

ABSTRACT NO. R14

A COMBINED PROSTHETIC AND BIOLOGIC MESH REPAIR FOR VENTRAL HERNIAS WITH LOSS OF DOMAIN

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Introduction: Wound breakdown and mesh infection are common complications of the complex abdominal wall reconstructions. We describe a technique to avoid direct prosthetic mesh exposure after the repair of a complex ventral hernia with loss of domain.

Methods: A 55 year-old man presented to our clinic with a large recurrent skin grafted ventral hernia, after a concomitant Hartmann's reversal and incisional hernia repair with prosthetic mesh, at an outside institution. The patient was then taken to the operating room with the intention of performing a ventral hernia repair with sublay mesh placement and component separation closure of the abdominal wall. In spite of the extensive component separation technique with the addition of medial reflection of the anterior rectus sheaths, a primary fascial closure could not be accomplished. Two tissue separating meshes (Proceed™ Ethicon Inc. Somerville, NJ, USA) were sutured together (total mesh area 1428 cm²), and placed intrabdominally. In order to provide coverage to the prosthetic mesh, in case of a likely wound breakdown, an acellular bovine pericardium mesh of 300 cm² in size (Veritas® Synovis Surgical Innovations, St Paul, MN) was sutured to the edges of the reflected rectus sheath.

Results: The patient had no intraoperative complications. The patient was discharged home on postoperative day 15, after recovering from ETOH withdrawal. No wound complications were noted. At the time of this report he has no evidence of recurrence and has an excellent cosmetic result.

Conclusions: Ventral hernias with loss of domain require a careful preoperative evaluation. The use of prosthetic meshes allows closure of very large hernias, but the issue of soft tissue coverage remains. Due to the high likelihood of wound infection and skin breakdown, we suggest closing the native fascia primarily over the mesh when possible or gap the defect with a biologic mesh.