

## Hybrid Ventral Hernia Repair: A Boon for Large Hernias

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### Abstract

A case series of the 8 case in ventral hernia repair by the Hybrid method. A study was conducted in the Shanmuga hospital and salem cancer institute, Salem, Tamil nadu.

Total 8 No of the case included in the case series study.

**Keywords:** Ventral Hernia; Laparoscopic; Polypropylene.

### Background

Both open and laparoscopic approaches to large ventral hernia repair have been the dictum till now. This method offers many advantages: minimal pain, shorter stay in hospital, quicker return to activities, and ability to identify additional defects in the abdominal wall [1]. many authors have highlighted the lower incidence of perioperative complications and shorter hospital stay in hybrid technique [2].

### Methods

A single surgeon experience in our institution consisting of eight patients who underwent

combined laparoscopic and open approaches for ventral hernia repair. Records were reviewed for technical details, demographics, hernia and mesh characteristics, and postoperative outcomes.

### Results

The techniques used commonly for these patients were initial laparoscopic assement and adhesiolysis then converted to open adhesiolysis if any remaining difficult adhesions and rectus closed with size 1 polypropylene followed by totally laparoscopic mesh fixation with tackers . we used in all patients provisc 3d dual composite mesh and in two patients open repair and adhesiolysis with laparoscopic-assisted mesh fixation where in soon after releasing the adhesions the mesh was placed inside and corners were sutures and rectus closed and followed by laprascopically trackers were used to secures mesh firmly.



Fig. 1:

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Received on 26.12.2016, Accepted on 10.01.2017

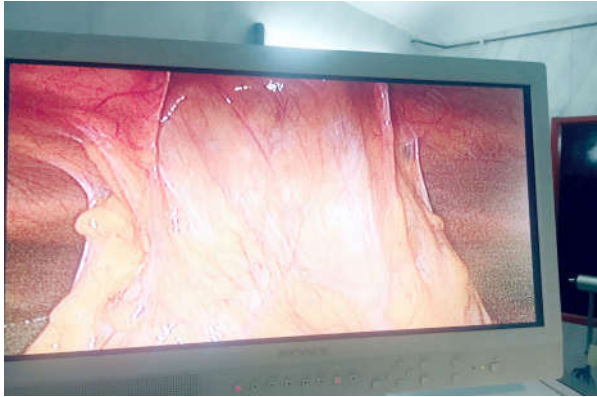


Fig. 2:

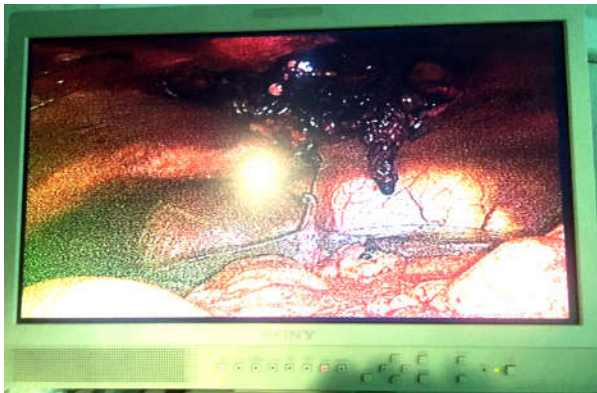


Fig. 3:



Fig. 4:

And in One case where rectus was not approximating relaxing incisions were made bilaterally by laparoscopic method prior to open after lap assessment. Mean patient age was 52 years and BMI 35.

Mean defect size was 10 cm × 8 cm and mean mesh size was 15 cm × 20 cm. Operative time was 180 min (110-250 min). Hospital stay was 5 days (4-7 days). There were no intra operative or post operative complications. There were no hernia recurrences with average follow-up of 12 months (3-24 months).

### Conclusions

Hybrid laparoscopic and open techniques may be comfortably used in large to medium sized hernia defect patients. Further studies need to be done to better delineate hernia characteristics of patients that may benefit from this approach.

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