ABSTRACT

Ventral hernias are common next to inguinal hernias. Ventral hernias with small defects are repaired anatomically. Large defects are reinforced with mesh. There is a novel technique of combining mesh repair for ventral hernias with abdominoplasty in a single sitting. Here in this study, two groups of patients who underwent mesh repair alone and mesh repair with abdominoplasty for ventral hernias and compared in terms of duration of surgery, hospital stay, ambulation after surgery, complications like surgical site infections, seroma formation, flap necrosis, recurrence and cosmetic outcomes like change in abdominal girth.

Key words : Mesh repair, abdominoplasty
AIM OF THE STUDY:

To assess and compare mesh repair alone and mesh repair with abdominoplasty for ventral hernias in terms of duration of surgery, hospital stay, ambulation after surgery, surgical site infections, flap necrosis, seroma formation, recurrence and change in abdominal girth.

MATERIALS AND METHODS:

This prospective comparative clinical study of 60 cases of ventral hernias admitted in Government Mohan Kumaramangalam Medical College Hospital, Salem was done in the period from DECEMBER 2015 to SEPTEMBER 2017. The cases were evaluated through proper history taking, clinical examination, operative procedure and post operative follow ups.

OBSERVATION:

The data of patients who underwent mesh repair alone and mesh repair with abdominoplasty were compared in terms of duration of surgery, hospital stay, ambulation, surgical site infections, flap necrosis, seroma formation, recurrence and change in abdominal girth. Statistical significance between two groups were found out by using standard error of difference between means and standard error of difference between proportions.
CONCLUSION:

By combining abdominoplasty with mesh repair for ventral hernia repair, duration of surgery, drain collection per day, number of days drain kept were increased. Flap necrosis and recurrence were not having any statistical difference in between two groups. Statistically significant change in abdominal girth was noted in patients who underwent mesh repair with abdominoplasty.