

Treatment of postoperative large incisional hernias

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Background :

Incisional hernias are a frequent complications after laparotomies. Their incidence varies between 10 and 15 %

Approximately 80 -95% of the incisional hernias appear between 6 months and three years from the surgery, which implies that the postoperative follow up should be of minimum six months.

Treatment of large incisional hernias can be a challenge for the surgeon. The therapeutic armamentarium in large incisional hernias surgery comprises both tissular and prosthetic procedures.

When the parietal defect is very large and suturing the muscular aponeurotic margins is impossible, substitution meshes are being used.

The thesis is structured as follows: a general part which comprises an up to date presentation of the literature regarding the treatment of incisional hernias and a special part which comprises two studies.

The first of the two studies, entitled” The Oscar Ramirez procedure for the open procedure incisional hernias treatment” has as objective to establish the efficacy of the Oscar Ramirez procedure for large incisional hernias treatment, as a therapeutic enriching method addressed to this issue.

It is a retrospective study ran between 01.01.2013-30.06.2015, which enrolled a number of 294 patients diagnosed with postoperative incisional hernias and admitted in the Surgery 1 Clinic of the Emergency Clinical County Hospital Târgu Mureş

The second study, entitled ”Continuous local analgesia is effective in postoperative pain treatment after large incisional hernia repair” has as aim to verify the efficiency of a wound catheter and local continuous analgesia, against the conventional pain therapy with opioids. Opioids although have reduced costs have a series of unwanted secondary effects. Among these the most important are: postoperative ileus,

nausea, vomiting, addiction, respiratory depression. The first three secondary effects, by increasing the intra-abdominal pressure and the tension of the sutures, can determine parietal ruptures which with time can be the origin of recurrences.

The second study is a prospective study conducted in Surgery Clinic 1 of the Emergency Clinical County Hospital Târgu Mureş and of the University of Medicine and Pharmacy of Târgu Mureş between 01.01.2014-30.06.2015.

Conclusions:

The "Gold standard" for the treatment of large hernias remains abdominal wall plasty with prosthetic material.

The components division procedure is efficient for treating large incisional hernias.

Due to a high recurrence rate it remains a backup solution, for the cases where the prosthetic material cannot be used.

The Oscar Ramirez procedure can be used a precursor stage of a mesh plasty, because it reduces the sutures tension and the intraabdominal pressure as well.

Continuous local analgesia with Ropivacaine is an efficient solution for postoperative pain treatment after abdominal plasties for large incisional hernias.

Continuous local analgesia with Ropivacaine can be included in the multimodal pain treatment, reducing the use of systemic pain medication and that of opioids.

Key words: incisional hernias, local analgesia, analgesics, Ropivacaine, opioids