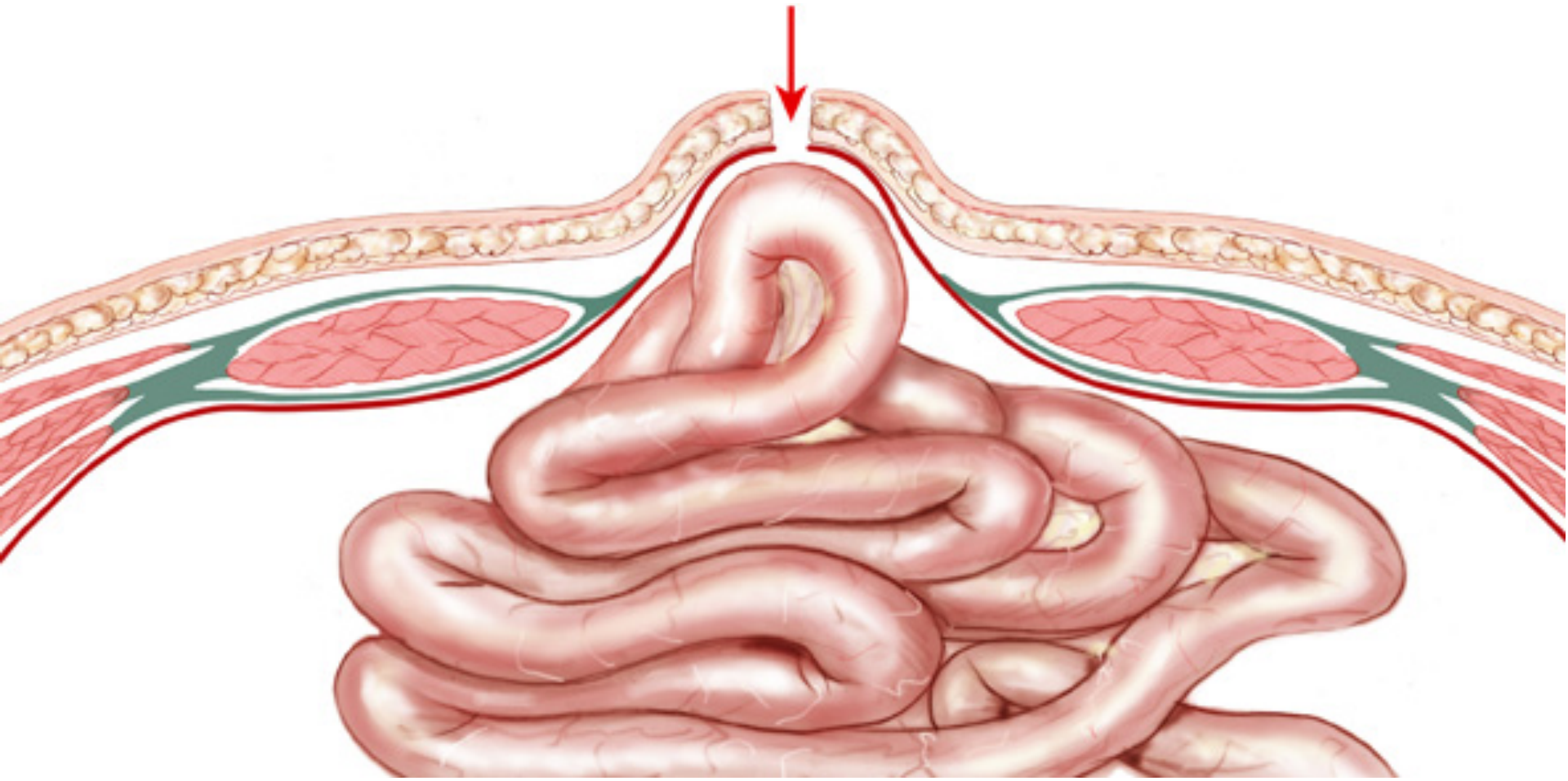
- Incisions de décharge (Clotteau)
- Incisions retournement (Welti)
- Translations (Ramirez)
- ….

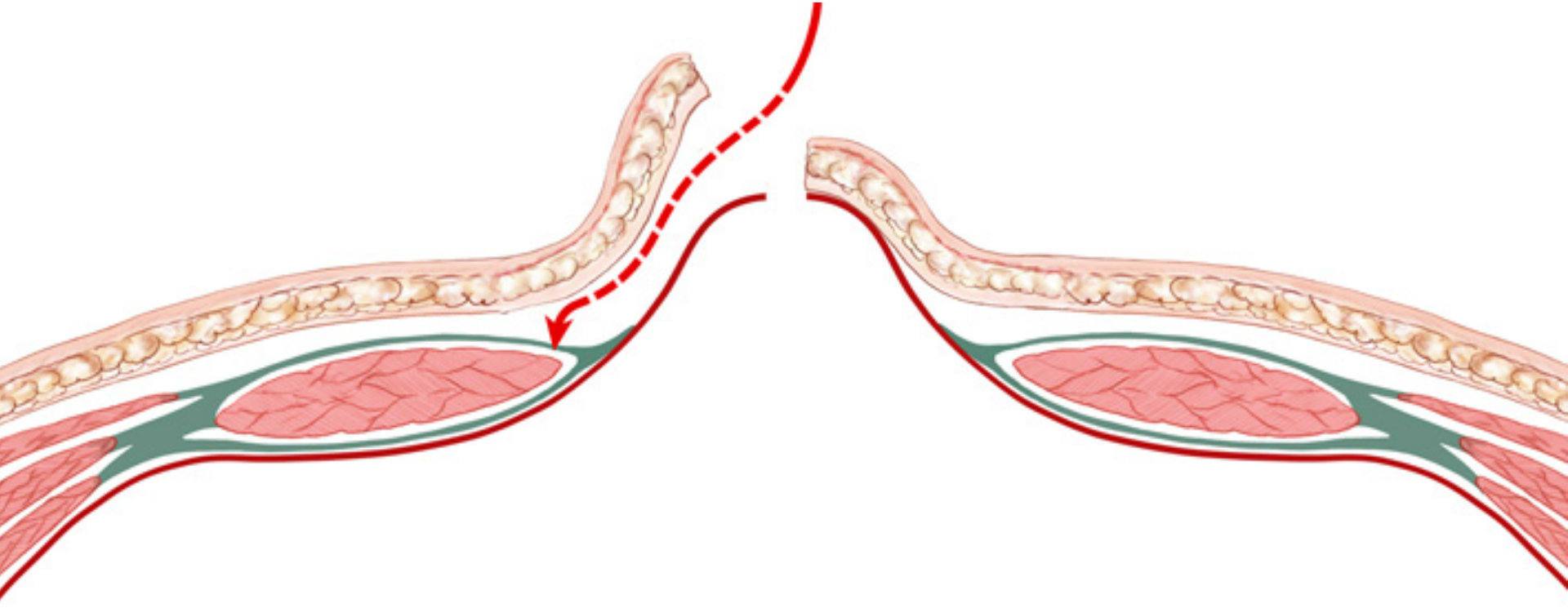
# PORTRAIT ROBOT 2

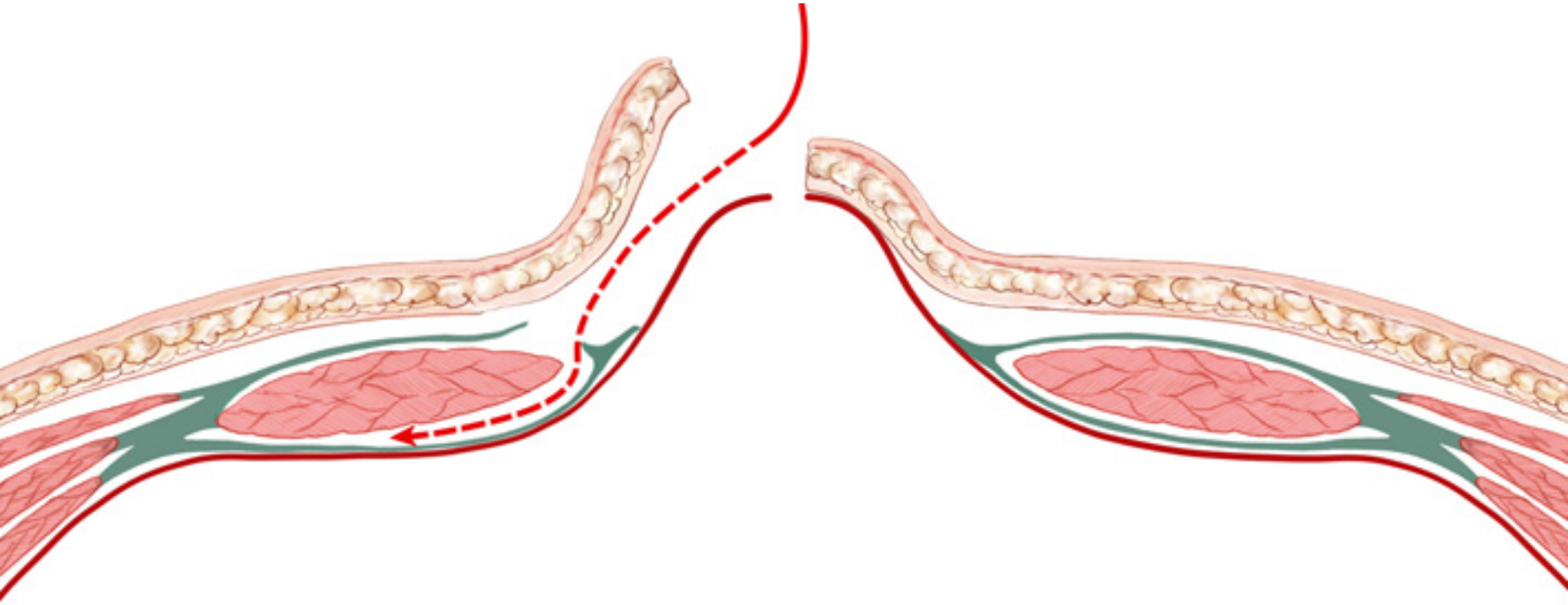
- Voie ouverte
- Réparation prothétique
- Rétro-musculaire
- Prothèse non fixée
- **Couverture postérieure et antérieure**
- **« Tension free »**
- **Simple!**

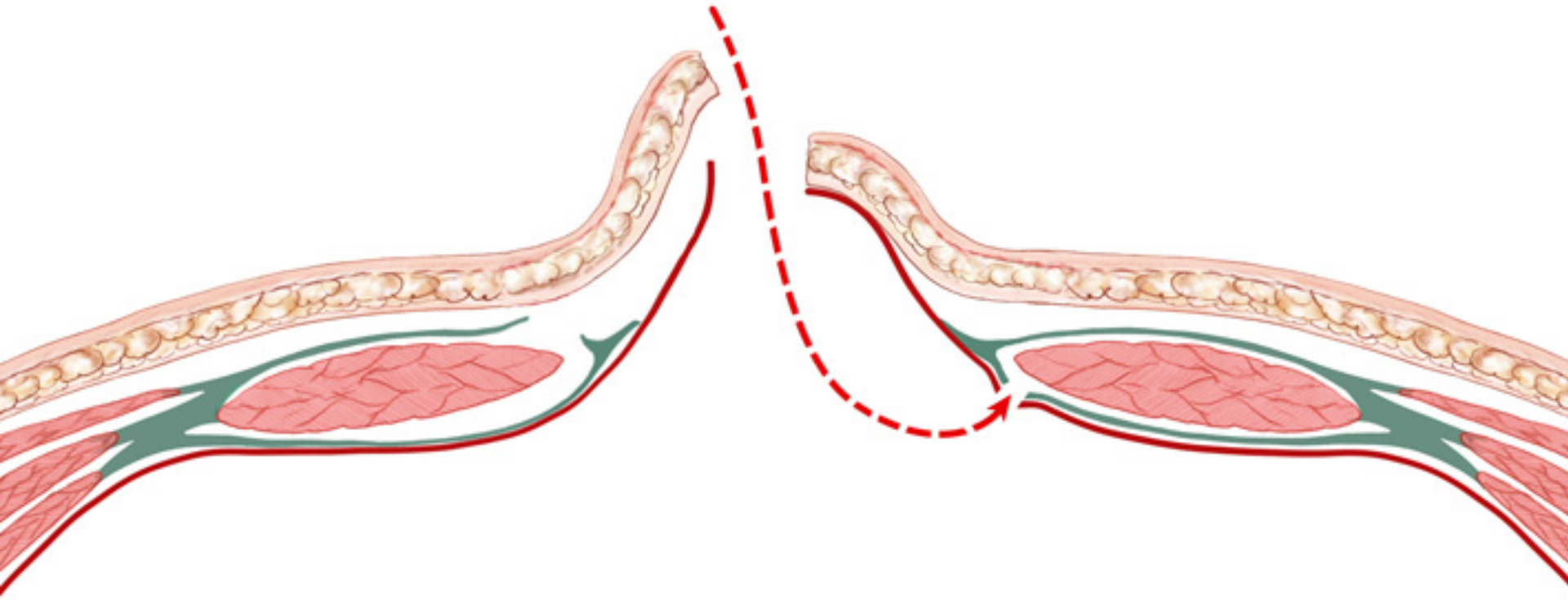
Quadrature du cercle?

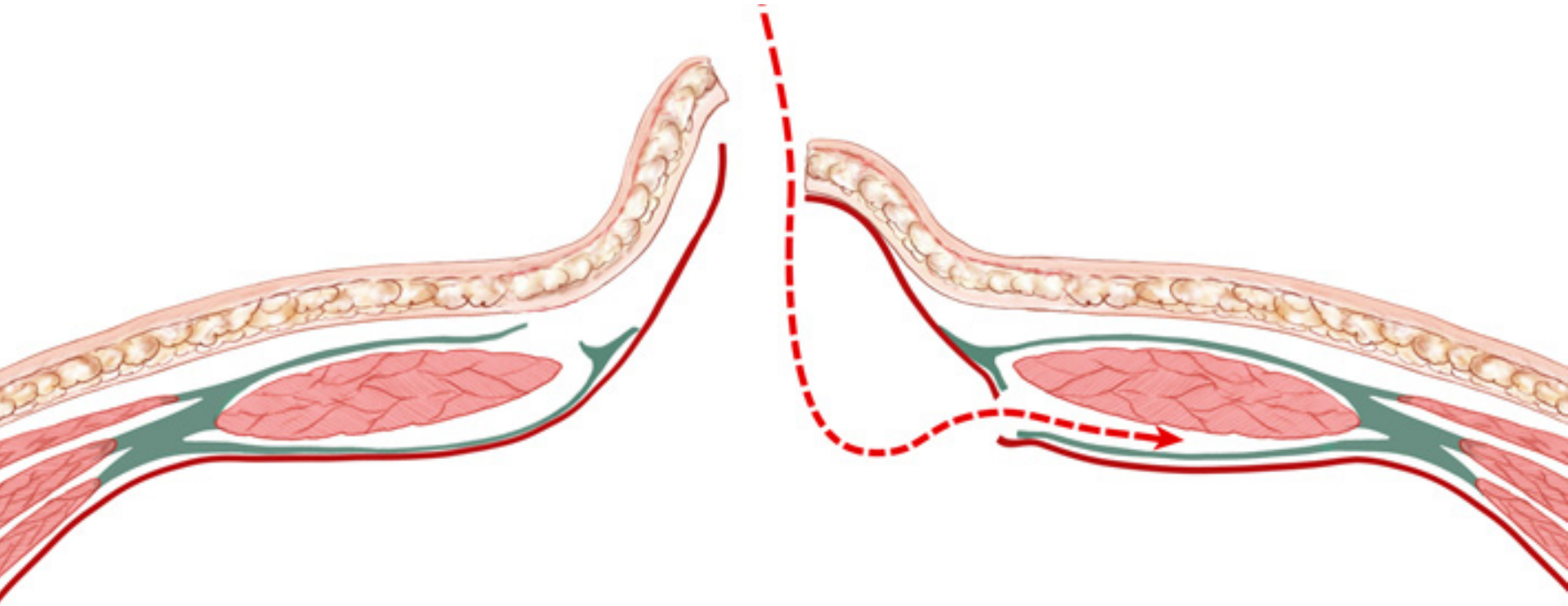
Beck M.
Traitement des grandes éventrations médianes par autoplastie et alloplastie rétromusculaire
*J Chir* 2008 ; 145 : 475-477

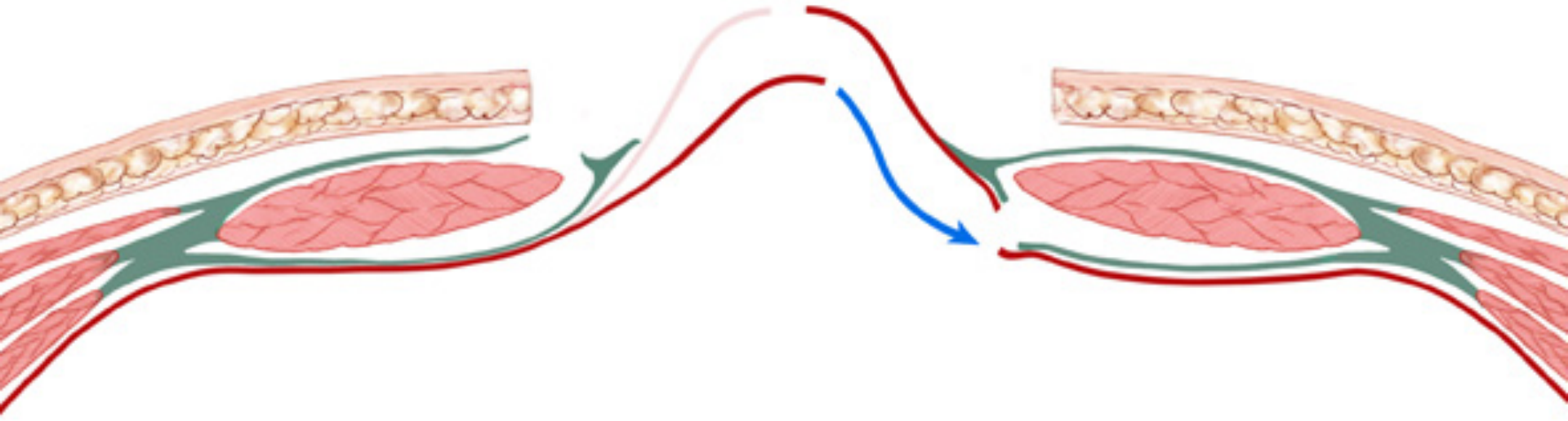


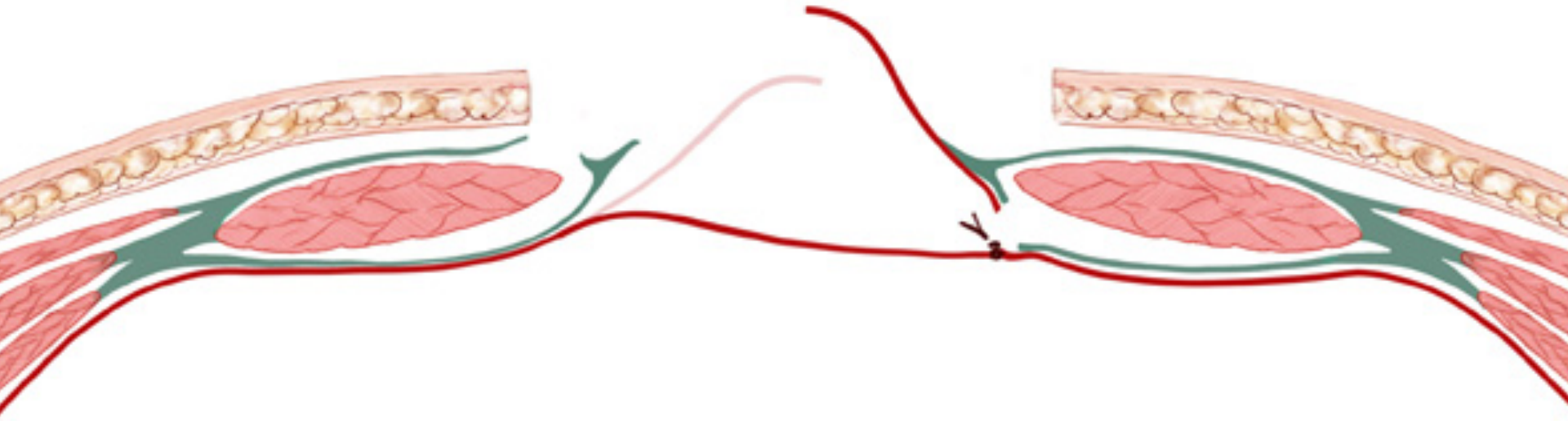


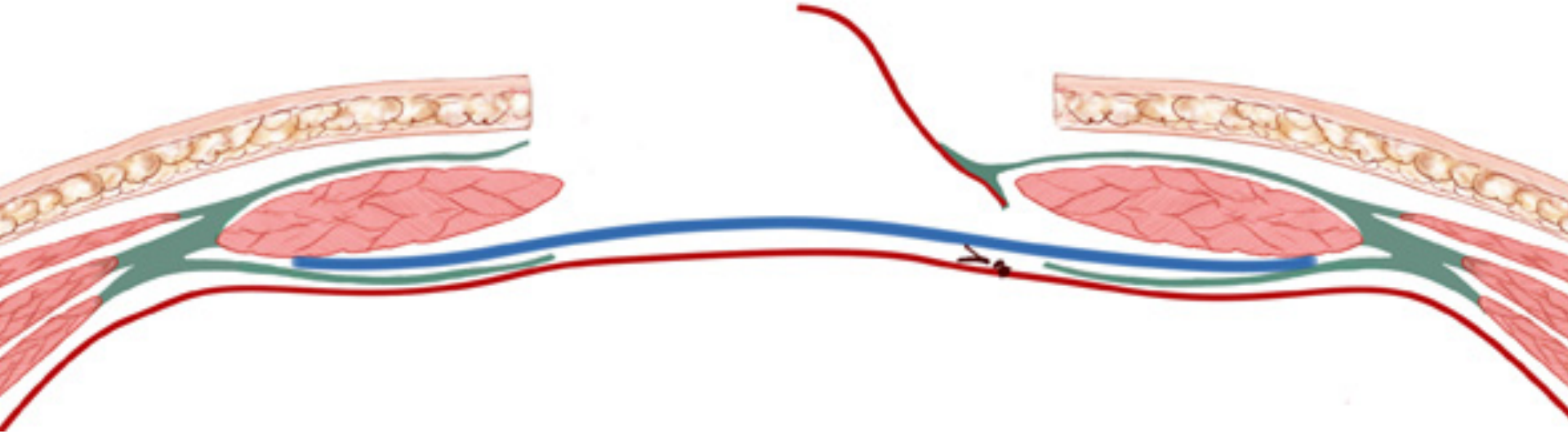


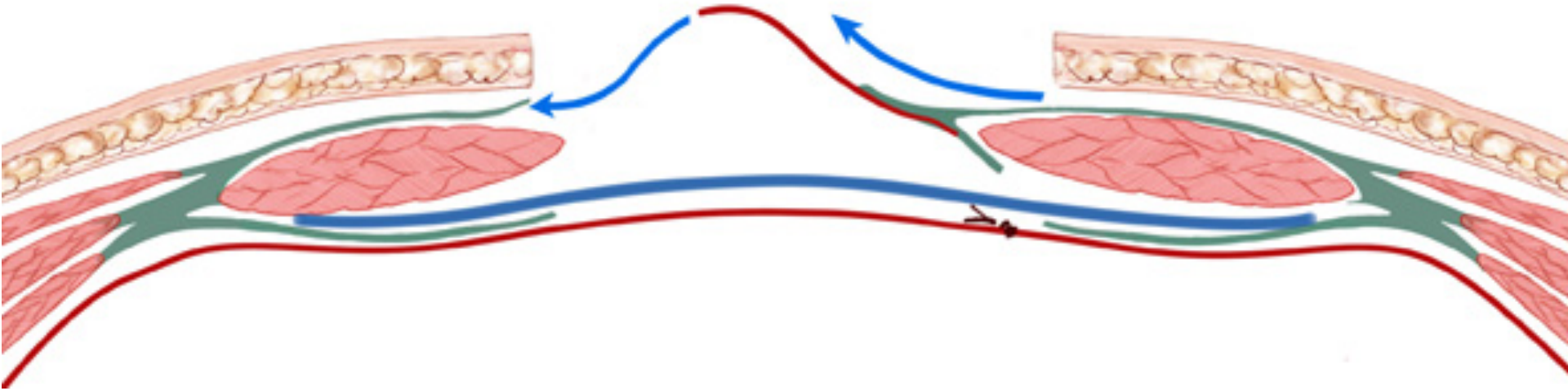


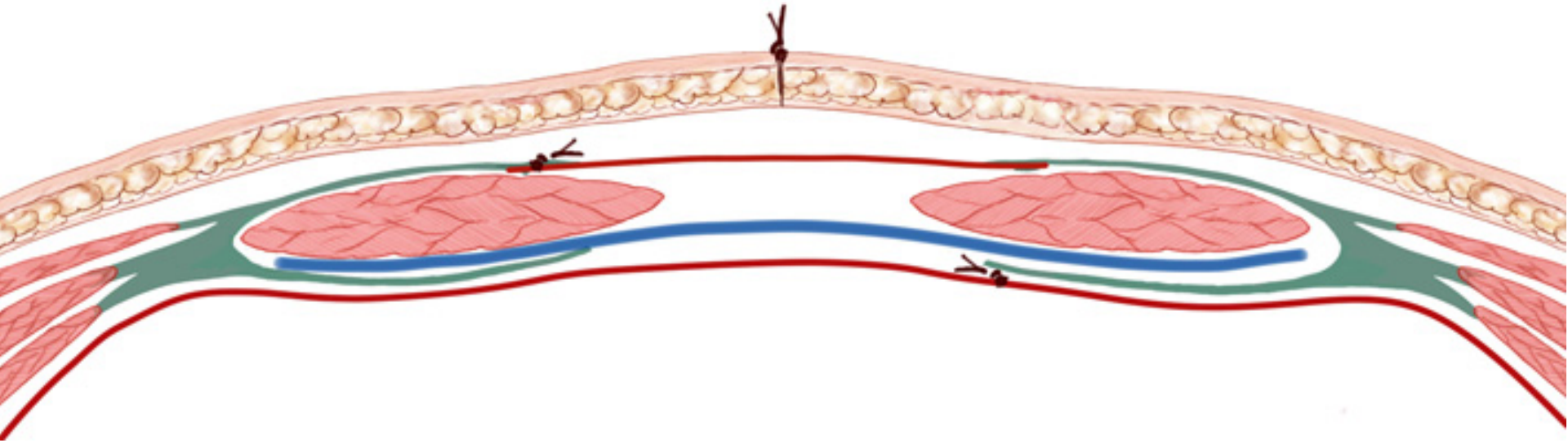












Hernia (2014) 18:39–45
DOI 10.1007/s10029-013-1086-7

ORIGINAL ARTICLE

# The peritoneal flap hernioplasty for repair of large ventral and incisional hernias

A. Malik · A. D. H. Macdonald · A. C. de Beaux · R. R. Tulloh



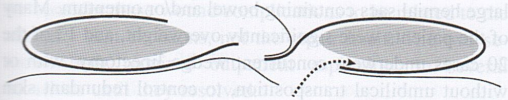


**Fig. 3** The incised posterior sheath leads directly to the retromuscular space on that side

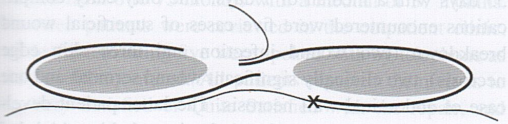


**Fig. 4** The reflected sac from one side is sutured to the posterior sheath on the other side to achieve closure of the peritoneal cavity

created retromuscular space and ensuring at least a 5-cm overlap all around the sac/sheath suture line (Fig. 5). The

**Fig. 6** Complete coverage of the mesh is achieved by suturing the remaining peritoneal flap to the previously incised edge of the anterior rectus sheath

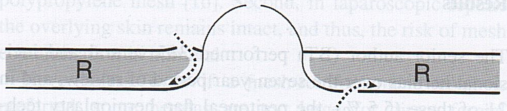



**Fig. 7** Para-sagittal section through the rectus muscle and sheaths illustrating the lines of dissection to enter the retromuscular plane with preservation of flaps of sac. R = rectus abdominis muscle between the anterior and posterior sheaths



until the patient was able to undergo revisional surgery to achieve skin closure. The tissue necrosis was attributed to excessive skin and fascia flap mobilisation aggravated by underlying microvascular disease from smoking.

The peritoneal flap hernioplasty or "mesh sandwich" technique has not been reported in the English literature, but a description of the operation by Beck has been noted in a recently published French textbook where it is accompanied by clear diagrams [17]. At our centre, the concept evolved from the technique of da Silva [18] who described reconstruction of the abdominal wall in three layers with the transposition of peritoneo-fascial flaps without the use of mesh. Our own earlier (unreported) experience using da Silva's entirely autologous repair

Furthermore, the CS technique involves extensive mobilisation of skin flaps which are associated with sensory denervation and skin ischaemia [21, 25, 26]. The peritoneal flap hernioplasty involves elevation of skin flaps only as far as the margins of the defect, even when combined with abdominoplasty, and does not attempt to restore the rectus muscles to the midline but simply to provide a continuous fascial layer across the gap in order to support and protect the inlaid mesh. Nevertheless, there is always a degree of improvement in the rectus separation (Fig. 9a, b). Both the CST and the peritoneal flap hernioplasty technique bring about an increase in the abdominal domain—the CST generally and the peritoneal flap hernioplasty at the site of repair.

15. Franklin ME Jr, Gonzalez JJ Jr, Glass JL, Majarrez A (2004) Laparoscopic ventral and incisional hernia repair: an 11-year experience. Hernia 8:23–27
16. Eriksen JR, Gogenur I, Rosenberg J (2007) Choice of mesh for laparoscopic ventral hernia repair. Hernia 11:481–492
17. Beck M. in Avci, Cavit, Foutanier, Gilles, Avtan, Levent (2011) Video-atlas herniaire III: hernies ventrales et eventrations, reparations ouvertes et laparoscopiques. Springer, 1st edition. ISBN 978-2-8178-0144-5
18. Da Silva AL (1979) Surgical correction of longitudinal median and paramedian incisional hernia. Surg Gynaecol Obstet