



CLINICAL PRESENTATION AND MANAGEMENT OF INCISIONAL HERNIA

General Surgery

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KEYWORDS

INTRODUCTION:

Incisional hernias are any herniation of the anterior abdominal wall that occurs through a previous surgical scar. In that, they are the true iatrogenic hernias. It is an extrusion of peritoneum and abdominal contents through a weak scar of a previous operation. They occur in about 5-11% of patients subjected to abdominal operations. Incisional hernias occur as a result of failure of lines of closure of the abdominal wall following laparotomy. If left unattended, they tend to attain a large size and cause discomfort to the patient or may lead to strangulation of the abdominal contents.

Many factors are associated with incisional hernia, like age, gender, obesity, chest infections, type of suture material used and most importantly, wound infection of the previous surgical scar.

AIM:

To study the clinical presentation and management of incisional hernia with mesh repair.

OBJECTIVES:

- To identify various modes of presentation of incisional hernia
- To study the various modalities of treatment
- To study the immediate post operative complications of repair of incisional hernia

Patients And Methods:

The present study was carried out in the Department of General Surgery, Kamineni Institute of Medical Sciences, Narketpally. It includes 40 patients who were admitted for Incisional Hernia repair during the period October 2020 to May 2022.

Inclusion Criteria:

- All patients with Incisional Hernia
- Age groups: 30-70 years

Exclusion Criteria:

- Incisional hernias associated with other abdominal wall hernias
- Patients over 70 years old
- Patients unfit for general anaesthesia
- Patients presenting with symptoms of obstruction

METHODS:

The present study "Clinical presentation and management of Incisional Hernia" is a prospective study carried out in the department of General Surgery, Kamineni Institute of Medical Sciences, Narketpally during the period October 2020- May 2022.

Before enrolling the patients in the study, written, informed and valid consent was obtained from all patients.

A detailed history was taken and thorough clinical examination was done as a very important step to determine the type and cause of hernia. All patients were analysed in various aspects like age, gender, risk factors, mode of presentation, previous operation and site of previous scar.

Routine investigations like blood, urine, chest X-ray and ECG were done. All the cases were operated and procedure adopted was Anatomical repair and mesh repair. In cases where defect size was less than 2 cms, anatomical repair was done and for those larger, mesh repair was done. Patients were closely followed for post operative

complications for a period of 3 months. Data collected from all patients was analysed and certain observations were made.

OBSERVATION AND RESULTS:

Table 1: Distribution of patients according to Age group

Age-group(Years)	No. of patients(percentage) (N=40)
21-30	3(7%)
31-40	11(27%)
41-50	8(20%)
51-60	11(28%)
61-70	7(18%)
Total	40(100%)

Table 2: Distribution of cases according to Gender

Gender	Number of cases(percentage) (N=40)
Male	15(37%)
Female	25(67%)
Total	40(100%)

Table 3: Nature of previous surgery performed

Previous Surgery performed	No of patients(percentage) N=40
Hysterectomy	13(32%)
L.S.C.S	7(17%)
Tubectomy	1(3%)
Exploratory Laparotomy	17(43%)
Meshplasty	2(5%)
Total	40

Table 4: Risk Factors during previous surgery

Risk factors during previous surgery	No. of patients (percentage) N=40
No risk factors	15(41%)
Previous Wound infection	10(27%)
Obesity	7(18%)
Wound dehiscence after initial procedure	5(12%)
Post operative cough	3(8%)
Total	40(100%)

Table 5: Type of Incision given in the past surgery

Incision given in past surgery	No. of patients (percentage) N=40
Lower midline vertical	15(37%)
Midline vertical	18(45%)
Lower transverse	7(18%)
Total	40(100%)

Table 6: Post operative complication for current surgery

Post operative complications	No. of patients(percentage) N=40
No complications	30(75%)
Wound infection	5(12.5%)
Seroma	5(12.5%)
Recurrence(included in wound infection)	1
Death	0

DISCUSSION

Incisional hernia is usually a clinical diagnosis. Ultrasonography is the most useful diagnostic test and usually reveals a palpable or impalpable defect, and is especially useful in an obese patient. Pre

operatively, patients underwent careful assessment and preparation and the repair was delayed for at least a year after initial operation due to maturity time of collagen and for the infection to have healed. Management of other co-morbid conditions need to be carried out in order to avoid any post operative complications after the repair surgery.

The type of procedure to be carried out is usually planned based on the size of the defect. Post operatively, patients need to be given adequate antibiotic coverage to prevent any undue complications along with supportive measures. Laxatives are recommended to avoid straining and thus, a raise in the intro abdominal pressure. Following discharge, patients are advised to avoid any heavy, strenuous work for 6 months and in child-bearing age, to post pone pregnancy for at least 1 year.

SUMMARY

The maximum age of incidence of incisional hernia in our study has been 40-60 years and mean age of 49 years.

Our study revealed a female preponderance and this may be due to multiple pregnancies and increased incidence of obesity in females and lax abdominal wall.

Emergency operations have been reported to carry a higher risk of incisional hernias and our study showed that 70% of our subjects developed herniation through an emergency laparotomy scar.

Post operative complications included wound infection in 5 patients followed by seroma in 5 patients and no complications in the remaining patients. There was only 1 patient with a recurrence of incisional hernia who presented with incisional hernia after 18 months.

CONCLUSION

- Incisional hernia poses a challenge to the surgeon with respect to its high rate of recurrence.
- As per this study, it was noted that incisional hernias are more common in female patients and are mostly seen after previous gynaecological surgeries
- A significant number of cases occurred following emergency abdominal surgeries with a midline vertical incision

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