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HERNIA MANAGEMENT IN ABDOMEN - A PLASTIC SURGEON'S PERSPECTIVE

Plastic Surgery

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ABSTRACT

INTRODUCTION : Hernia is a common problem among the patients of a General surgeon but when it is combined with other problems like Benign hypertrophy of Prostatic, previous surgery patients requiring abdominoplasty, they seek the management of a Plastic Surgeon.

AIMS & OBJECTIVES : Our experience of treating patients with combined problems like umbilical hernia with Benign Prostatic hypertrophy and Incisional hernia with abdominoplasty etc.,

METHODS : Five patients with combined problems were treated. Each one had associated medical problem also along with problems in surgical management.

RESULTS : All the five were successful. Three patients were females and two patients were male. All were treated with correction of hernia followed by strengthening with mesh and abdominoplasty. One patient had wound dehiscence due to necrosis of the fat requiring secondary suturing. Other patients had sound healing of wound.

CONCLUSION : It is essential to take into account the medical problems and have them in good control before taking up for surgery.

KEYWORDS

Hernia, Mesh, Abdominoplasty, Benign Prostatic hypertrophy

INTRODUCTION :

Surgery can have complications but when complications are big, it warrants further surgery. For sound healing of the wound the patient must have good control of associated disease like Systemic Hypertension, Asthma, Benign Hypertrophy of Prostate, Allergy, Immunocompromised states, Hypothyroidism, Hypoproteinemia etc., Moreover in patients with hernia of the abdomen, Asthma, Benign Prostatic Hypertrophy, Constipation, Stricture diseases can precipitate emergency problems. Even when control is adequate, Thyroid deficiency, protein deficiency and immunocompromised state can lead to poor wound healing.

MATERIALS & METHODS :

Five patients were operated for Paraumbilical hernia with associated problems, three patients were females and two were male.

S. No.	PATIENT GENDER	AGE	PROBLEM	PREVIOUS SURGERY	MEDICAL PROBLEMS
1	M	68	Paraumbilical hernia with BPH	-	Asthma, DM, SHTN
2	F	60	Incisional, paraumbilical hernia with pendulous abdomen	Lap Cholecystectomy	Allergy, Hypothyroidism, SHTN
3	F	62	Incisional hernia with pendulous abdomen	Laparotomy 10 years back	DM, Obesity
4	F	65	Umbilical hernia with obesity	-	DM, Obesity
5	M	62	Direct Inguinal hernia with BPH	-	SHTN, HBP

INCLUSION CRITERIA WERE :

1) Hernia associated with other surgical problems.
2) Patients requiring hernia correction with mesh repair.
3) Patients in need for abdominoplasty as well.
4) Patients with medical problems under control fit for surgery.

RESULTS :

All patients were operated depending on the problem by required specialists after control of the medical problem. Two patients had previous surgical management elsewhere. Timing of second surgery varied from 2 years to 10 years. Follow-up was done for 1-1.5 years. All the patients were doing well. Patients were advised to continue chest physio, yoga, abdomen belt support immediately in the post-operative period to a minimum of 2 years to 5 years in selected cases.

Fig., Well settled paraumbilical hernia - Mesh repair with Abdominoplasty with TURP.

DISCUSSION :

Hernia patients suffer silently with every move which increases with size of hernia. Any condition which predisposes to increase in the intra-abdominal pressure can be associated with hernia. Often patients with Bronchial Asthma, Chronic Obstructive Pulmonary disease, Benign Prostatic Hypertrophy, Constipation, Obesity suffers more. Successful surgery in these patients are more tough. In the patient with paraumbilical hernia, discomfort was due to Benign Prostatic hypertrophy as well as asthma leading to gradual increase in size of hernia. In the female patient, the incisional paraumbilical hernia was following laparoscopic cholecystectomy 2 years ago done elsewhere through umbilical port. Extensive scarring was noted during surgery in the isolation of hernial sac. Such dissection may be contributory in providing a cause for necrosis of fat leading to burst abdomen. Hence any discoloration in the wound margin should be viewed with caution as it may extend to the full depth of the flap. Discharge from suction drain alone cannot be relied upon. When in doubt, wound has to be explored in operation theatre. During abdominoplasty it is essential to have the flaps sufficiently lax before suturing with allowance which maybe used later in such emergencies. Moreover extensive and excessive undermining of the flaps in previous scarred areas can lead to necrosis. Hence it is wise to trim the edges of the flap for vascularity before taking measurements for abdominoplasty.

CONCLUSION :

Combined surgery by the specialists with due post-operative care helps in curing the patient completely. The post-operative instructions for each surgery should be followed meticulously. Adequate control of the medical problems before surgery is very essential for expected healing of the wound in time. Use of abdomen belt support, avoiding lifting of heavy weights and obesity prevention can go a long way in preventing the recurrence.

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