The Malmö abdominal flap technique for large ventral hernias

Agneta Montgomery
Department of Surgery
Malmö, Sweden

Purpose

- Minimize trauma
- Minimize risk for complications


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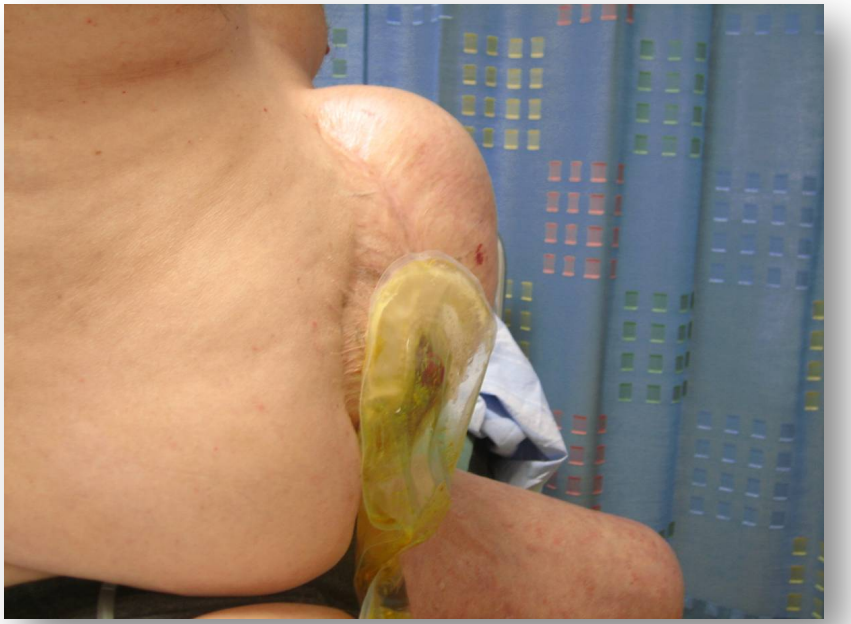
Ventral Hernia Surgery



What to avoid?

- Avoid intrabdominal mesh
- No mesh subcutanousley

- Minimize tissue dissection / trauma

- Be sure to cover the mesh with fascia
- Re-positioning of the rectal muscles
- Use homologous tissue as fare as possible
- Put the mesh in the “safest place”

Component separation

- Large subcutaneous dissection - trauma
  unless performed endoscopically
- Segmental nerves at risk by dissection (TAR)
- Creating a new week area
- Not sure it will be enough to cover the mesh
- Difficult to teach for endoscopic use
- Time consuming

Our indications

All midline incisional hernias

including contaminated patients

“Malmö-flap”

Modified Peritoneal Flap hernioplasty

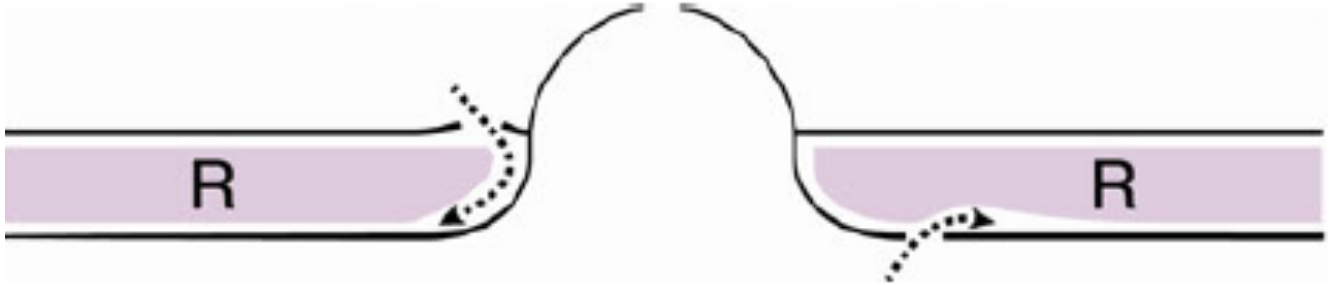
Hernia (2014) 18:39–45
DOI 10.1007/s10029-013-1086-7

ORIGINAL ARTICLE

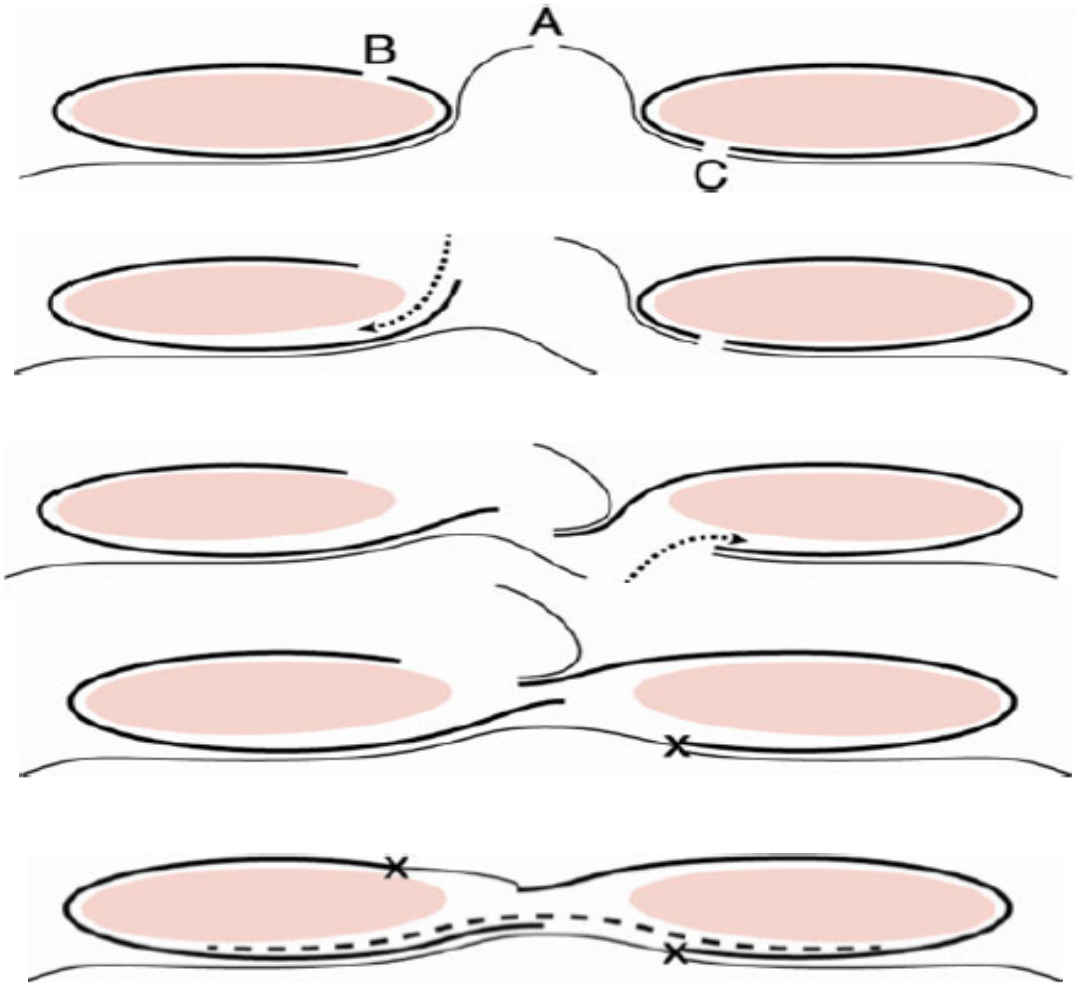
The peritoneal flap hernioplasty for repair of large ventral and incisional hernias

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

Peritoneal Flap hernioplasty

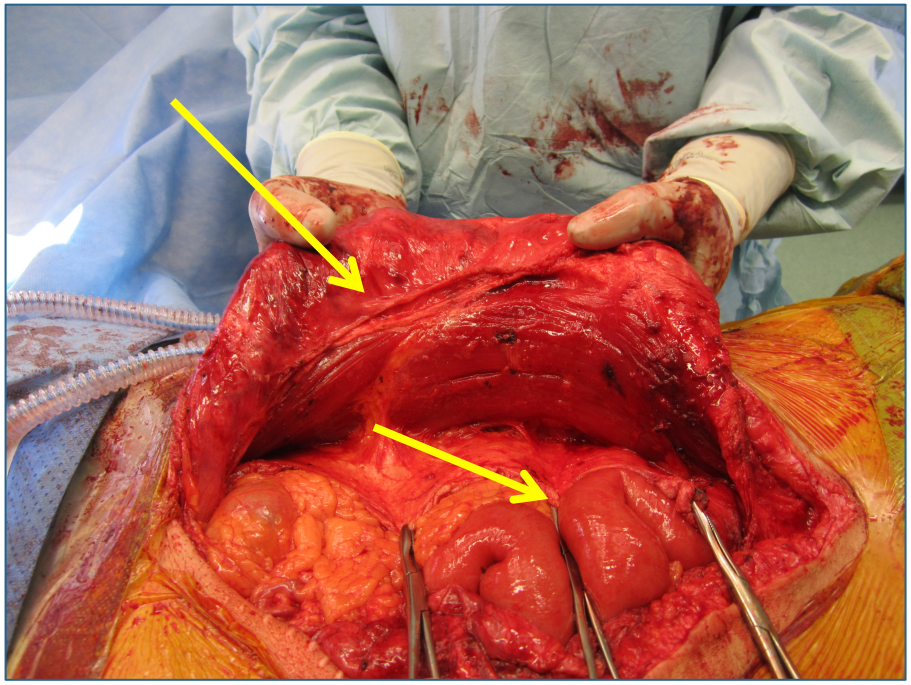


Peritoneal Flap hernioplasty

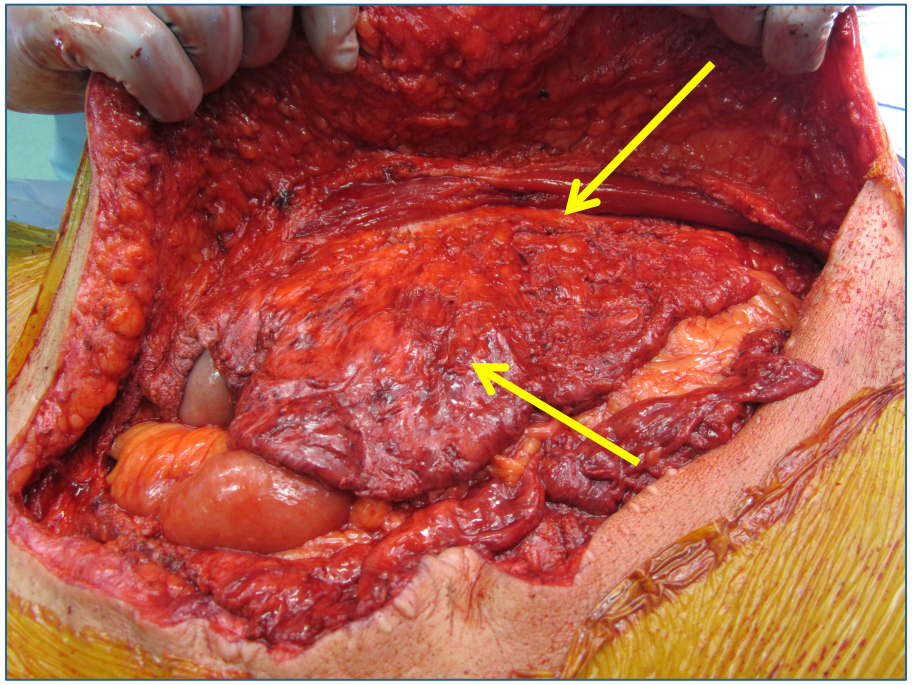


Malmö flap technique

Incision of the posterior rectal fascia on the right side

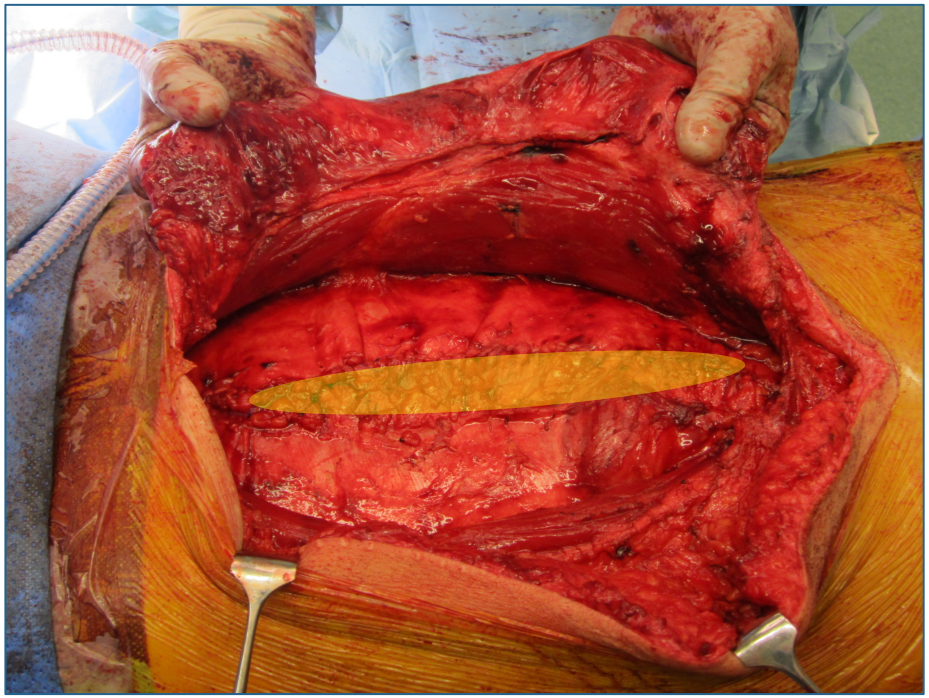


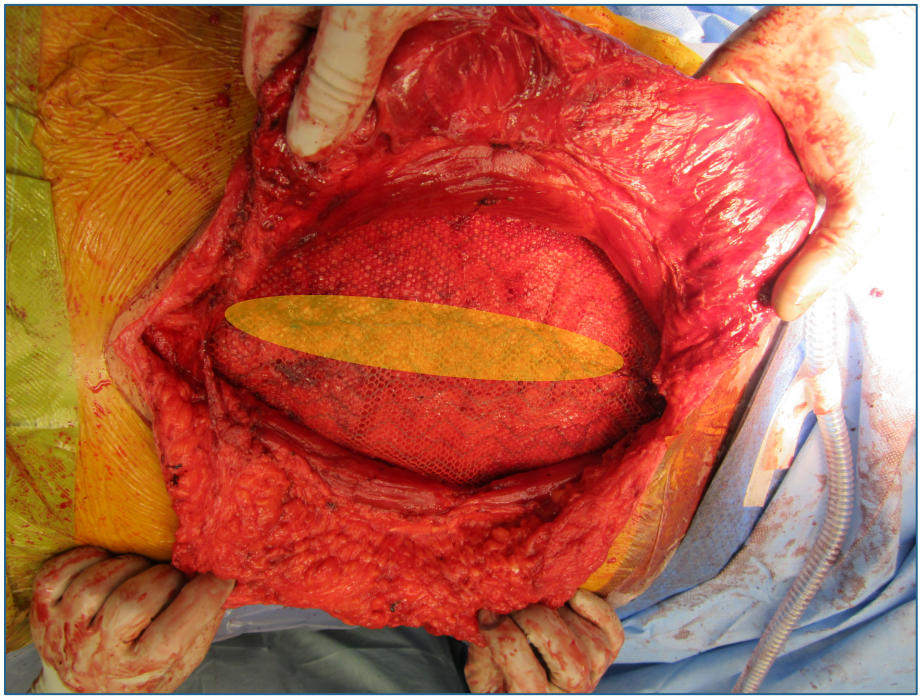
Incision of the anterior rectal fascia on the left side



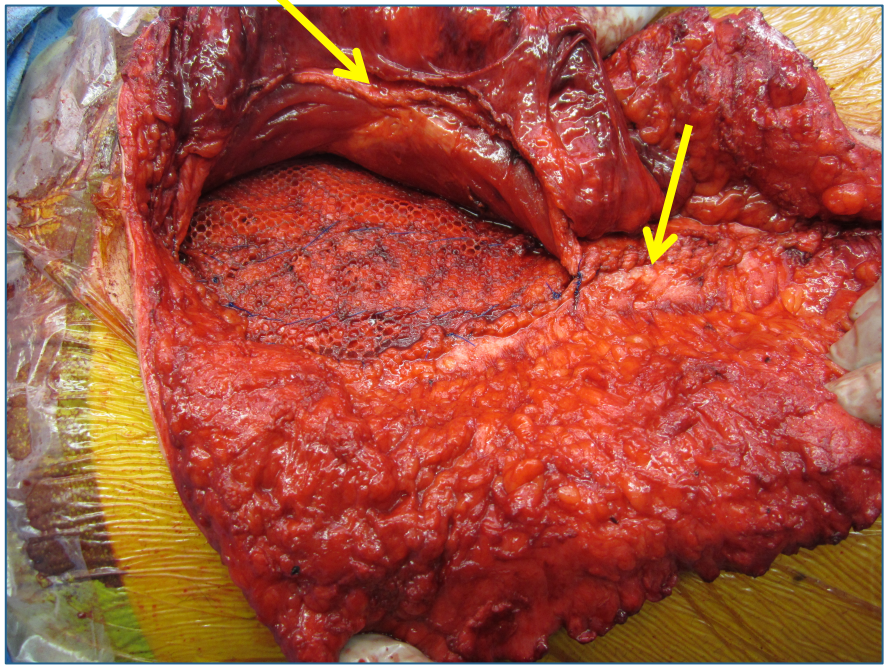
Malmö flap technique

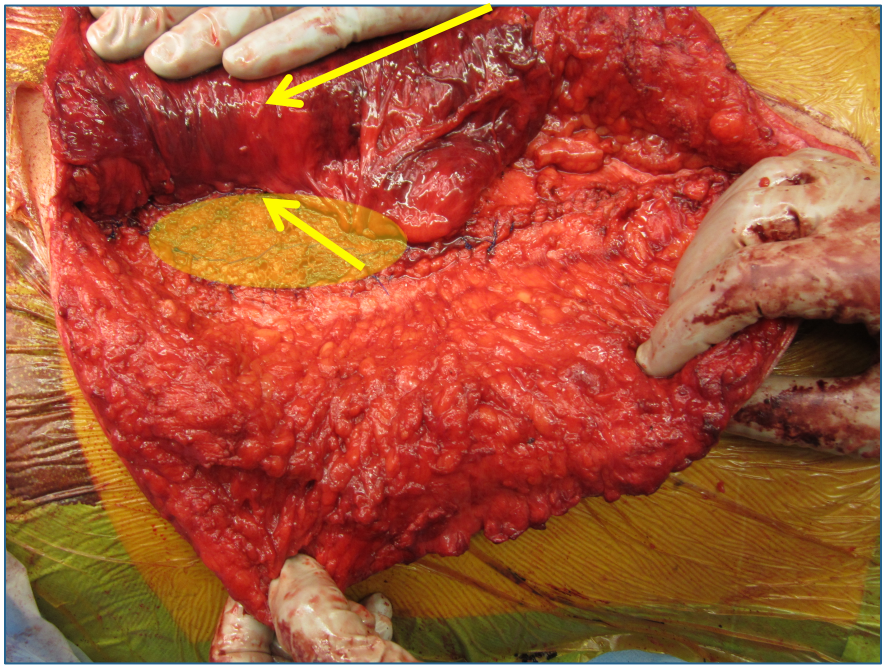
Posterior wall closure



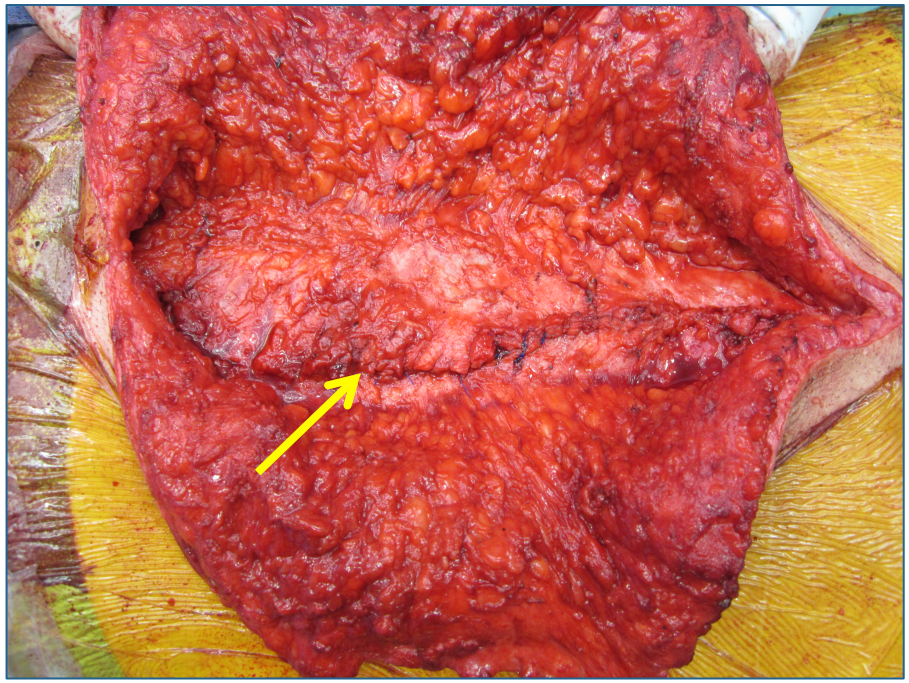


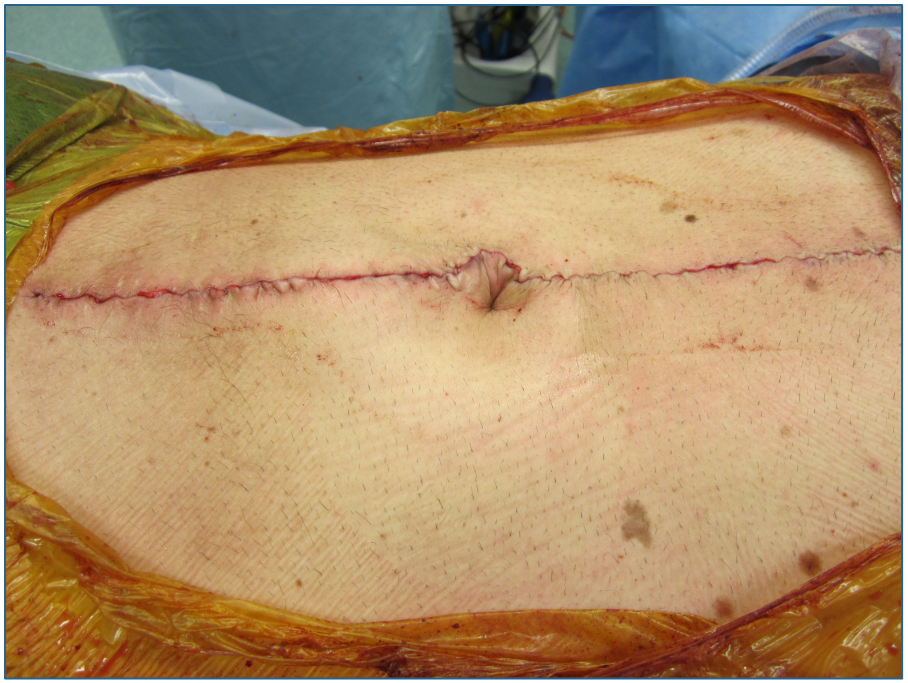
Malmö flap technique





Malmö flap technique



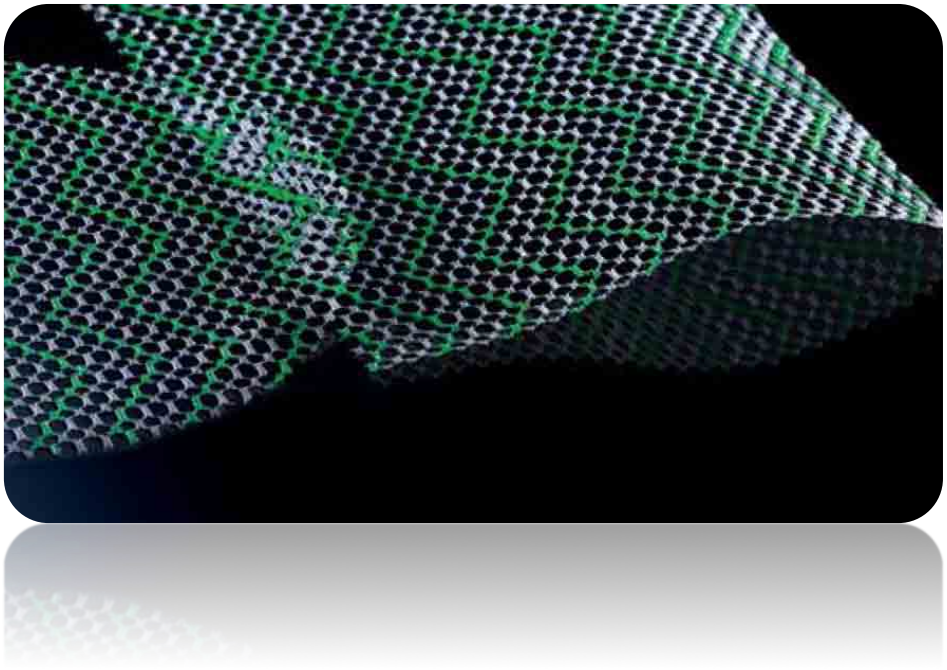


Our standard mesh

PVDF polyvinylidenfluorid

DynaMesh®-CICAT

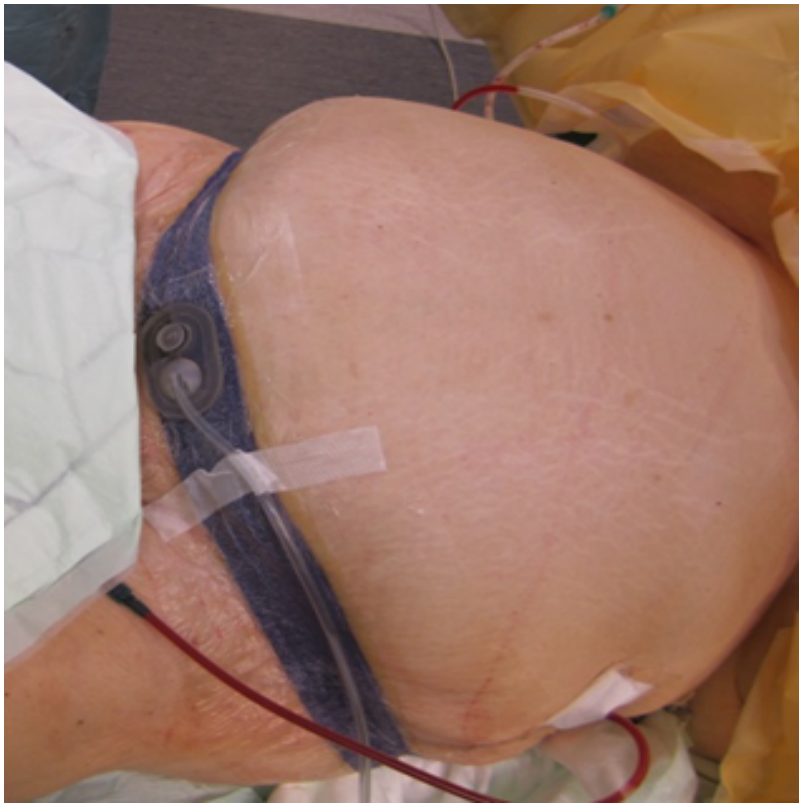
- Monofil
- Large pore size
- Reinforsement stability



PVDF

- Minimum tissue response
- Improved biostability
- Lowered bending stifness

Privena - Vaccum bandage



Preliminary results

Patrik Petersson research student

- 2011 - 2014
- 131 patients:

  60 Malmö flap 71 Stoppa - uncovered mesh
- Median age 61 years
- Previous infection 42 %
- VHWG classification 50% Grade II-IV
- Hernia width 8.5cm (IQR 7.0)

Preliminary results

	Malmö flap	Controls	
	N=60	*N*= 71	
• Operation time	216 min	213 min	*NS*
• SSO	15 %	27 %	*NS*
• Mesh inf	1.7 %	11.3 %	p= 0.040
• Prolonged wound healing	13.6 %	32.4 %	p= 0.012
• Follow up median	2 years	3 years	
• Recurrence (clin exam)	0 %	4.8 %	*NS*

Conclusions
Malmö flap technique

- standardized technique
- can be used in all midline defects sizes
- minimizes tissue trauma
- the mesh is covered by the patients own “biologic” tissue
- a synthetic mesh can safely be used in contaminated situations
- easy to learn
- saves costs for expensive wound care and visits to healthcare