



A Prospective Study on Incisional Hernia in JLNMCB, Bhagalpur

KEYWORDS

Incisional hernia, multiparity , abdominal hysterectomy, mesh repair.

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ABSTRACT *BACKGROUND: Incisional hernia is defined as a defect occurring through the operative scar. It is the only hernia considered to be truly iatrogenic. This study was done to review clinical profile and management of incisional hernia. MATERIALS AND METHODS: In this study, 60 cases of Incisional hernia were included. Prospective Study was done in surgery department of JLNMCB, Bhagalpur, Bihar from September 2015 to September 2016. Thorough examination, investigations and surgeries were performed. RESULTS: Incisional hernia was found to appear from the 3rd decade onwards, the peak incidence is in the 4th decade and commonly in females. High incidence of incisional hernia is seen in young and middle aged females, whereas the same incidence is not seen in males. This can be explained by multiparity and repeated surgeries on female pelvic organs. CONCLUSION: Incisional hernia is common in the 3rd decade of life. Average age of presentation was 35 years. Usually in females who had undergone caesarean section or abdominal hysterectomy. Operative technique is most important in prevention of incisional hernia. Mesh repair is the ideal mode of treatment.*

Introduction

Incisional hernias occur as a result of excessive tension and inadequate healing of a previous incision, which is often associated with surgical site infection. These hernias enlarge over time, leading to pain, bowel obstruction, incarceration, and strangulation. Obesity, advanced age, malnutrition, ascites, pregnancy, and conditions that increase intra-abdominal pressure are factors that predispose to the development of an incisional hernia. Incisional hernia is defined as a defect occurring through the operative scar. It is one of the most common conditions requiring major surgery despite advances in surgical techniques and suture material. The incidence of incisional hernia in literature is 2- 11% following all laparotomies and it is a source of morbidity and requires high health care costs. Many factors are involved in the development of incisional hernia, patient related factors including obesity, diabetes mellitus, jaundice, malignancy, hypoproteinemia, anemia, steroid use, cytotoxic drugs and irradiation are all factors conducive to disruption of a laparotomy wound, surgical factors are related to the type of incision, choice of suture material, and method of wound closure and postoperative factors including surgical site infection which is the most important independent risk factor, the development of postoperative chest infection resulting in coughing and gross distension from paralytic ileus are important in both wound dehiscence and incisional hernia. This study is done to review the various factors and circumstances leading to the development of incisional hernia in each case and hence may be able to minimize its occurrence.

Materials and methods

In this study, 60 cases of Incisional hernia were included. Prospective Study was done in surgery department of JLNMCB, Bhagalpur, Bihar from September 2015 to September 2016. Thorough examination, investigations and surgeries were performed. Patients with incisional hernia-Detailed history with specific reference to previous surgery / surgeries and the postoperative period, is elicited from the patient. Both male and female were included. Age group was 25-45 years of age.

Results

All 60 patients had mesh repair. The youngest was 25 years of age and eldest was 45 years of age. Eighty five percent of the patients were females. Fifteen percent were males. Highest incidence in females and the most common cause is due to caesarean section. Incisional hernia was found to appear from the 3rd decade onwards, the peak incidence is in the 4th decade and commonly in females. High incidence of incisional hernia is seen in young and middle aged females, whereas the same incidence is not seen in males. This can be explained by multiparity and repeated surgeries on female pelvic organs. The commonest symptoms patients presented was swelling in abdomen with reduction on manually. Thirty percent patients had dragging pain in abdomen. Eighty percent patients had Pfannenstiel incision causing the incisional hernia. This was followed by midline incision in fifteen percent patients. Wound infection was seen in five patients postoperatively.

Discussion

In present study, Incisional hernia was found to appear from the 3rd decade onwards, the peak incidence is in the 4th decade and commonly in females. Age group was 25-45 years of age. Mean age was 34 years of age. As per the Maingot's studies, mean age was around 45 years. There is a female preponderance noticed with 81.1%. In Bhutia WT et al study, the female : male ratio was 3:1.5 with female preponderance 84% , in this study all patients are presented with history of swelling , associated pain was present in 36 cases. Most of cases in our series, it was reducible hernia (92.5%) and with 7.5% of cases had irreducible hernia. We had approximately 33.9% of cases with early onset of incisional hernia (within one year of previous surgery) whereas 66.1% of cases had onset of incisional hernia in second year. Majority of incisional hernias (80%) developed in the first two years as per international studies. Most of the studies agreed that incisional hernia is more common after vertical incisions in comparison to transverse incisions. Halm J. A. et al found in their study of one hundred and fifty female patients after upper abdominal surgery that only 2% developed incisional hernia after a transverse incision whereas 14% develop incisional hernia after a midline incision.

Conclusion

The youngest was 25 years of age and eldest was 45 years of age. Eighty five percent of the patients were females. Fifteen percent were males. Highest incidence in females and the most common cause is due to caesarean section. Incisional hernia was found to appear from the 3rd decade onwards, the peak incidence is in the 4th decade and commonly in females. Elective surgery and transverse incisions were more prone for incisional hernia, female patients were more affected by incisional hernia, obesity and wound infection play an important role in the development of incisional hernia.

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