

A comparative study of various methods of incisional hernia repair.

Dr. Rajnish Patel^{1*}, Dr. Hitendra Desai², Dr. Pranjali Banthia³

¹Associate Professor, ²Assistant Professor, ³3rd year Resident, Department of General Surgery, B.J.M.C and Civil Hospital, Ahmadabad

Abstract:

Aim: All incisional hernias should be repaired surgically. Repair is done upon diagnosis to avoid the technical and physiological consequences and complications that occur with delay, such as loss of domain, incarceration, bowel obstruction and similar events. To make comparison between various methods of incisional hernia repair. **Material and Method:** 50 cases of ventral hernia repair were taken and observations were made regarding the duration and ease of operation, wound complications, hospital stay, morbidity and recurrence. **Results:** Mean age of study group is 56.5 years. In our study one patient who undergone onlay meshplasty developed mesh infection making removal of mesh mandatory. Mesh infection rate is 4.55% in this study. In our study wound infection rate is 24%. Wound infection is more after onlay meshplasty (40.91%), as compared to laparoscopic (0%) and preperitoneal (11.11%) which is low. Overall recurrence rate is 4% in our study. **Conclusion:** Most common presenting complaint was swelling followed by pain over the scar site. Commonest predisposing factors for incisional hernia were wound infection in previous operation and obesity. Wound Infection is also more common in onlay meshplasty and shoelace method. Mesh infection is most important complication of incisional hernia repair as it can lead to surgical failure and recurrence. Recurrence was more in our study with on-lay repair and laparoscopic method due to local complications and mesh migration respectively.

Keywords: Incisional Hernia, Onlay repair, Preperitoneal repair, Mesh repair