

ABSTRACT NO. R7

**OVER 150 CONSECUTIVE OPEN UMBILICAL HERNIA REPAIRS IN A MAJOR VA MEDICAL CENTER**

Farrow B, Awad S, Berger D, Bellows C  
Michael E. DeBakey VA Medical Center Houston, TX

**INTRODUCTION:** Umbilical hernias are very common in the veteran population, however the patient factors related to eventual outcomes have likely changed with the increasing prevalence of MRSA and mesh repairs. We sought to determine which of these patient factors contribute to infection and/or recurrence following umbilical hernia repair.

**METHODS:** We performed a retrospective analysis of 152 consecutive open umbilical hernia repairs between October 2003 and September 2007 at the Michael E. DeBakey VAMC. Data is presented as mean  $\pm$  SEM . Statistical analysis was performed using the chi-square test.

**RESULTS:** There were 66 mesh repairs (94% proline) and 86 suture repairs. The mean hernia size was 5.3cm<sup>2</sup>. The mean follow-up was 19.7 months. The overall recurrence rate was 6%. Nineteen percent of the repairs became infected at a mean of 10.4 days postoperatively (range 1-44 days). Mesh repairs were statistically more likely to become infected compared to suture repairs. However age >60, obesity (BMI >30), smoking, HIV status, diabetes and size of the hernia defect were not statistically associated with an increased risk of infection. Overall, 92% of the patients received pre-operative antibiotics (most commonly cefazolin). The majority of infections (66%) were MRSA. Only 2 of 17 infected mesh repairs required removal of the mesh. The remainder were managed with antibiotics and wound care. There were no long term hernia recurrences following this treatment. However, in the non infected group there were 8 recurrences following suture repair, and only 1 following mesh repair. In the last 2 years of the study period there were twice as many mesh repairs and infections compared to the first 2 years.

**CONCLUSIONS:** Infection following elective umbilical hernia repair appears to be related to the use of mesh. When infection occurs, it is possible to salvage the mesh without long term complications such as recurrence.