

Incisional Hernia-A Comprehensive Study of Patients Admitted in Sree Balaji Medical College Hospital

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ABSTRACT

Incisional Hernia is a condition that appears on the layers of the abdominal walls wherein already some incisions are made and are undesirable sequel of surgery which is an iatrogenic problem. Though the overall incidence of incisional hernia is just 9.9% it is very significantly reported in case of midline incisions than transverse incisions. The abdominal walls are very complexly arranged, layered with segmentally. The abdominal wall is an anatomically complex, layered structure with segmentally derived blood supply and innervation.

Key words: Hernia, Incision, Abdominal wall

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INTRODUCTION

Incisional hernia is hernia that will appear generally on the walls of the abdomen. When comparing the incidence of the hernial type, middle incision type was more common when compared to the lateral one. Though many advancements in the pre and post-operative care of the surgery are done currently by the surgeons, understanding the mechanism and management of incisional hernia is very important. Hence this study focuses on risk factors, prevention of occurrence and management of incisional hernias. Because of this awareness more consideration is being given to the choice of incision, selection of sutures, techniques of wound closure and factors modifying wound healing [1-5]. This study focuses on risk factors, prevention of occurrence and management of incisional hernias.

MATERIALS AND METHODS

Study design

Patients reported to have incisional hernia were taken for the study. Details of the present surgery, onset of hernia, site of incisional hernia, method of repair, recurrence were studied.

RESULTS

From our study it was observed that incisional hernia was more common in female (92%), age of 40-50, this was high due to caesarean sections at younger ages. Also, emergency cases were also the reason. The predisposing factors were prolonged hospital stay, pulmonary infections, cough breathlessness. It was also observed that the onset time was within six months of previous surgery (56%). The different type of incision is depicted in Figure 1 below.

It was also found that mesh method of repair system was predominantly being done and only 18% of the patients developed post-operative complaints (Figure 2).

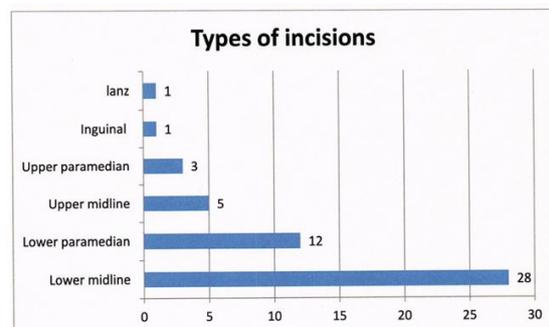


Figure 1: Types of incisions.

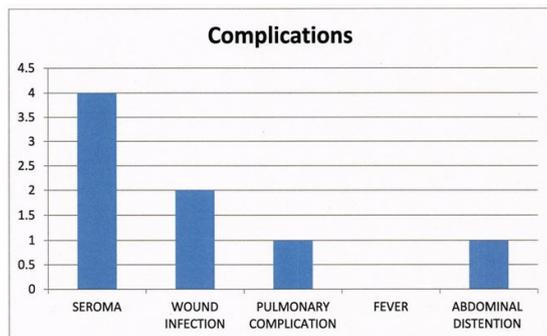


Figure 2: Complications.

DISCUSSION

From this study it was found that the main reason for the condition is due to sterilization surgeries and 9 on 50 patients were obese as compared to a previous study confirming the more prevalence in obese patients. Lower midline incision was more common when compared to the other type. The choice of repair mechanism was depending mainly on the size of the hernia and general condition. In fact, many did well after the surgery. More care is needed during emergency surgical procedures to avoid incisional hernia Though its preventable [6-11].

FUNDING

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ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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REFERENCES

1. Luijendijk RW, Hop WC, Van Den Tol MP, et al. A comparison of suture repair with mesh repair for incisional hernia. *New England J Med* 2000; 343:392-8.
2. Wong SY. Kingsnorth. prevention and surgical management of incisional hernia. *Int J Sur Invest* 2001; 3:407-14.
3. Abrahamson J, Eldar S. Shoelace" repair of large postoperative ventral abdominal hernias: A simple extraperitoneal technique. *Contemp Surg* 1988; 32:24-34.
4. Stadelmann WK, Digenis AG, Tobin GR. Physiology and healing dynamics of chronic cutaneous wounds. *Am J Surg* 1998; 176:26S-38S.
5. Hoer J, Anurov M, Titkova S, et al. Influence of suture material and suture technique on collagen fibril diameters in midline laparotomies. *Eur Surg Res* 2000; 32:359-67.
6. Birk DE, Mayne R. Localization of collagen types I, III and V during tendon development. Changes in collagen types I and III are correlated with changes in fibril diameter. *Eur J Cell Biol* 1997; 72:352.
7. Klinge U, Si ZY, Zheng H, et al. Collagen I/III and matrix metalloproteinases (MMP) 1 and 13 in the fascia of patients with incisional hernias. *J Invest Surg* 2001; 14:47-54.
8. Sorensen LT, Hemmingsen UB, Kirkeby LT, et al. Smoking is a risk factor for incisional hernia. *Arch Surg* 2005; 140:119-23.
9. Sorensen LT, Friis E, Jorgensen T, al. Smoking is a risk factor for recurrence of groin hernia. *World J Surg* 2002; 26:397-400.
10. Schumpelick V, Junge K, Rosch R, et al. Retromuscular mesh repair for ventral incision hernia in Germany. *Chirurg* 2002; 73:888-94.
11. Burger JW, Luijendijk RW, Hop WC, et al. Long-term follow-up of a randomized controlled trial of suture versus mesh repair of incisional hernia. *Annals Surg* 2004; 240:578.