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CIRUGIA HIBRIDA EN RHV: ¿Realidad? ¿Indicaciones?

Luis Gabriel González Higuera
Hospital Central Policía Nacional
Bogotá-Colombia

CIRUGIA HÍBRIDA EN RHV



DEFINICIÓN:

- Fusión de 2 abordajes diferentes (laparoscópico / convencional) obteniendo lo mejor de cada uno con un objetivo complementario para lograr un mejor resultado para nuestros enfermos.

Abstract

Background Open and laparoscopic approaches to ventral hernia repair are generally exclusive of each other. However, select patients with difficult hernias may benefit from combined open/laparoscopic hybrid techniques to avoid dissection of large subcutaneous flaps.

Methods Seven patients 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 Two hybrid techniques were used: (1) initial laparoscopic approach converted to open adhesiolysis followed by totally laparoscopic mesh fixation and (2) open repair and adhesiolysis with laparoscopic-assisted mesh fixation. In the first approach, after conversion to open adhesiolysis, mesh with four quadrant sutures was placed intraabdominally. Pneumoperitoneum was re-established, and the mesh was fixed laparoscopically with sutures and tacks in standard

the contralateral side of mesh was tacked laparoscopically. Mean patient age was 65 years and BMI 38. Mean defect size was 10.6 cm × 8.3 cm and mean mesh size was 25 cm × 19 cm. Operative time was 318 min (210–405 min). Hospital stay was 5 days (4–7 days). Morbidity was 57 % including one deep wound infection and a chronic sinus requiring reoperation. There were no hernia recurrences with average follow-up of 15 months (3–63 months).

Conclusions Hybrid laparoscopic and open techniques may be used in obese patients with difficult incisional hernias requiring open adhesiolysis. Further studies need to be done to better delineate hernia characteristics of patients that may benefit from this approach.

Keywords Hybrid · Ventral hernia · Incisional hernia

Introduction

Keywords

Laparoscopic approach · Incisional hernia · Bowel · Iatrogenic injury · Hybrid approach · Complication · Adhesions · Adhesiolysis

Abstract

Background: The aim of this study was to compare the efficacy of a hybrid approach (HA) versus laparoscopy in reducing the risk of complications related to complex adhesiolysis in incisional ventral hernia repair (IVHR). **Methods:** This study included 269 adult patients who underwent laparoscopic IVHR at the Oulu University Hospital, Finland during 2006–2012. Baseline, operative and postoperative data was collected and compared between the treatment groups; that is, a comparison was made between the laparoscopic approach (LA, 38 patients) and the hybrid approach (HA, 24 patients). **Results:** In the LA group, 11 (28.9%) patients experienced postoperative complications. There were 4 undetected enterotomies that led to major complications, reoperations and one death. In the HA group, 6 (25%) patients experienced mild and moderate complications. During adhesiolysis, 4 enterotomies occurred but were immediately sutured without any complication. **Conclusion:** Adhesiolysis through a minimally invasive open technique may be associated with a lower risk of undetected

enterotomy in patients with complex adhesions. In IVHR, the hybrid should be considered the operative method of choice when adhesions are foreseeable.

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Introduction

The incidence of incisional ventral hernias (IVH) after midline laparotomy ranges from 2 to 22.4 % [1–3]. Laparoscopic technique is increasingly used because of its related benefits in terms of postoperative outcome [4, 5]. Still undetected bowel injury can occur during laparoscopy and is associated with significant morbidity [6]. The incidence of adhesions after intraperitoneal surgery is 60–90% and in such cases adhesiolysis is performed during laparoscopic incisional ventral hernia repair [7, 8]. Complex adhesions are known to increase the operative time and the risk of iatrogenic injury to the bowel [8, 9]. Missed enterotomy has been reported with an incidence rate of 1.8% and it is associated with a mortality of 2.8% [10].

IVH repair can be performed as a hybrid approach (HA) that allows manual adhesiolysis through a minilaparotomy incision. In cases of complex adhesions, the initial laparoscopic approach is converted to

Video surgery

Material and methods

Fifteen patients suffering from recurrent incisional hernias underwent the hybrid technique for their repair between June 2012 and April 2015. The hybrid technique was performed using synthetic meshes in 14 cases and a biological implant in 1 case.

Results

The early postoperative period was uncomplicated in all cases. Within a maximum follow-up period of 32 months, two deep wound infections were observed.

Conclusions

The hybrid technique may be used in patients with recurrent incisional hernias.



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Conclusions: Hybrid ventral hernia repair has the physiological benefit of fascial continuity by re-approximating the hernia edges. This technique also maximizes the benefit of laparoscopic repair while minimizing associated complications. Patients had no severe wound complications. This surgical technique resulted in a low recurrence rate, and minimal pain after the procedure, making the hybrid technique a safe alternative method when repairing intermediate sized ventral hernias.

Keywords: Ventral hernia mesh repair; bridged mesh repair; primary fascial closure with mesh underlay; laparoscopic ventral hernia repair

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CIRUGIA HÍBRIDA EN RHV

INDICACIONES:

Hernias en vecindad a rebordes óseos (subcostales, cresta iliaca, lumbotomía).

Obesos, recidivas, síndrome adherencial extenso.

Adherencias firmes interasas identificadas en el tiempo laparoscópico.

Duda respecto a una posible lesión.

Hernias en champiñón /Incarceración crónica.

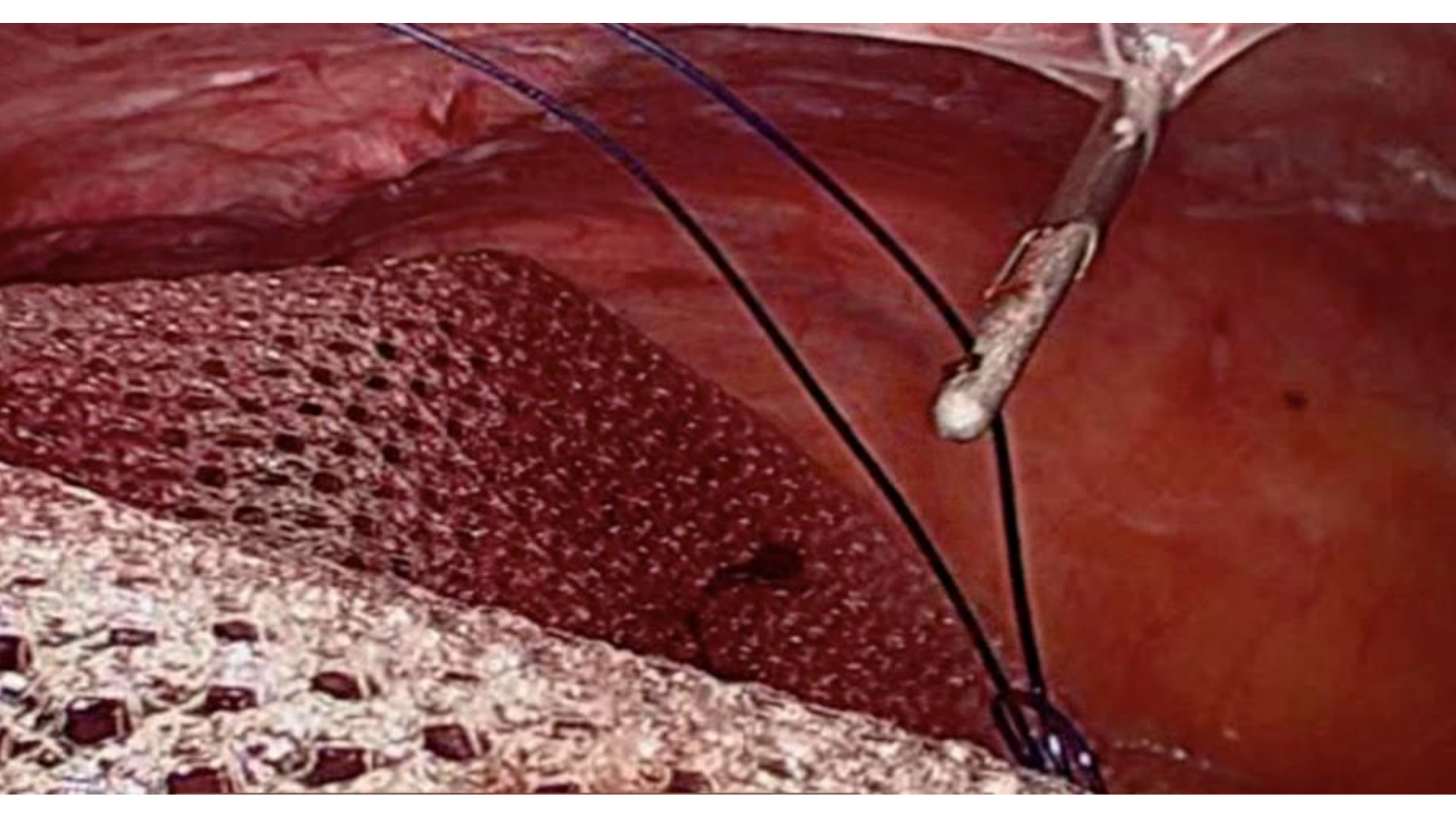
Paraostomal ?

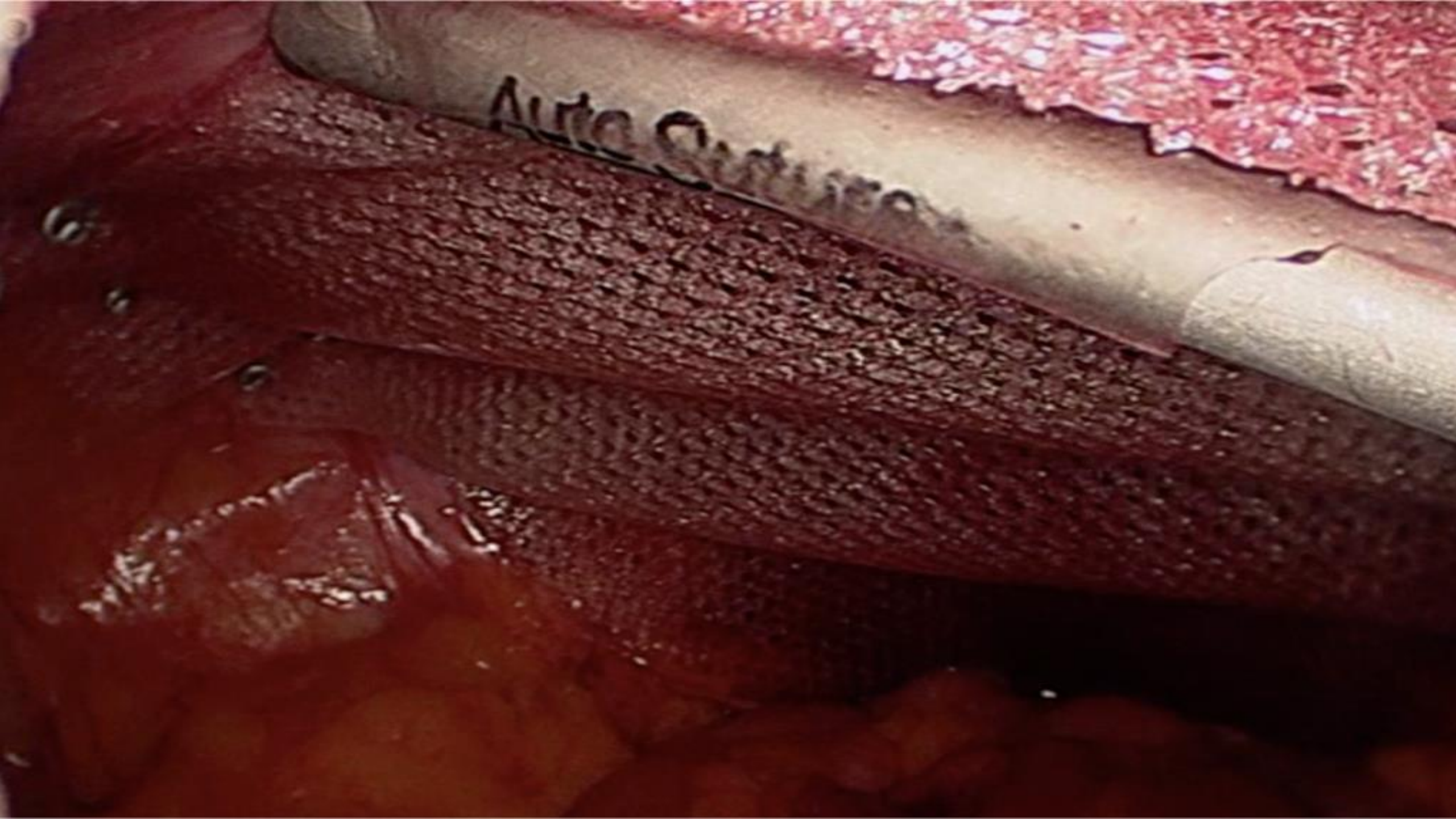
Cirugía de urgencia?











Video POS





Resultado hibrida subcostal .mp4

Inicio Laparoscópico

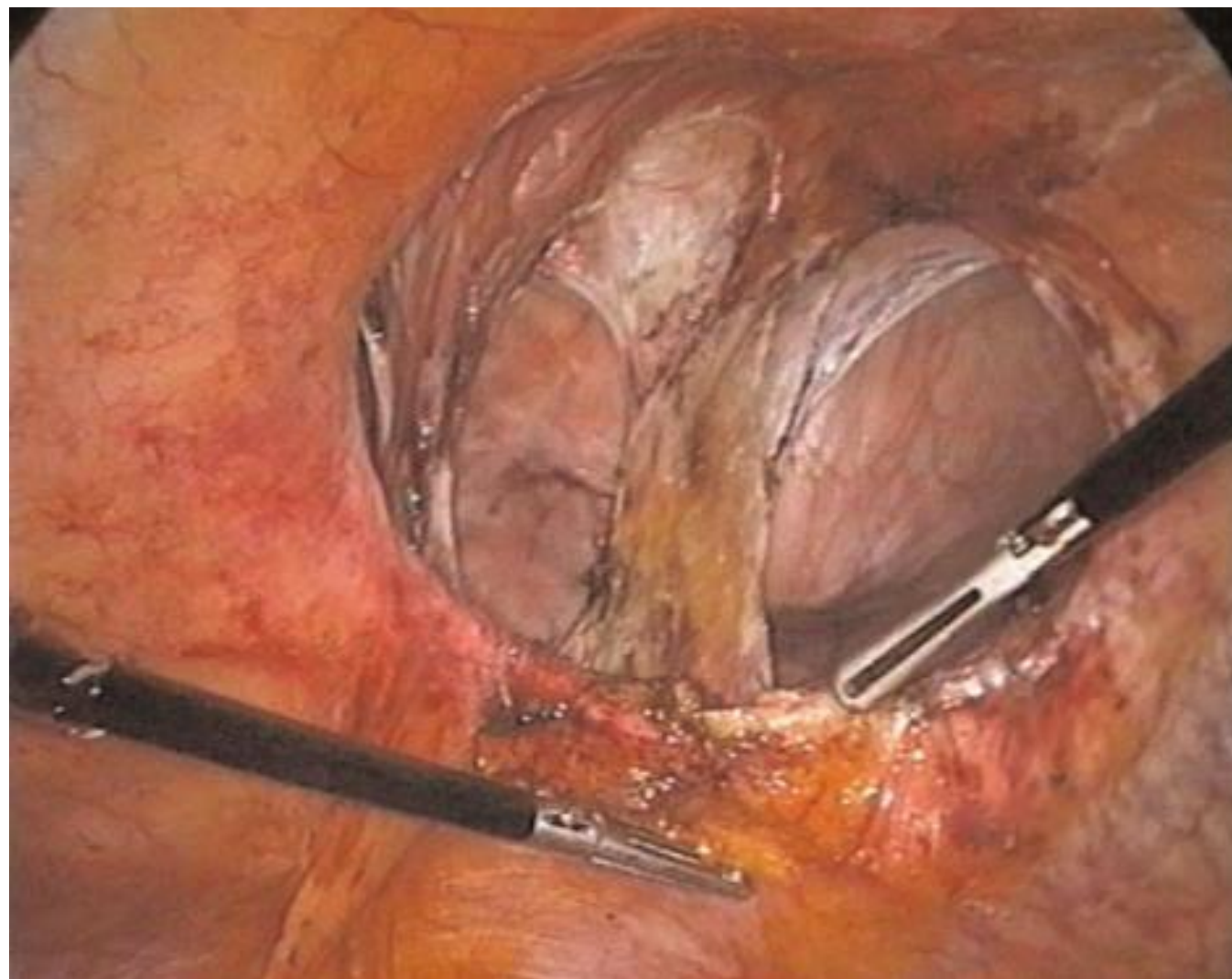
- ✓ Abordaje Laparoscópico
- ✓ Lisis
- ✓ Conversión limitada
- ✓ Completar adhesiolisis
- ✓ Introduccion de la malla
- ✓ 4 Puntos transfasciales
- ✓ Cierre defecto
- ✓ Doble corona

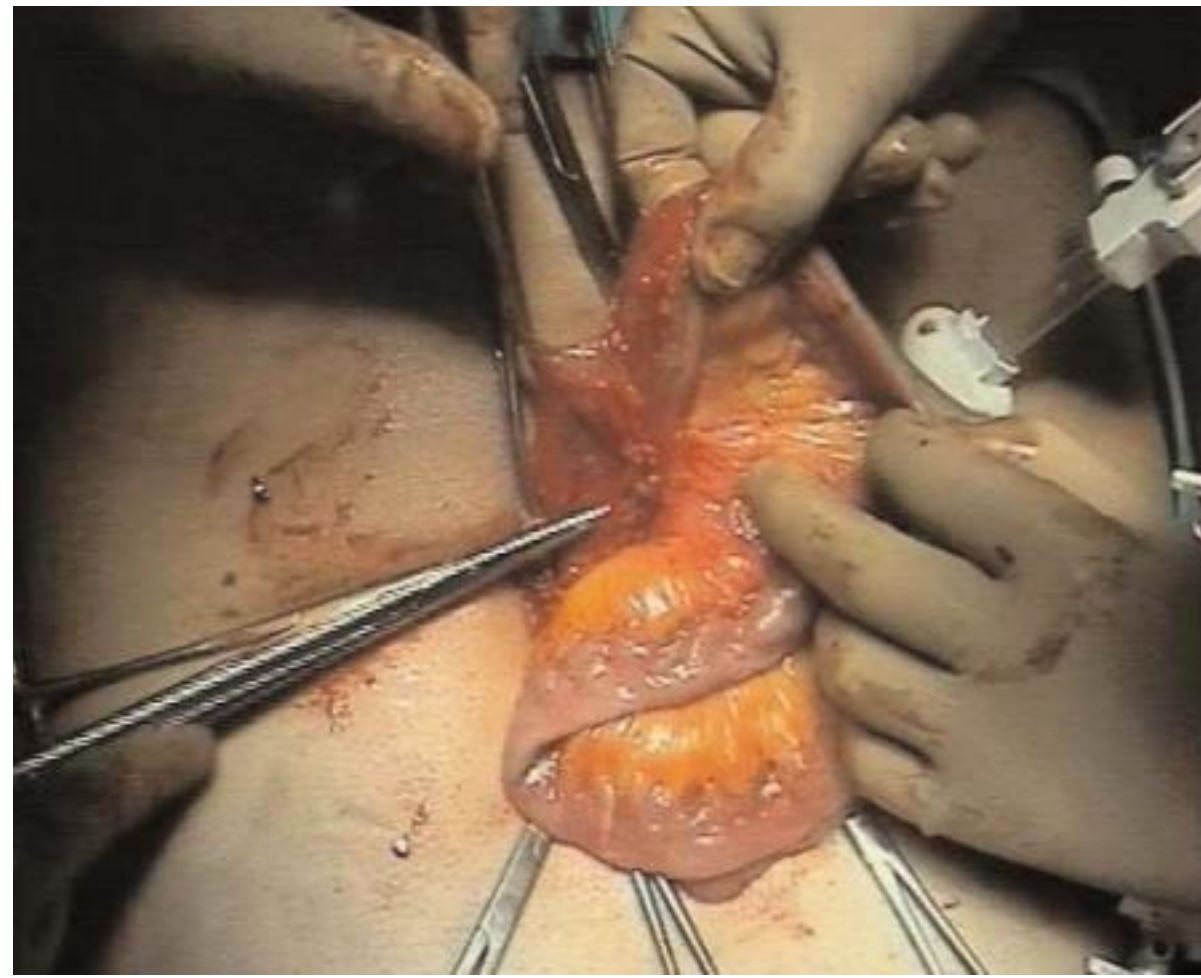
Inicio Abierto

- ✓ Abordaje abierto limitado
- ✓ Adhesiolisis
- ✓ Malla con punto cada 3 ó 4 cm
- ✓ Colocación de puertos de 5 mm
- ✓ Fijación laparoscópica
- ✓ Utilización o no de drenes?



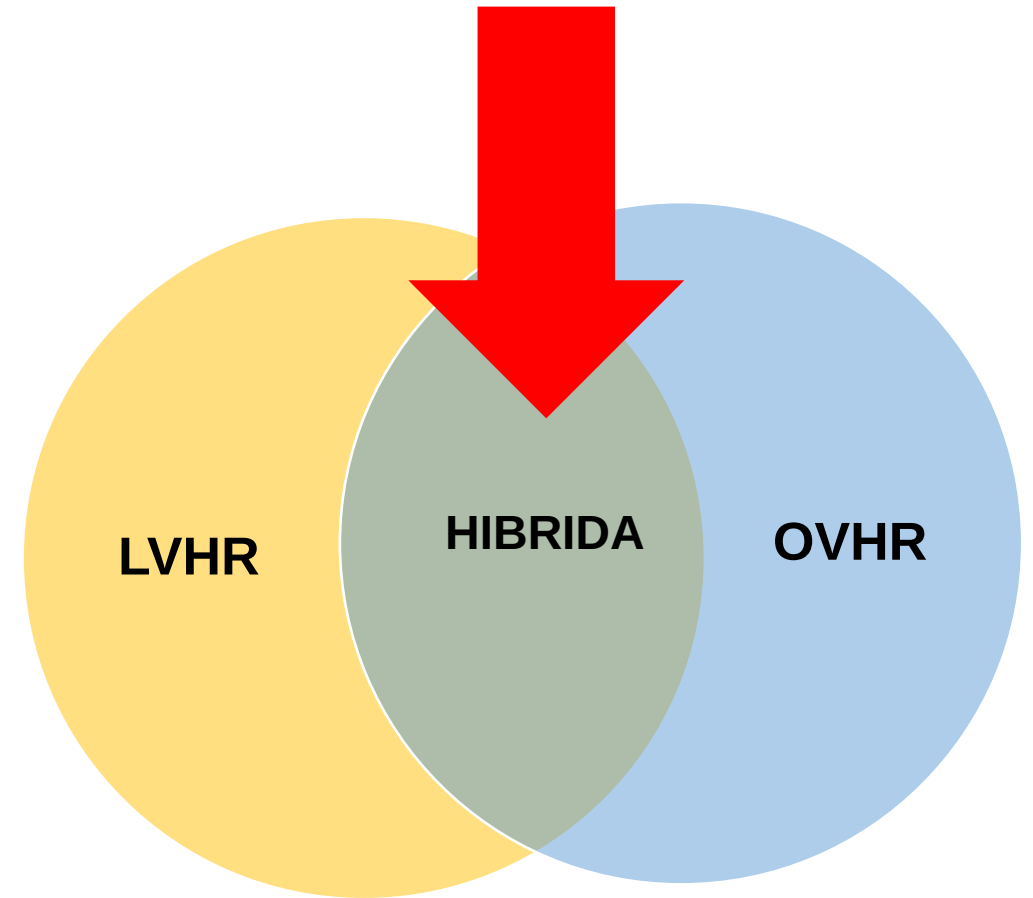






CIRUGIA HÍBRIDA EN RHV

Mezcla de lo mejor de dos técnicas usadas de manera habitual, juntas con amplio soporte y con buenos resultados.



CIRUGIA HÍBRIDA EN RHV

REALIDAD:

- Alternativa actual que es útil en casos complejos.
- Resultado cirujano-dependiente.
- Técnica quirúrgica exigente.
- Requiere de amplia experiencia en cirugía laparoscópica.
- Es una opción válida, merece ser incentivada y tener mayor difusión.
- Claro beneficio (< disección, obesos, mallas previas, champiñón)
- Escaso número de reportes.

¡GRACIAS!



Plaza de toros La Santamaria
Bogotá D.C.



lugagonzalezh@hotmail.com

Especialista Cirugía General/Cirugía de Hernia
