

Ergonomical Technique for Laparoscopic Ventral Hernia Defect Closure

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Abstract

Laparoscopic repair is today's standard of care for ventral hernia. With increasing advances, different techniques and theories have been put forth to improve the intra and post-operative outcomes of ventral hernia repair. We describe an ergonomically suited technique for ventral hernia defect closure prior to mesh placement with added advantage of ease of performing and reduction in surgical duration and stress on the surgeon.

In our modification, we combine the advantages of open and laparoscopic method. Surgery commences with a mini incision, opening the hernia sac with release of adhesions by finger dissection and laparoscopic port placement followed by defect closure by open technique under laparoscopic guidance using loop prolene. This is followed by laparoscopic intraperitoneal mesh placement.

This is a prospective observational study done from March 2017-Nov 2019, to evaluate the outcome of patients who underwent this modified repair.

35 patients were operated for paraumbilical/ventral/incisional hernia. Parameters measured - duration of surgery and number of days in the hospital. No recurrences.

This modified technique was easy to perform, adhesiolysis was relatively easier with less complications, with lesser operating time.

We recommend this modified technique of laparoscopic ventral hernia repair, as it reduces the physical stress on the surgeon and the assistant, reduces surgery duration and also improves the repair by restoring the anatomical continuity without any disadvantage to the patient.