CENTRO DE EXCELENCIA PARA EL ESTUDIO Y TRATAMIENTO DE LA OBESIDAD

Laparoscopic Approach To Incisional Hernia

LESSONS LEARNING OVER LONG TIME PERSONAL EXPERIENCE

(January 1994 - January 2010)

Miguel-A. Carbajo Caballero, MD, PhD

Surgical Laparoscopy & Endoscopy
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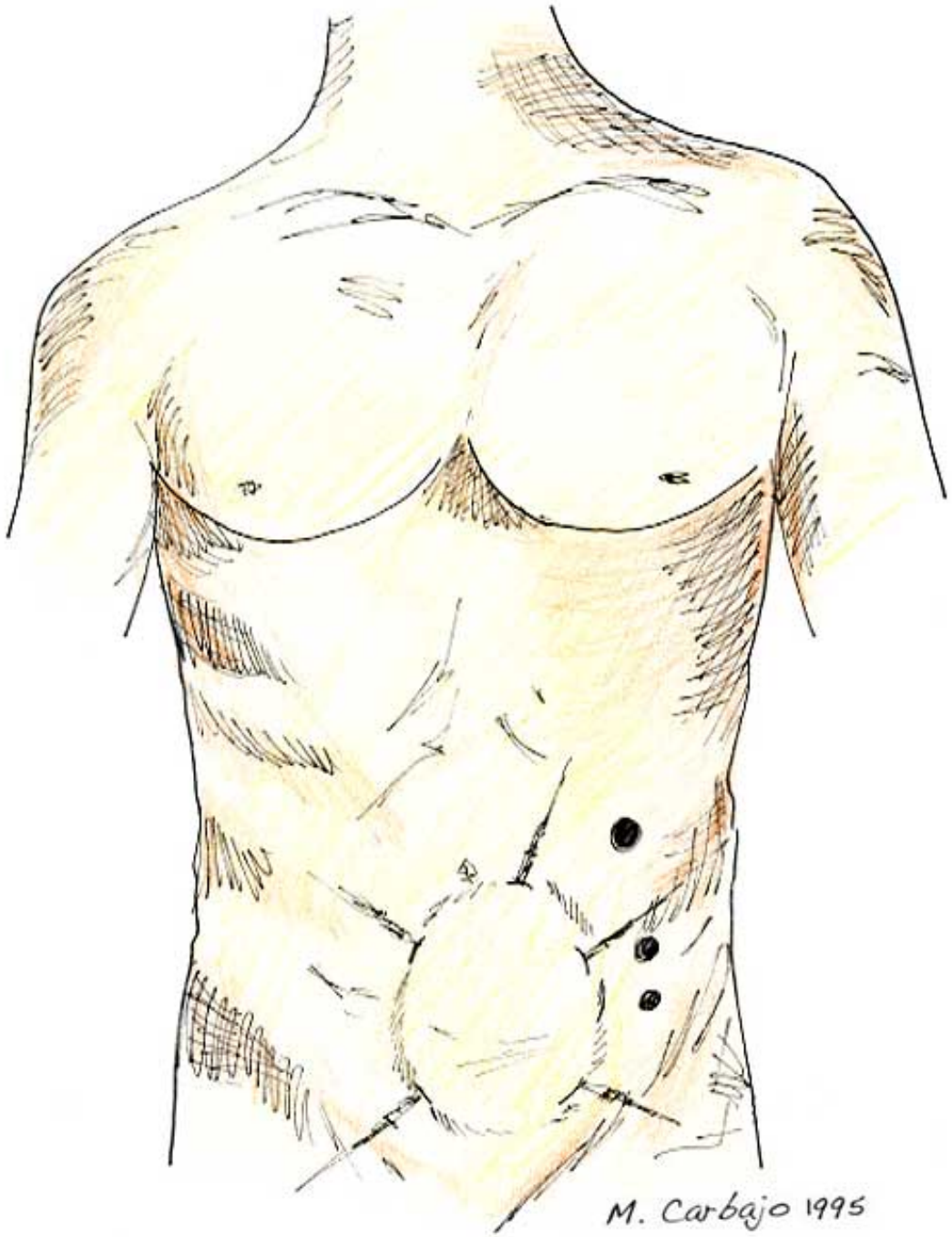
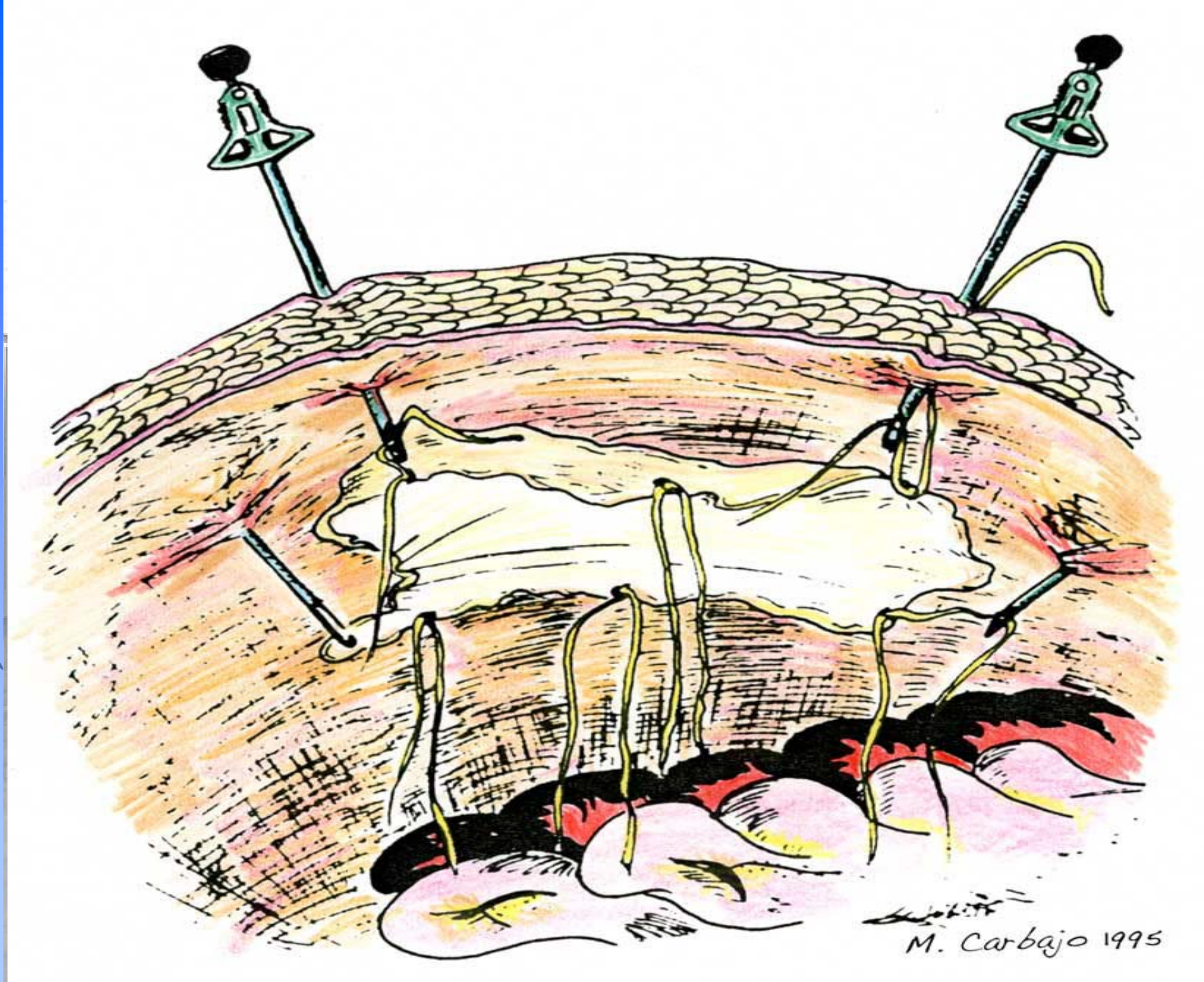
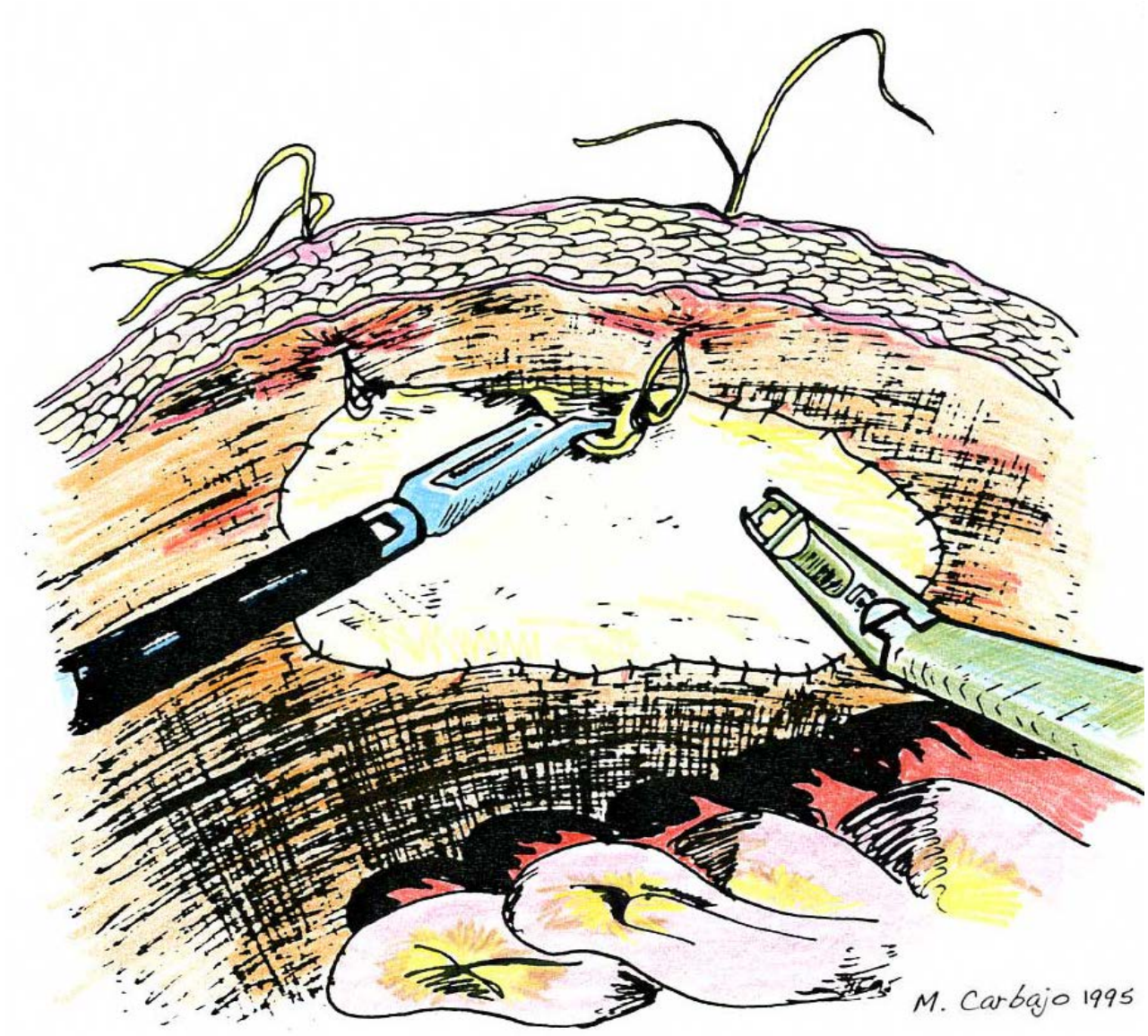
Laparoscopic Repair of Incisional Abdominal Hernias Using Expanded Polytetrafluoroethylene: Preliminary Findings

Karl A. LeBlanc, M.D., F.A.C.S. and William V. Booth, M.D., F.A.C.S.


M. Carbajo 1995


M. Carbajo 1995


M. Carbajo 1995

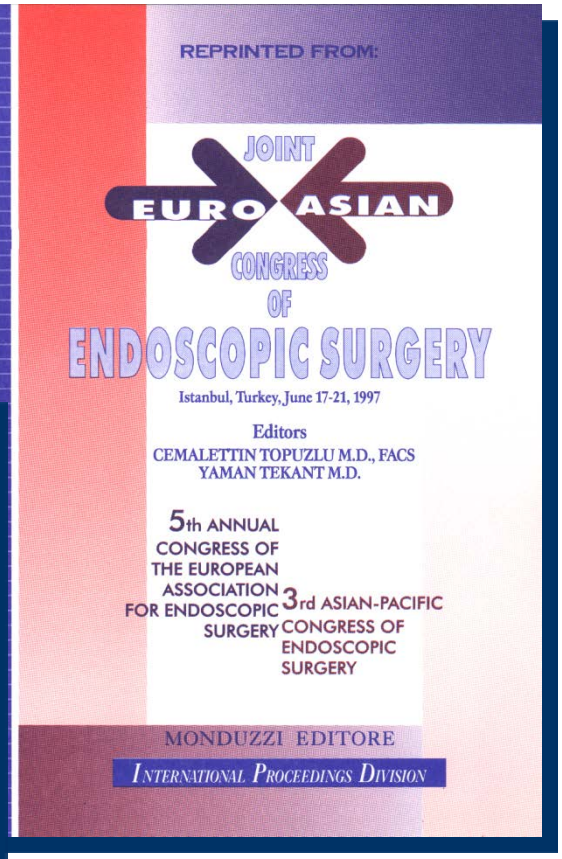
Laparoscopic treatment of the massive periumbilical hernia with expanded PTFE patch

M.A. CARBAJO CABALLERO,
J.C. MARTÍN DEL OLMO,
J.I. BLANCO ALVAREZ,
C. CUESTA DE LA LLAVE
and C. VAQUERO PUERTA *

General Surgery Service
Hospital de Medina del Campo, Valladolid (E)
** Experimental Surgery Laboratory, University of Valladolid (E)*

Joint
Euro Asian
Congress of
Endoscopic Surgery

Istanbul, Turkey
17-21 June 1997



Surg Endosc (1999) 13: 250–252

Surgical Endoscopy
Ultrasound and
Interventional Techniques

Laparoscopic treatment vs open surgery in the solution of major incisional and abdominal wall hernias with mesh

M. A. Carbajo,[1] J. C. Martín del Olmo,[1] J. I. Blanco,[1] C. de la Cuesta,[1] M. Toledano,[1] F. Martin,[1] C. Vaquero,[2] L. Inglada[3]

[1] Department of General Surgery, Medina del Campo Hospital, Carretera de Peñaranda km 1, 47400 Medina del Campo, Valladolid, Spain
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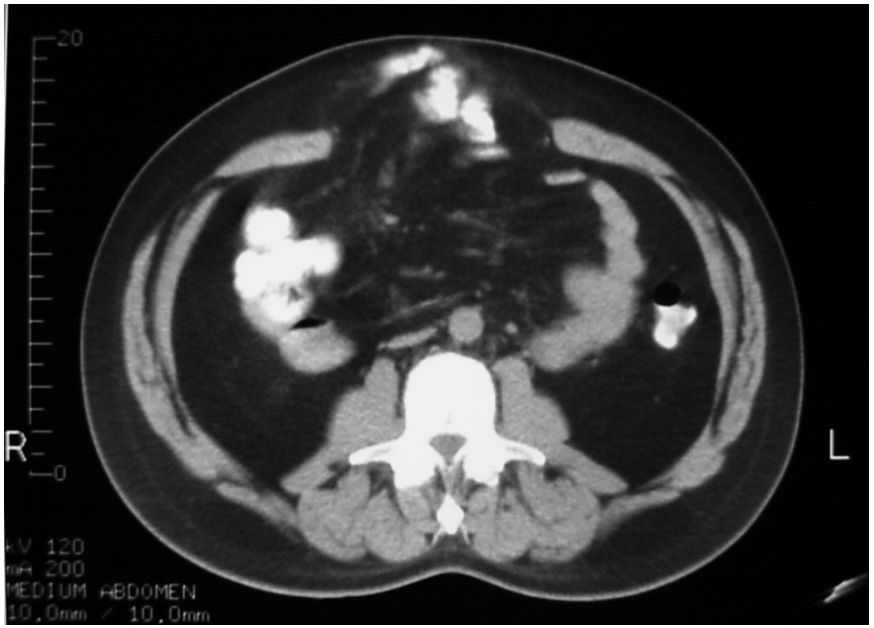
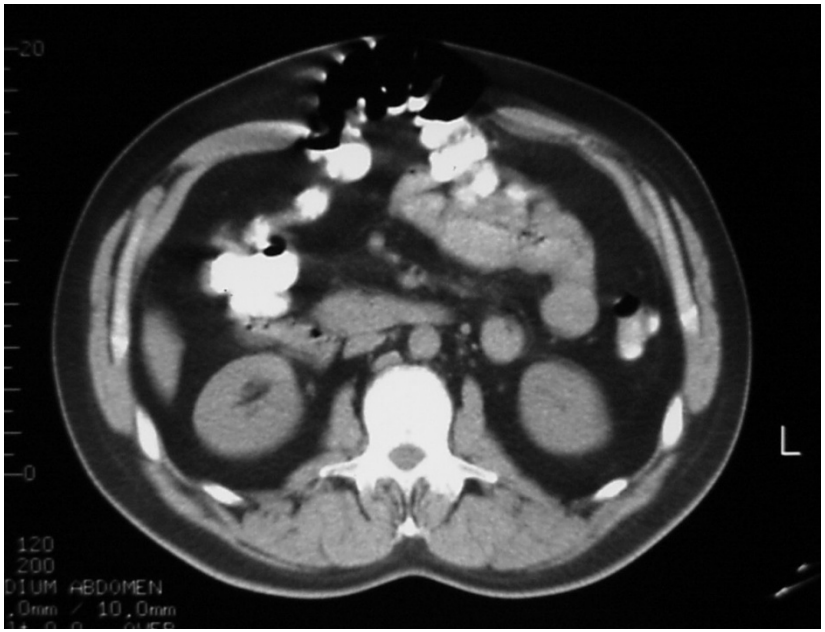
“ Laparoscopic ventral and incisional hernioplasty is gaining popularity among both surgeons and patients. The key to the success of this procedure is avoidance of complications “

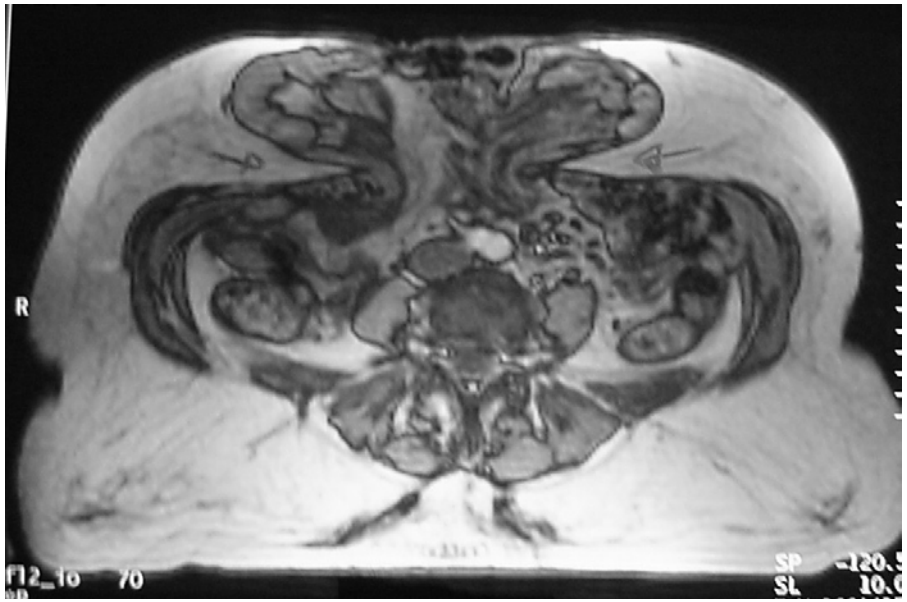
Carbajo, M.A.: A Laparoscopic Solution for an Old Problem: Incisional Abdominal Wall Hernias; Monduzzi Ed., 2000.

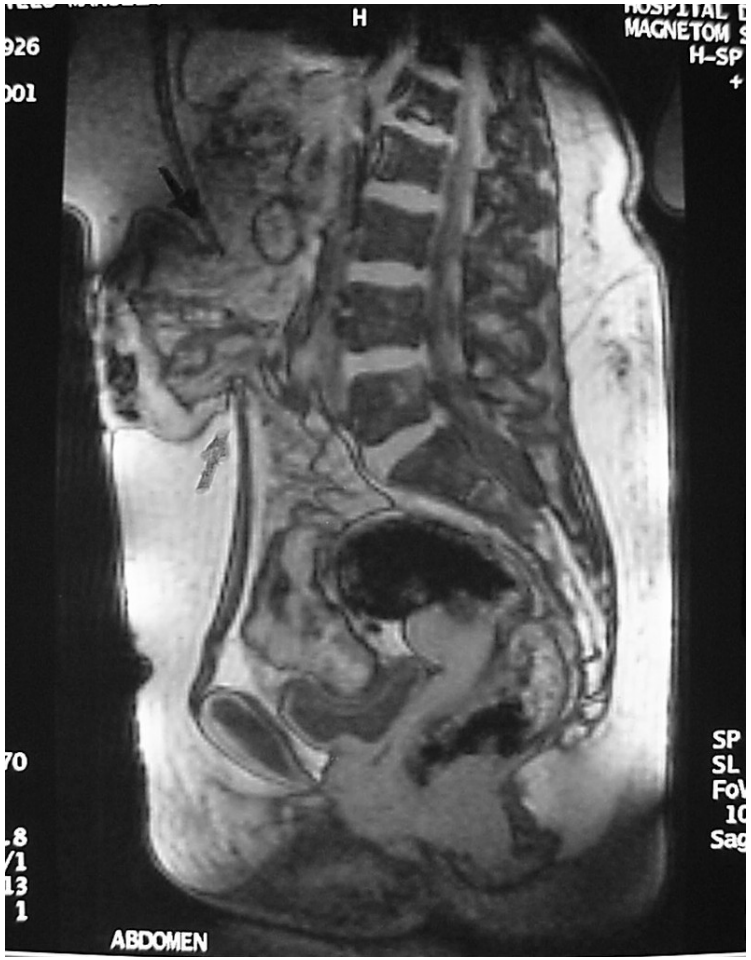
PREOPERATIVE CONSIDERATIONS:

- To know about previous surgery.
- Respiratory function study.
- Abdominal wall TAC and RMN.
- Obesity morbid control.

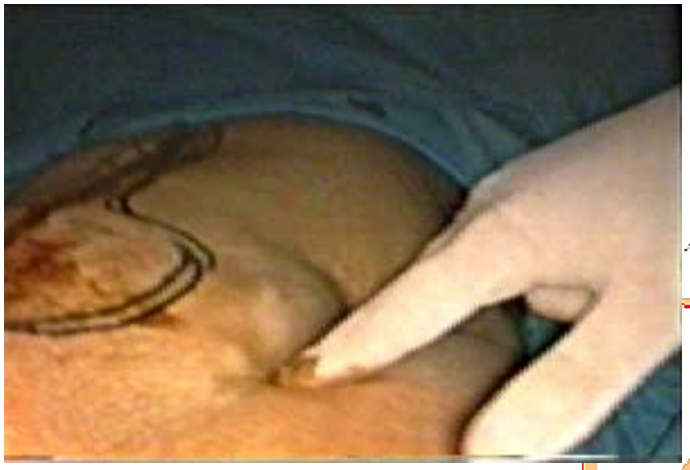

20
R
0
L
kV 120
mA 200
MEDIUM ABDOMEN
10.0mm / 10.0mm

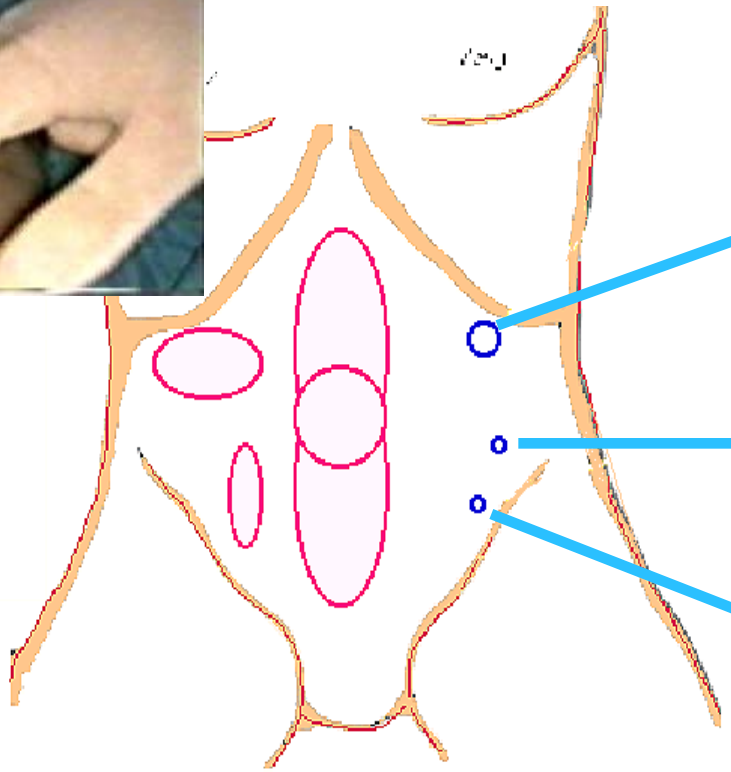

20
0
L
120
200
DIUM ABDOMEN
.0mm / 10.0mm


R


H
ABDOMEN

SURGICAL TECHNIQUE





10 mm Trocar

30º optical

5 mm Trocar

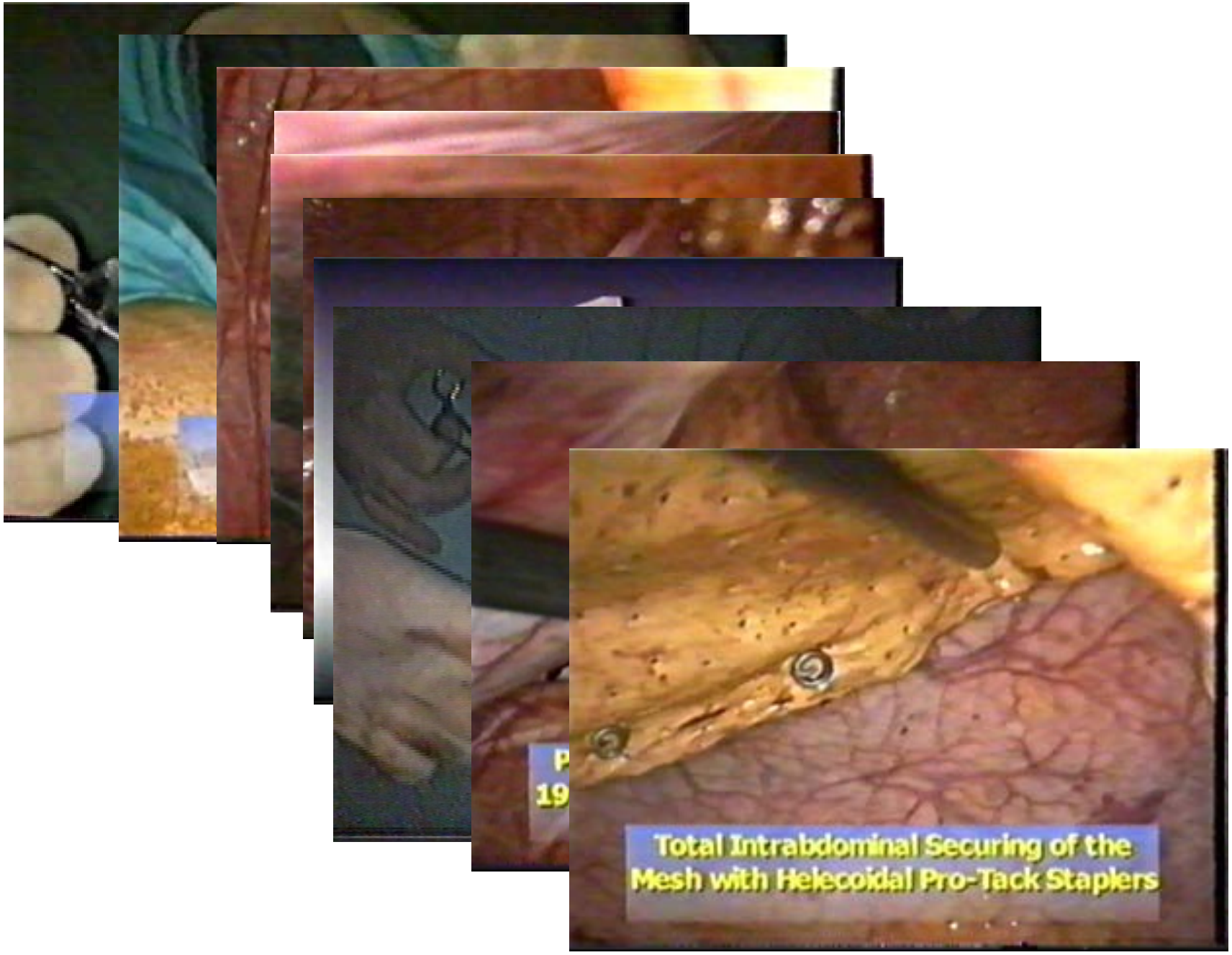
Endo-Shears

Protac

5 mm Trocar

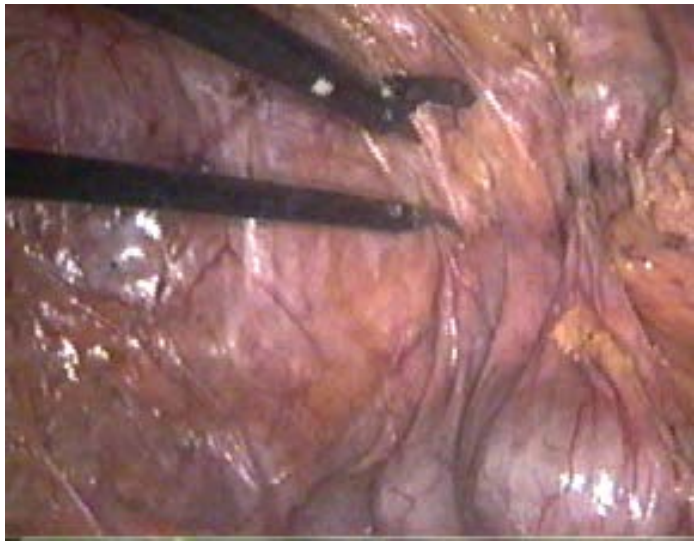
Endo-dissect

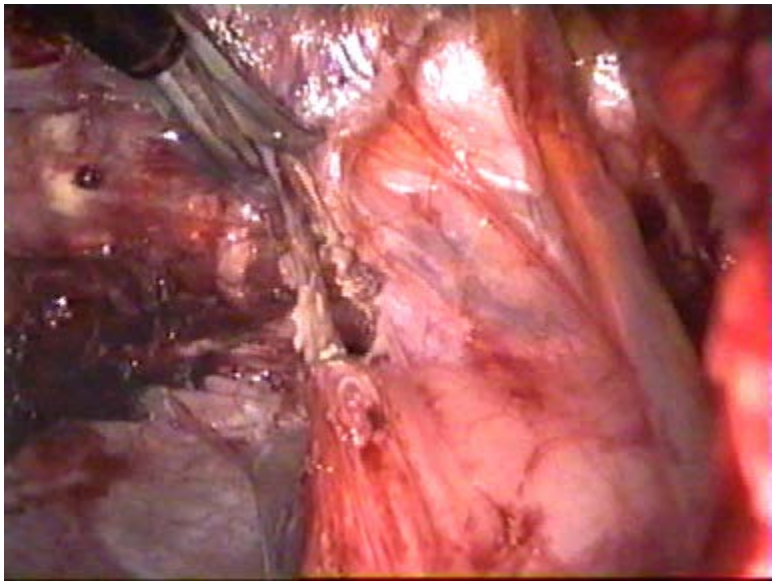
Trocar Placement


Total Intrabdominal Securing of the
Mesh with Helecoidal Pro-Tack Staplers

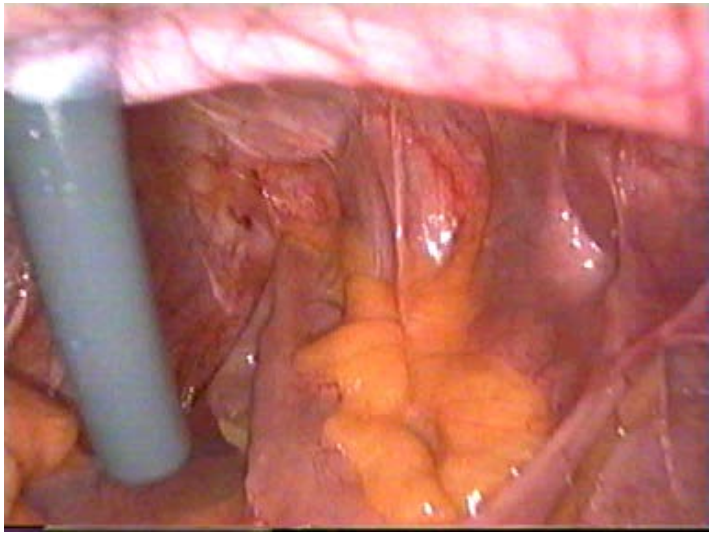
Main Technical Details:

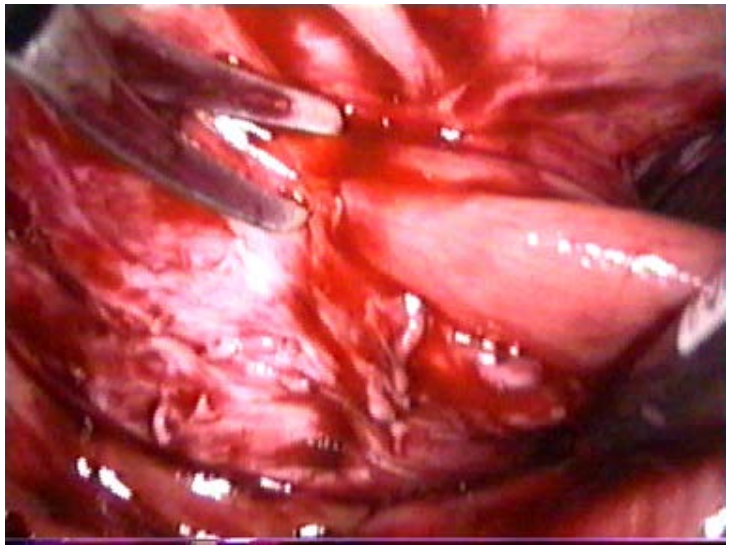
COLONIC ADHERENCES:

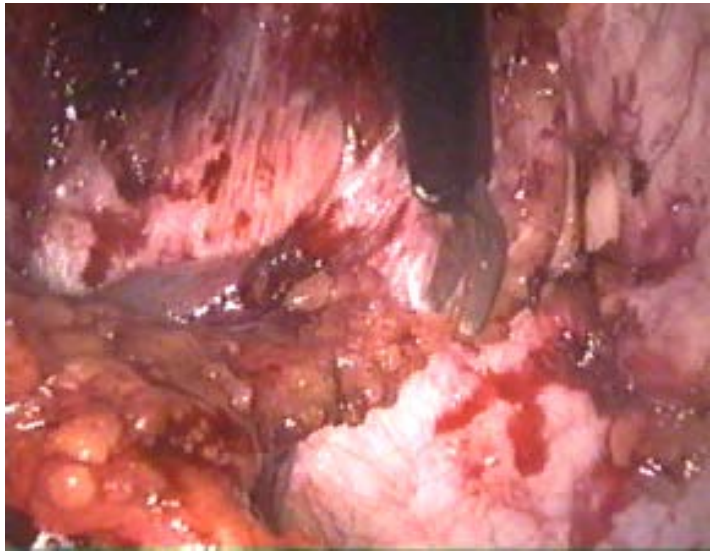


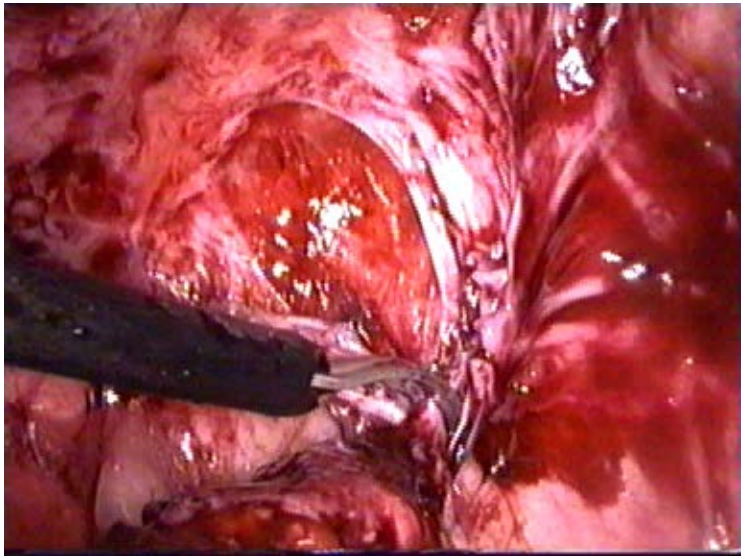


SMALL BOWEL ADHERENCES:

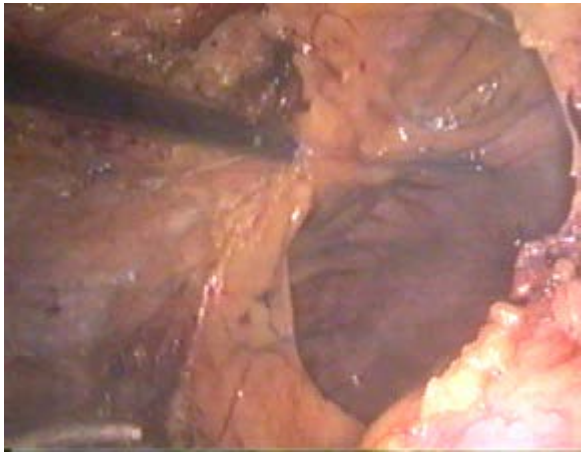


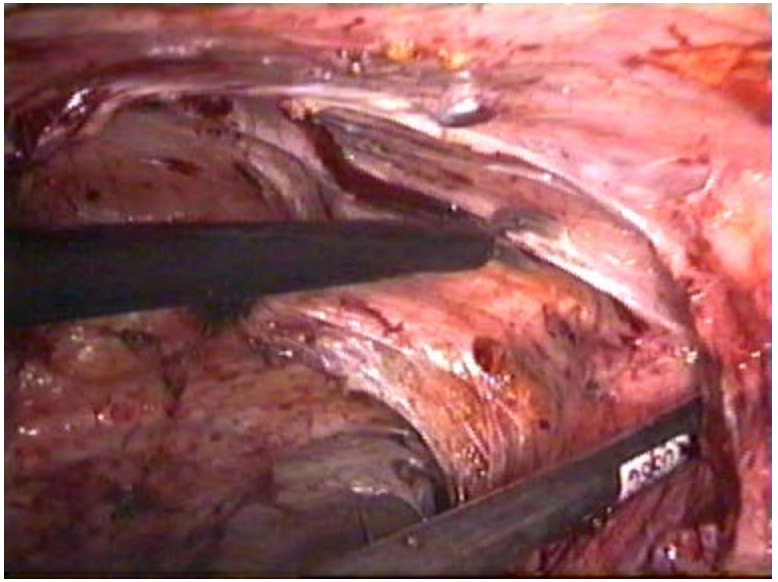




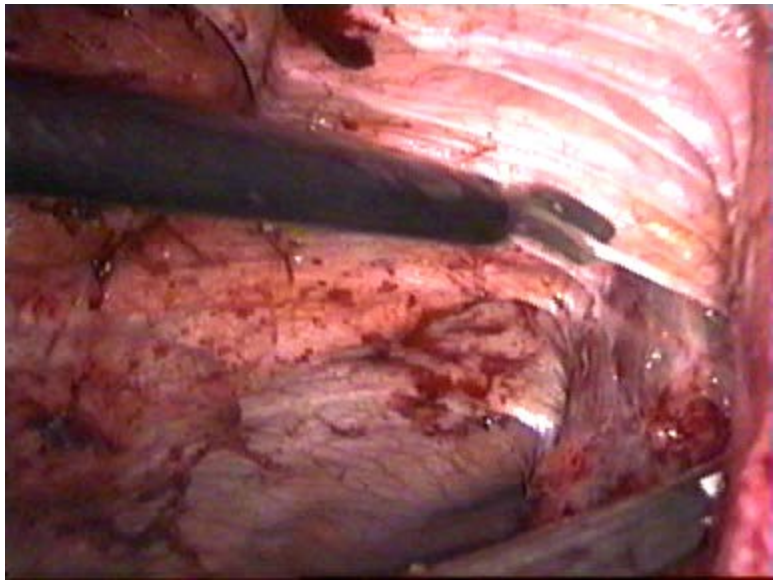


STOMACH ADHERENCES:

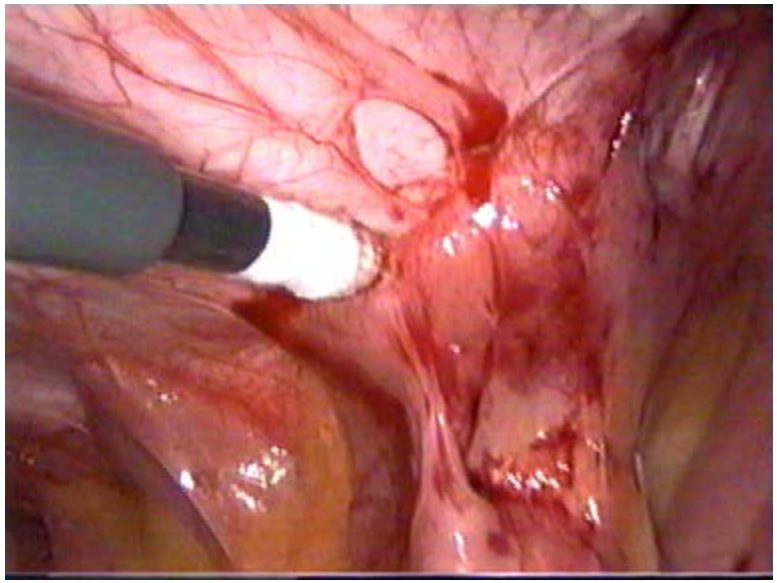




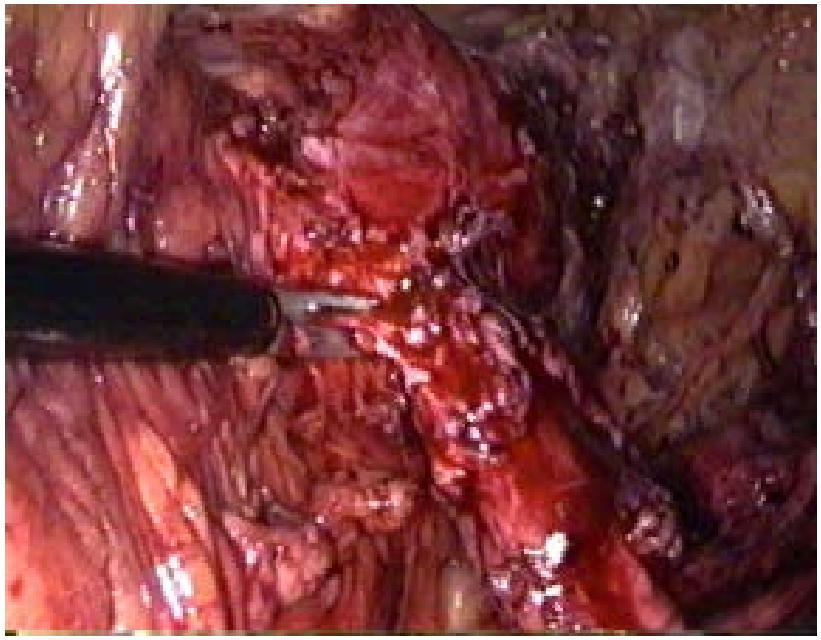
LIVER ADHERENCES:



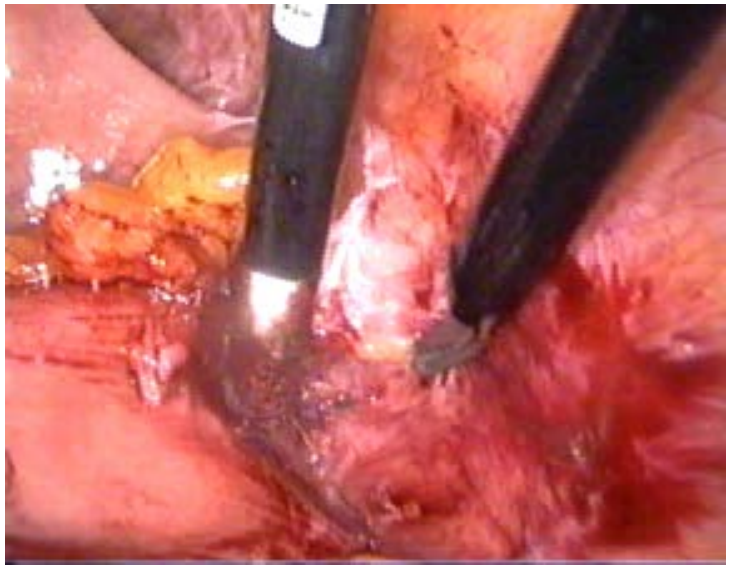
USEFULNESS OF BLUNT DISSECTION:

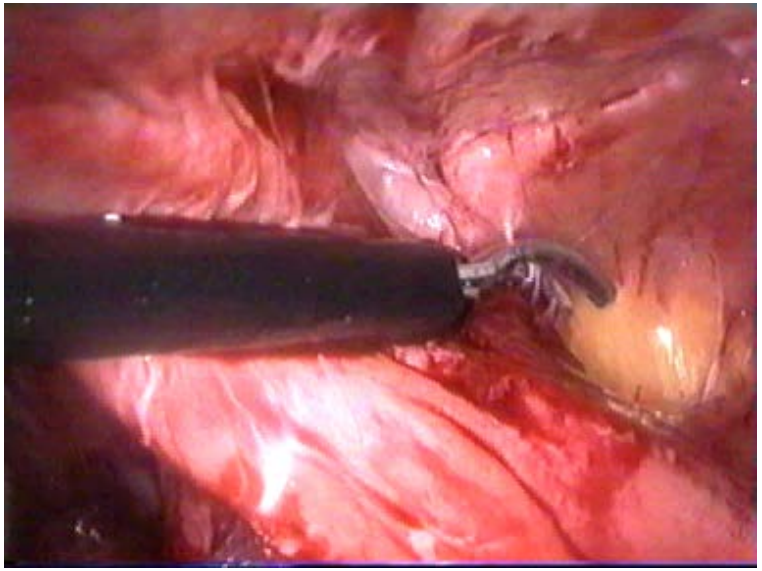


USEFULNESS OF SCISSORS IN THICK AND FIRM ADHERENCES:

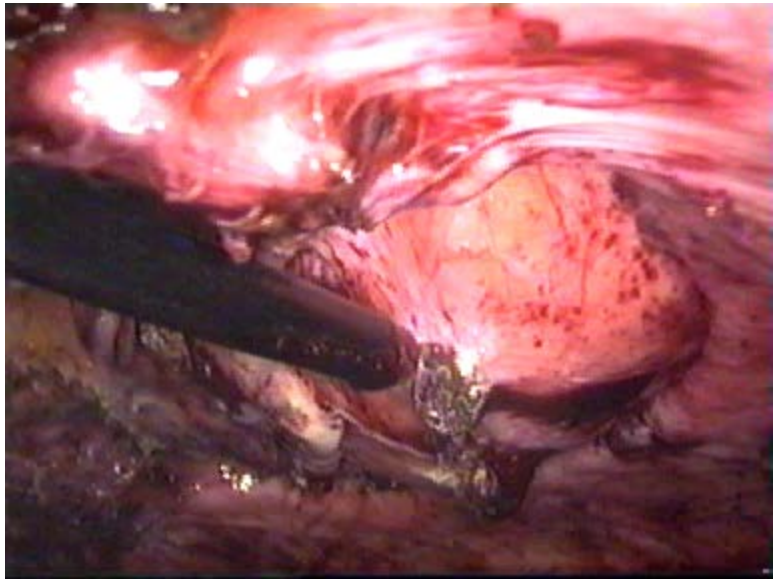


A GOOD TRACTION IS A BASIC MANOEUVRE:

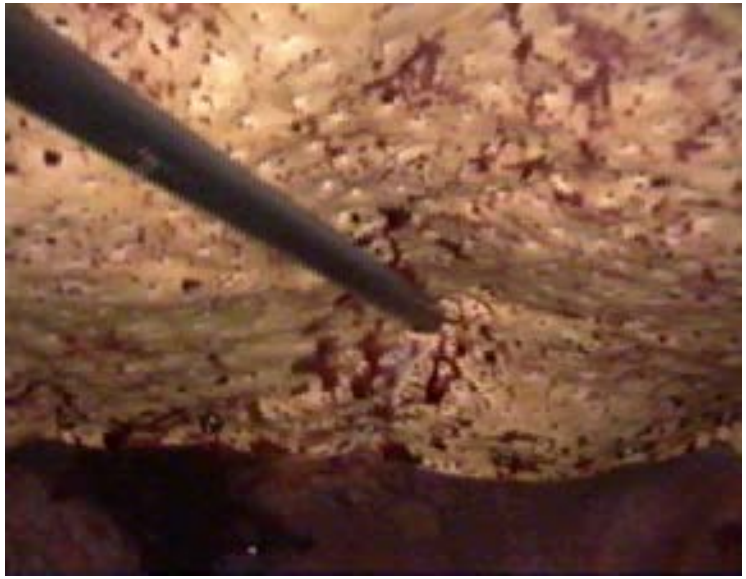




USEFULNESS OF ARGON ELECTROCAUTERY INTRAPERITONEAL:

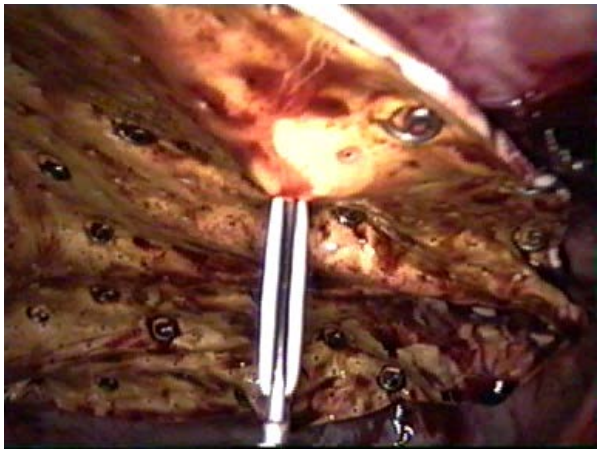


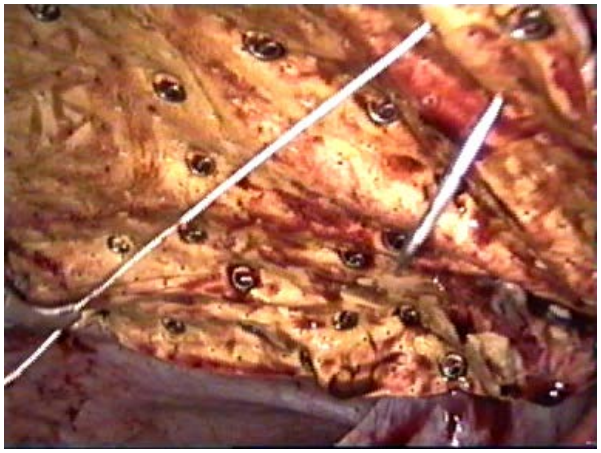
A SECOND TACK CROWN INSIDE THE FIRST ONE:



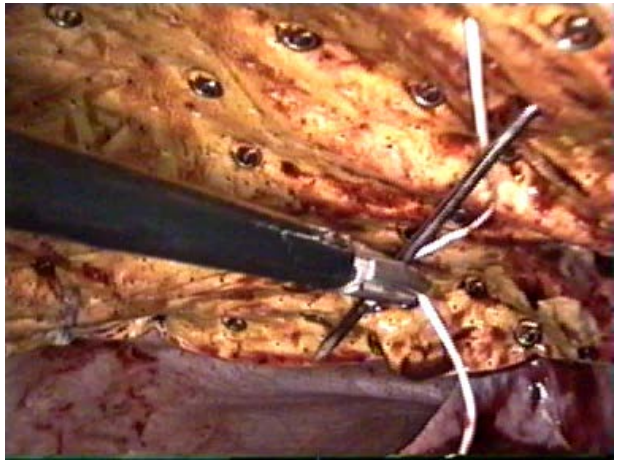
TECHNICAL OPTIONS:

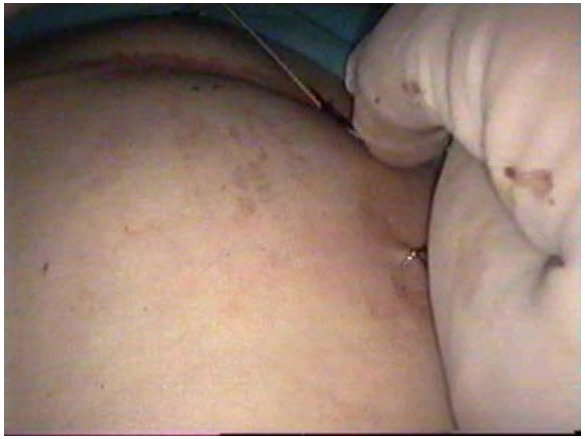
Subcostal and subxiphoideas hernias:





PTFE stitches added with external fixation

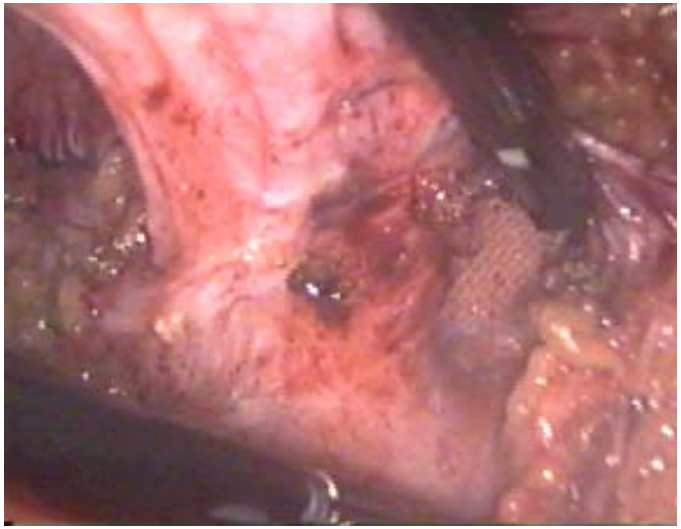


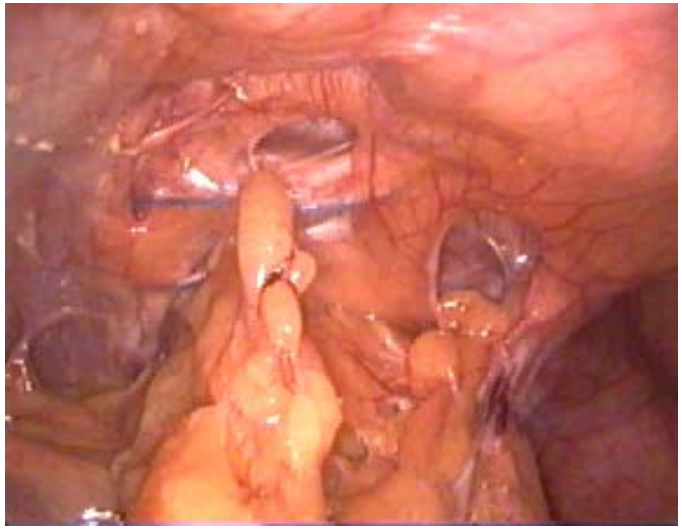


DIFFERENCES ABOUT APPROPIATE MESH PLACEMENT:

1.- Polypropylene mesh is not recommended.

2.- Polypropylene mesh covering by polyglycolic absorbable mesh is not recommended.

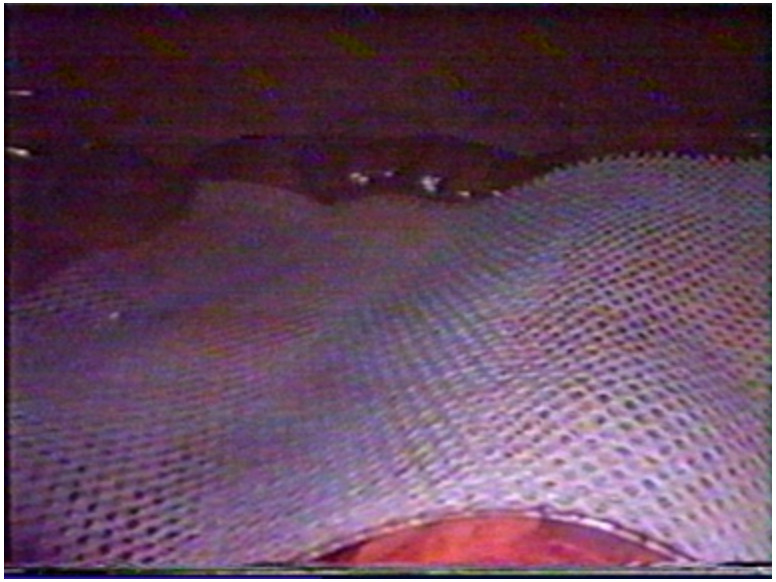




DIFFERENCES ABOUT APPROPIATE MESH PLACEMENT:

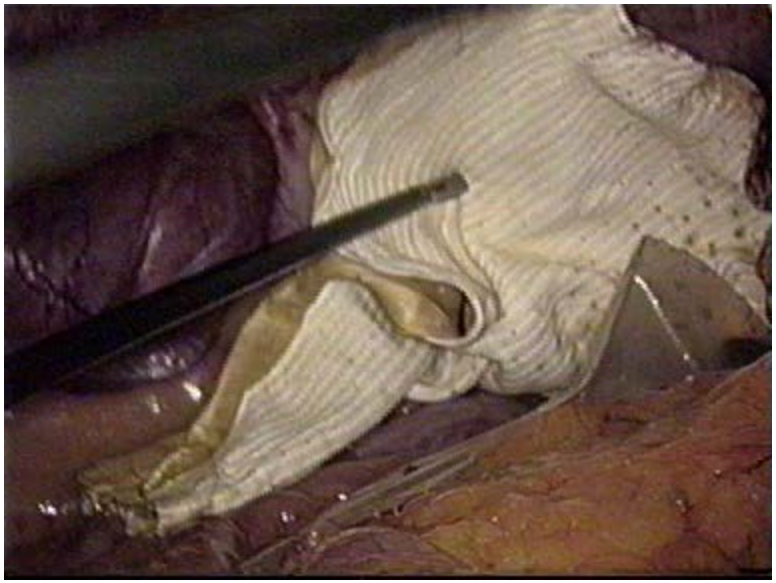
3.- There are not enought experience with composite mesh.

4.- Results and follow-up with parietex composite are not known.



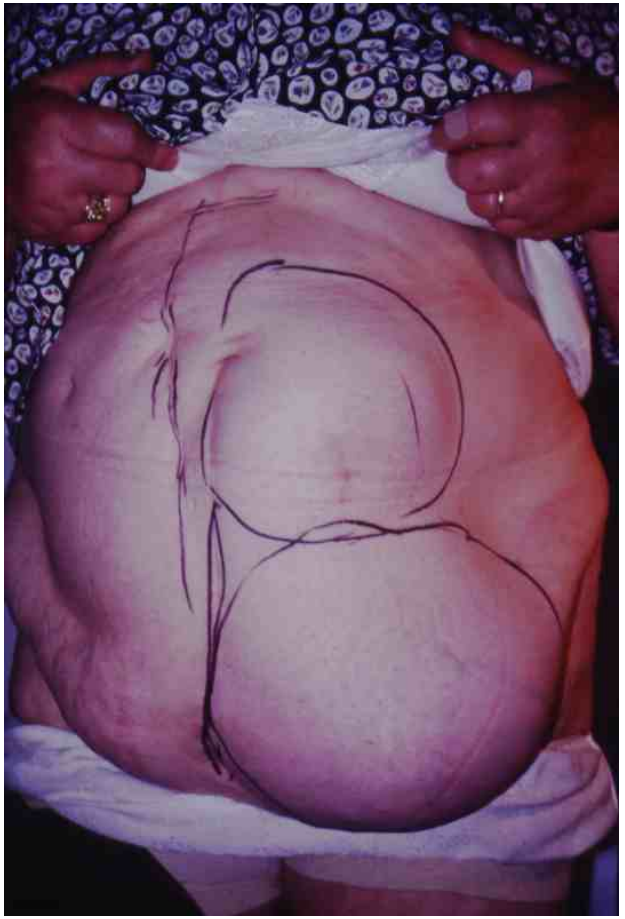
DIFFERENCES ABOUT APPROPIATE MESH PLACEMENT:

5.- PTFE Dual Mesh plus is today the more appropiate mesh for laparoscopic abdominal hernia repair.



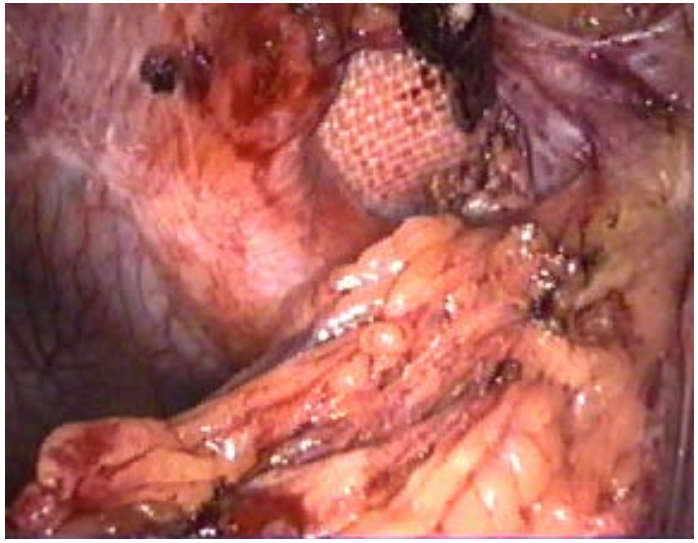
INDICATIONS TO LAPAROSCOPIC APPROACH:

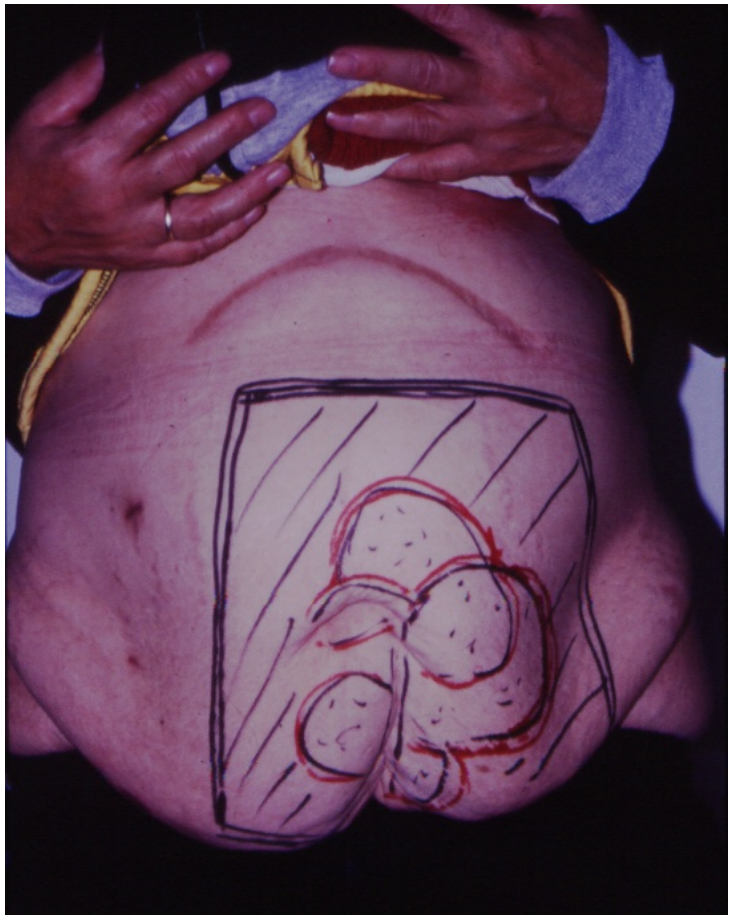
1.- Incisional hernias: small, medium, large and massive xipho-pubic hernias.



INDICATIONS TO LAPAROSCOPIC APPROACH:

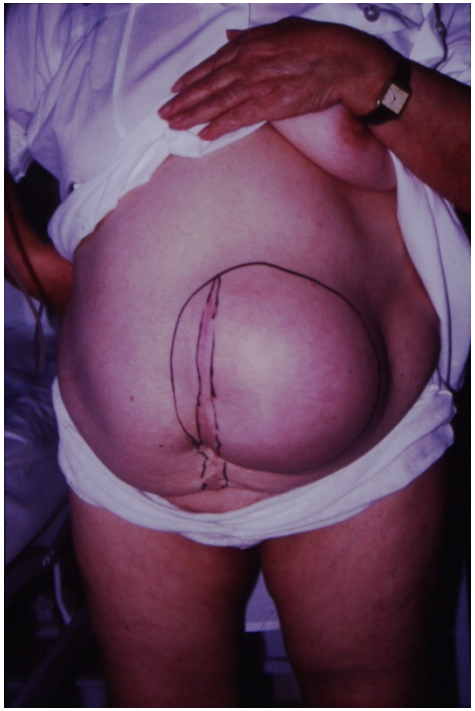
2.- Relapsed and multirelapsed incisional hernias.

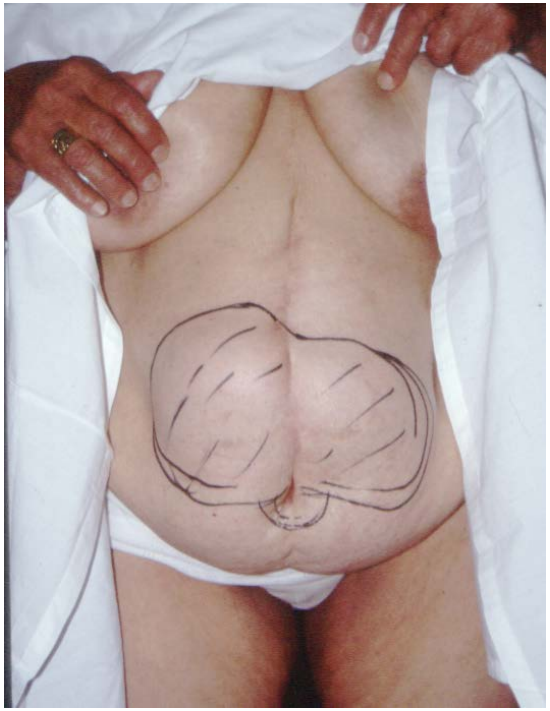


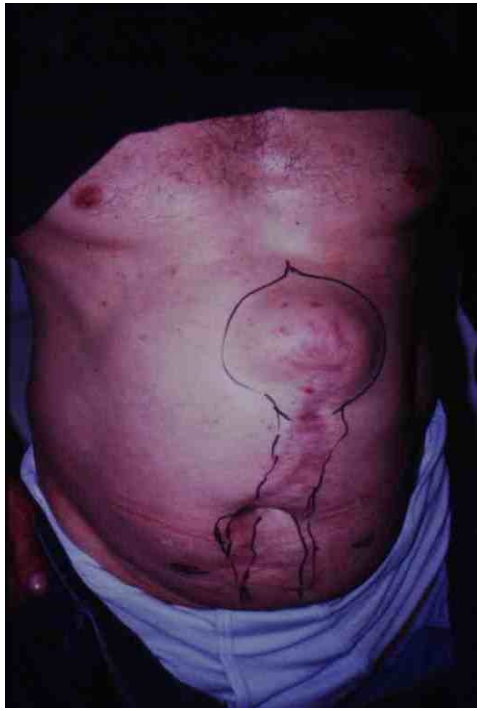


INDICATIONS TO LAPAROSCOPIC APPROACH:

3.- Incisional hernias in differents positions on abdominal wall.

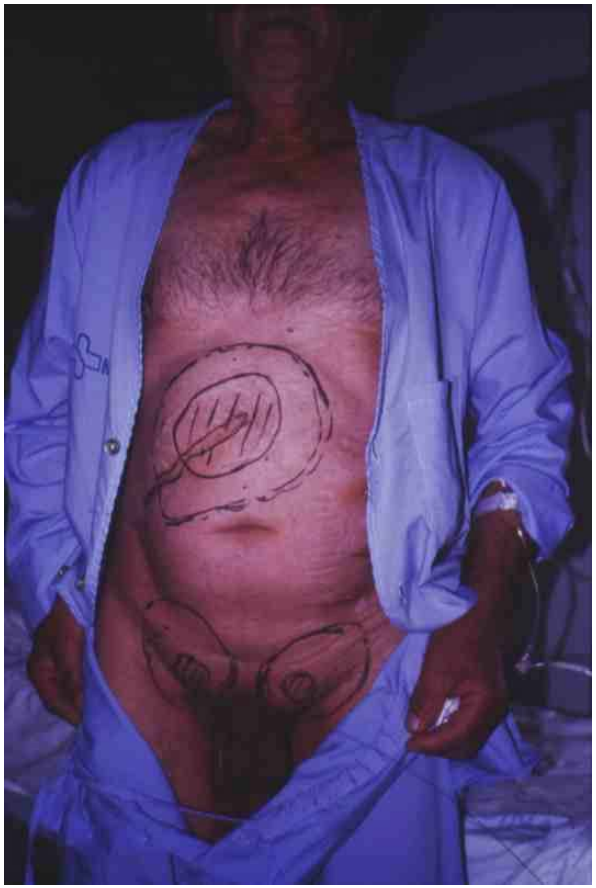






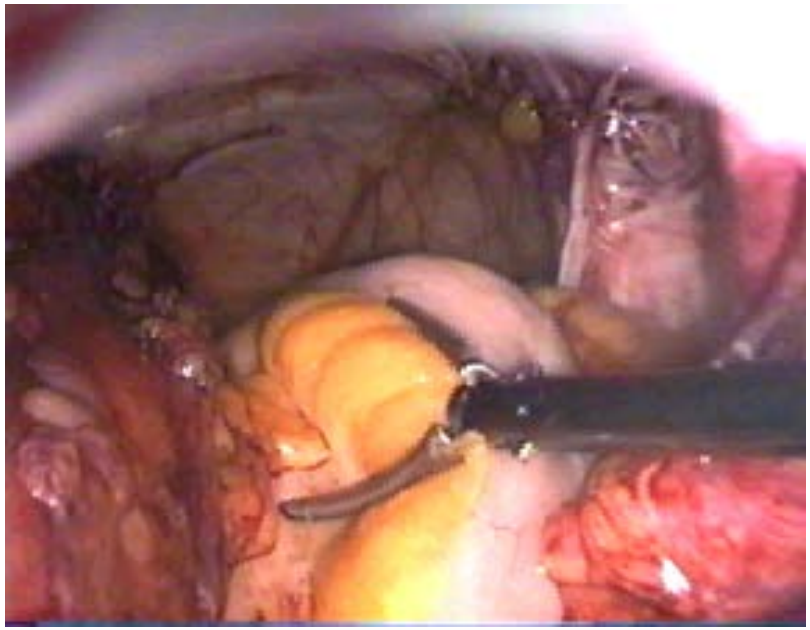
INDICATIONS TO LAPAROSCOPIC APPROACH:

4.- Asociation with another surgical procedure.



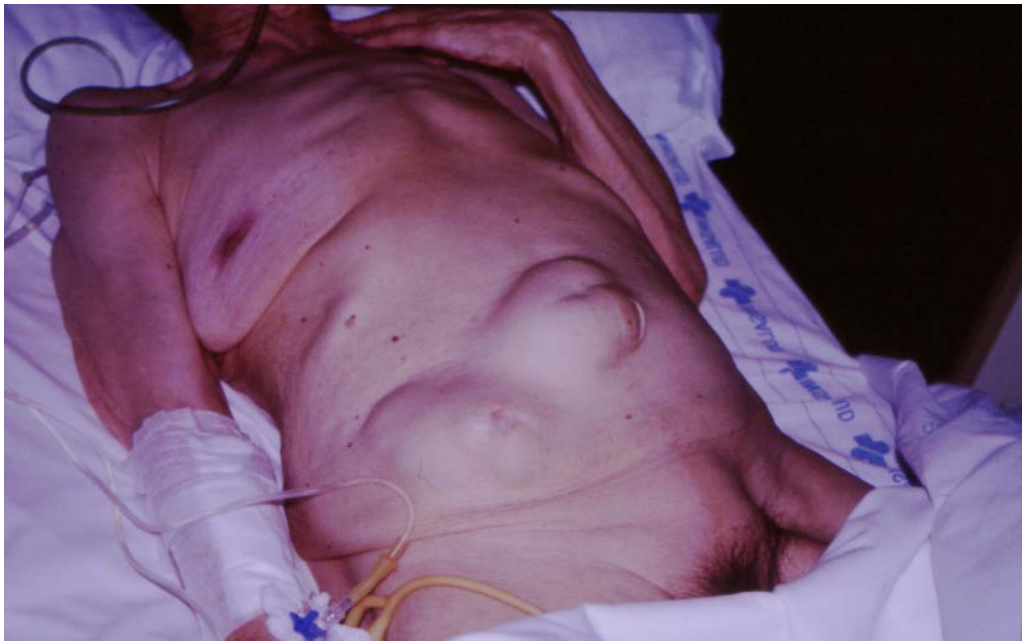
INDICATIONS TO LAPAROSCOPIC APPROACH:

5.- Incarcerated incisional hernia.



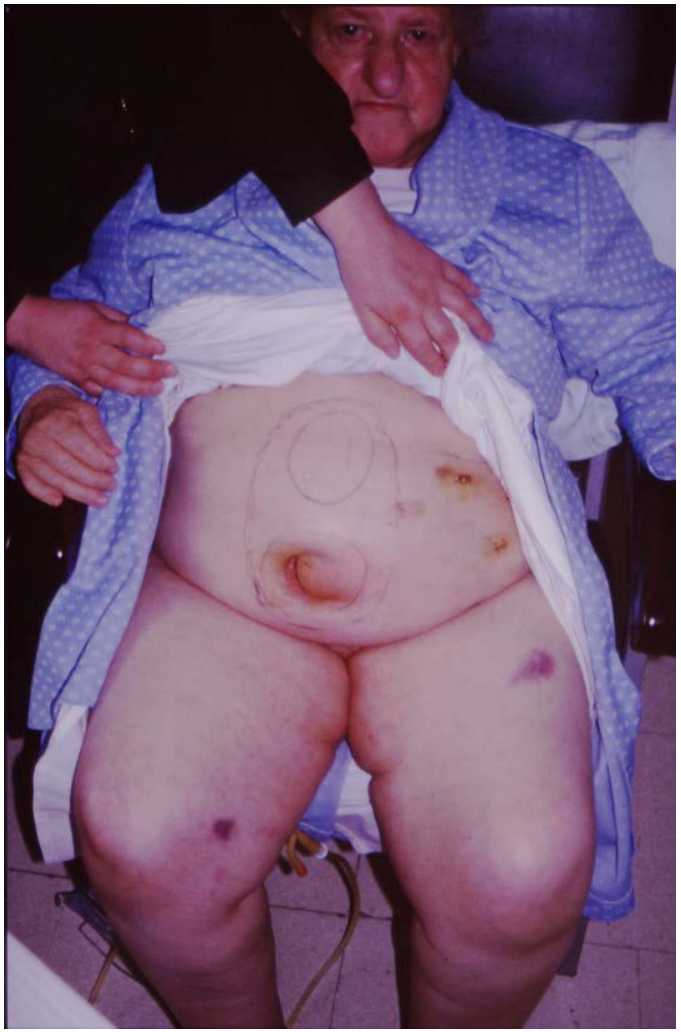
INDICATIONS TO LAPAROSCOPIC APPROACH:

6.- Strangulate inicisional hernia without sepsis or necrosis.



INDICATIONS TO LAPAROSCOPIC APPROACH:

7.- Primary abdominal ventral hernias.



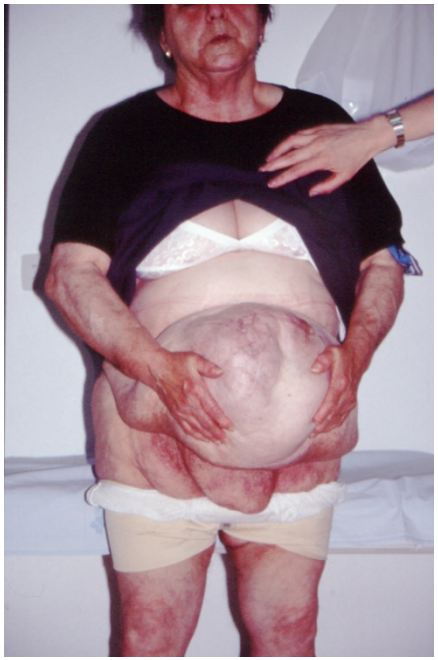
ABSOLUTE CONTRAINDICATIONS.

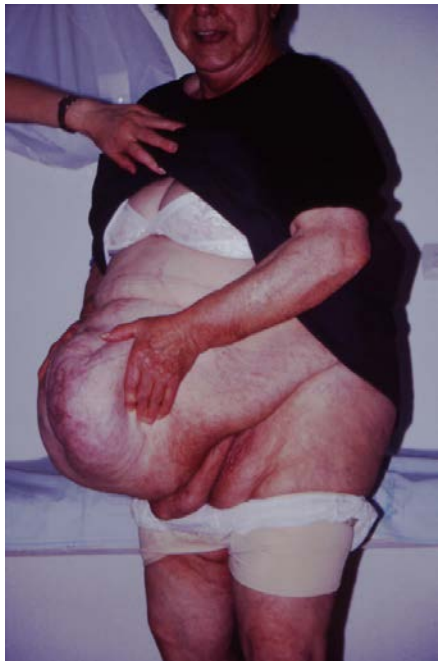
1.- Anaesthesic or general contraindications.

2.- Supergiants eventrations to check by TAC - RMN.

3.- Multiple skin fistulaes.

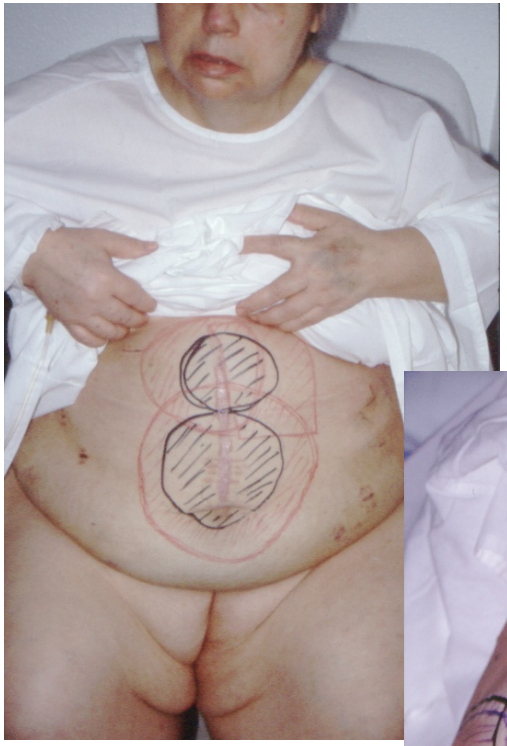
4.- Free ascites with severe liver disease.

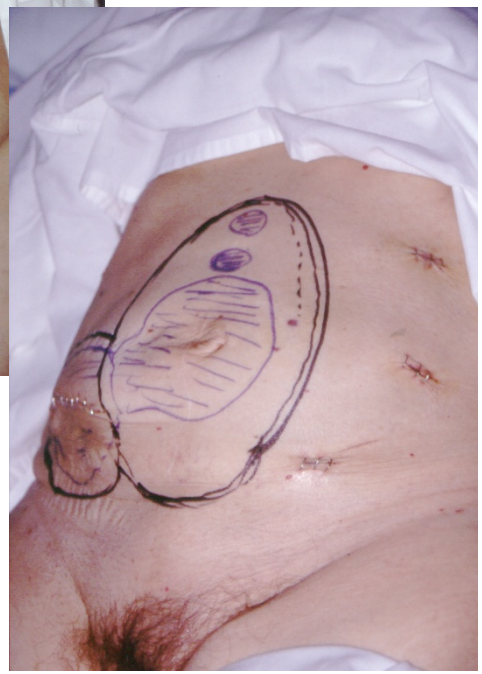


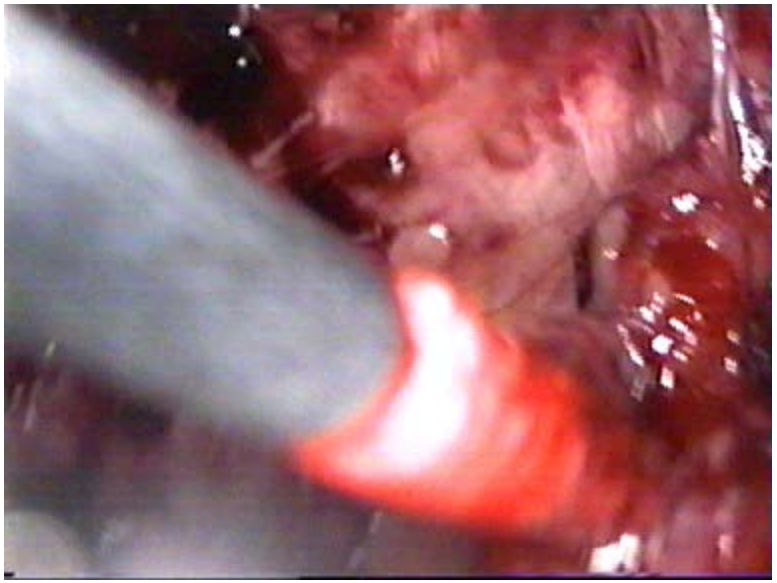


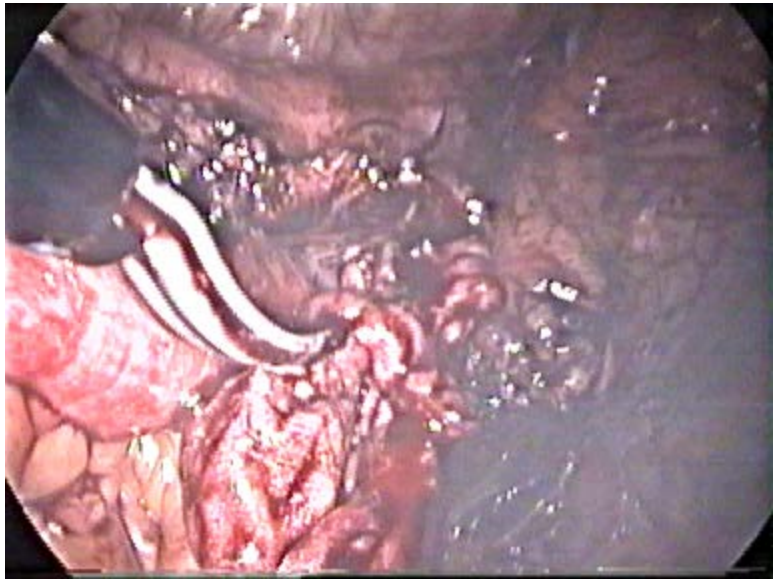
RELATIVE CONTRAINDICATIONS.

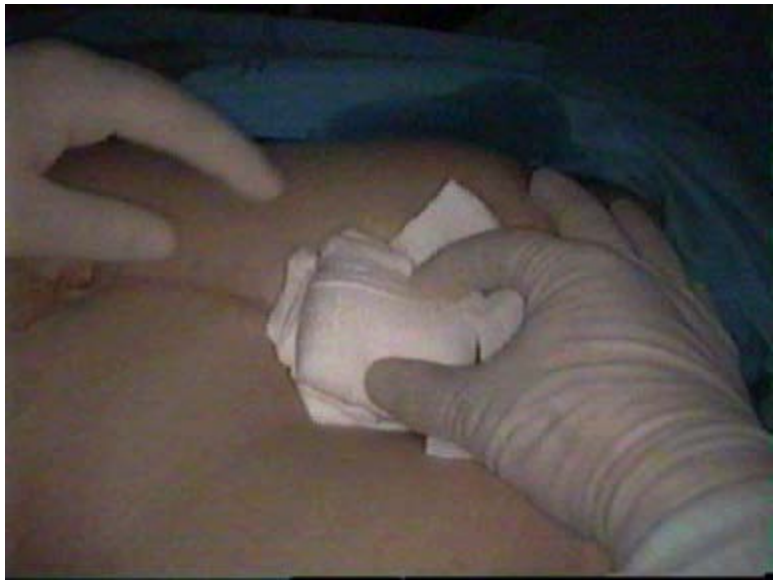
- **Morbid Obesity.**
- **Isolated skin fistulae.**
- **Inmunosupresion.**

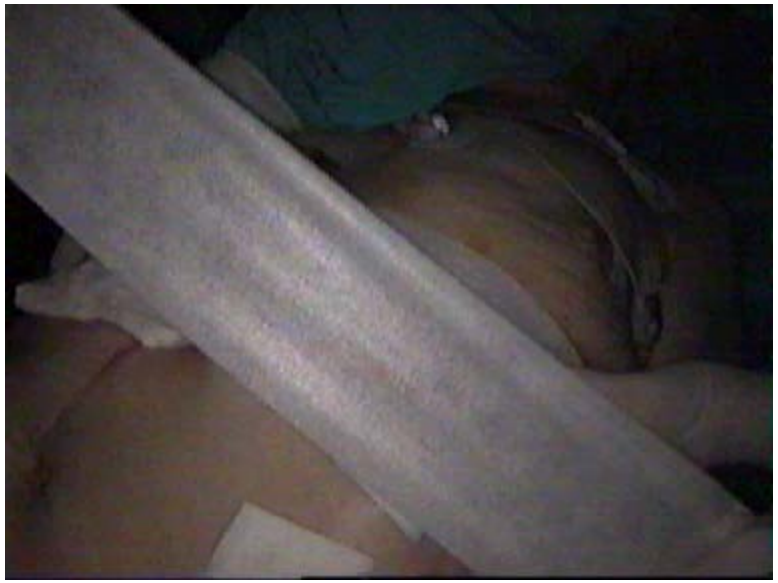


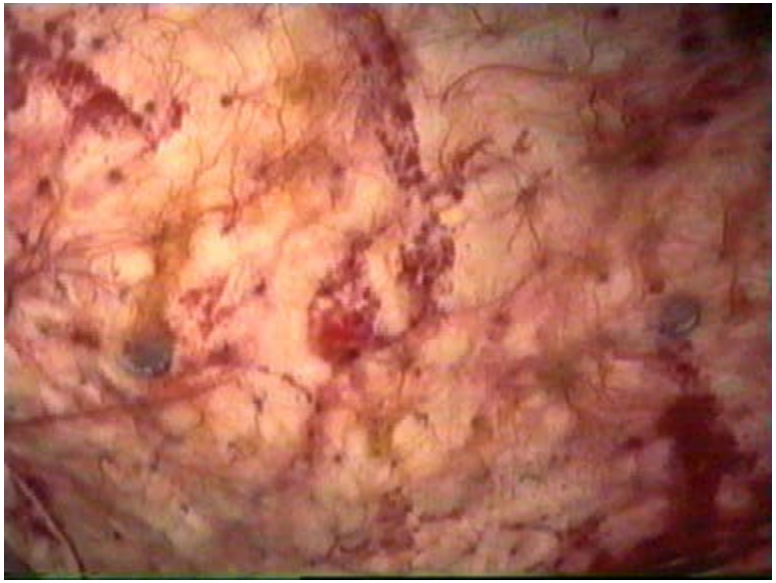


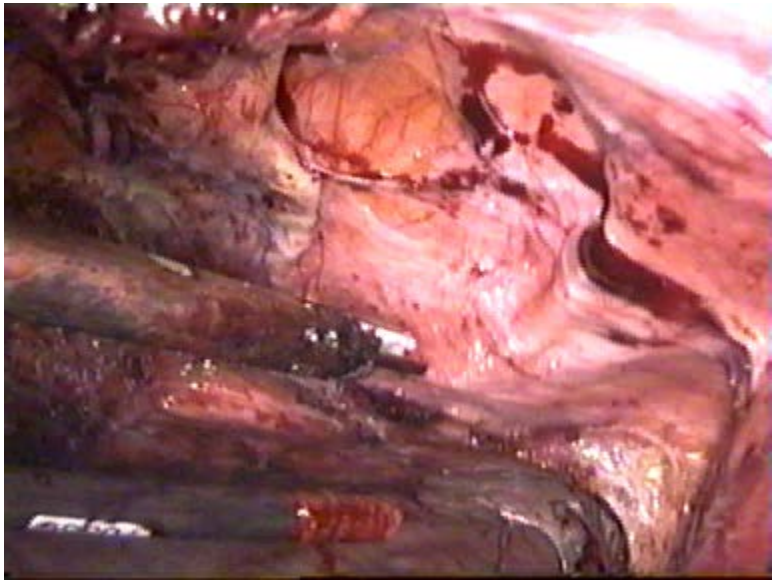


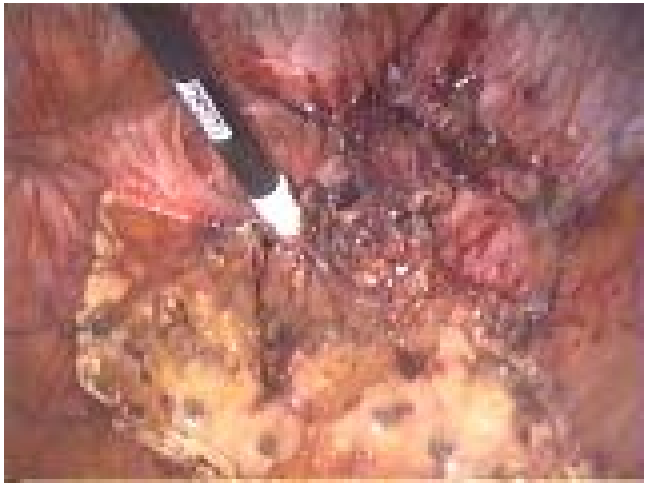






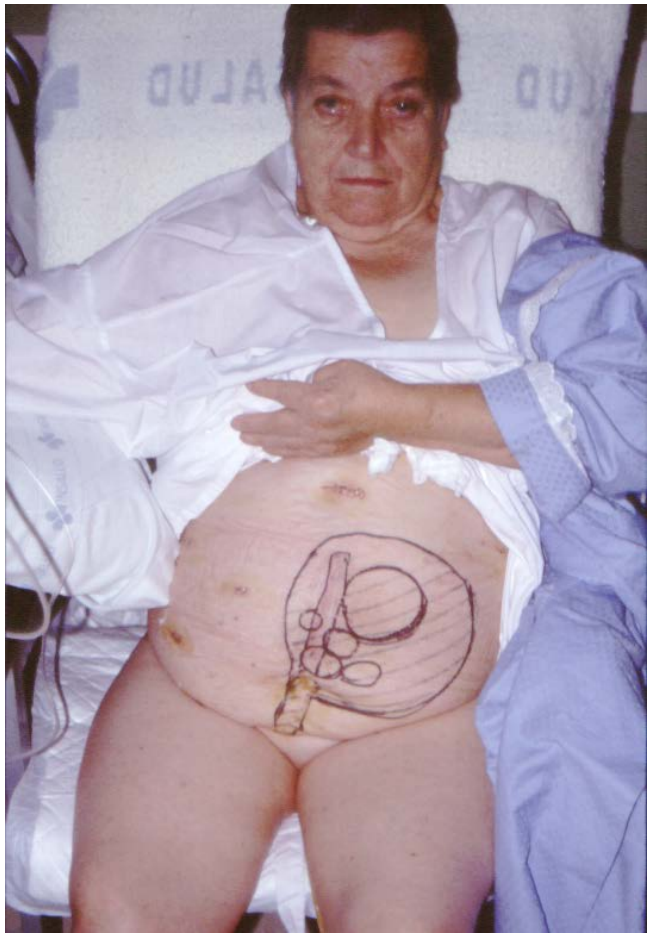


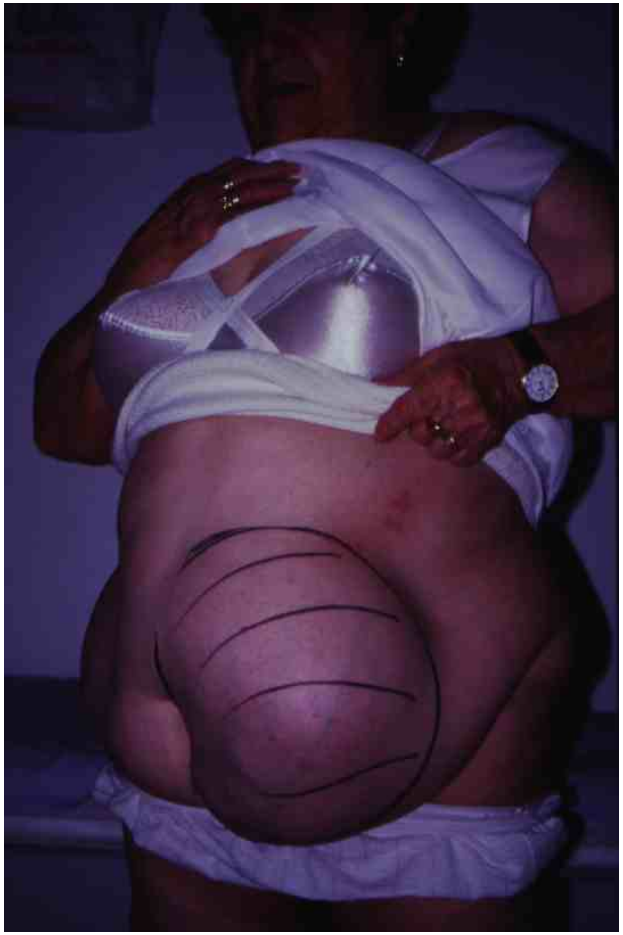


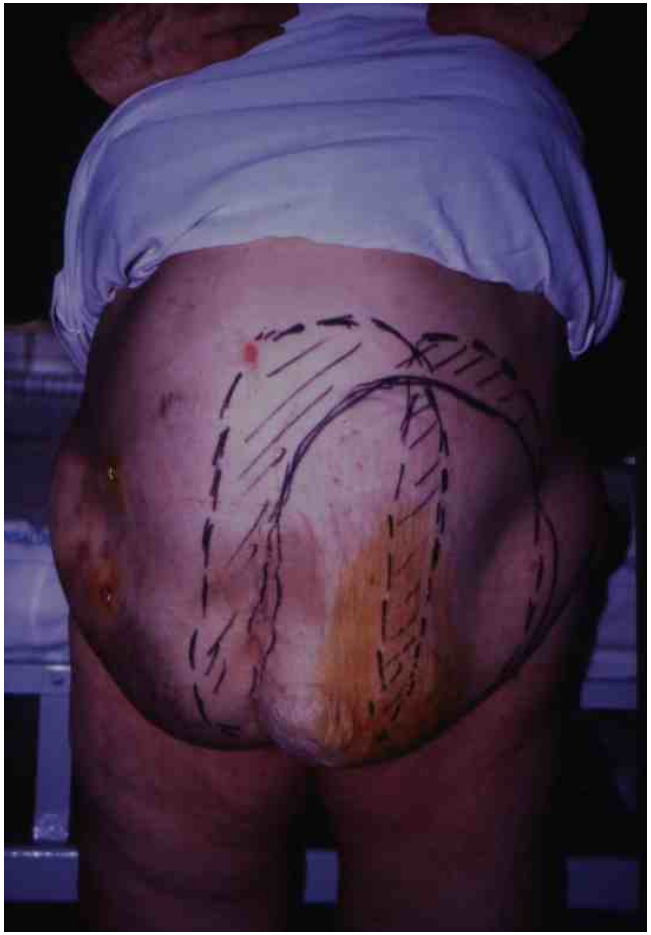


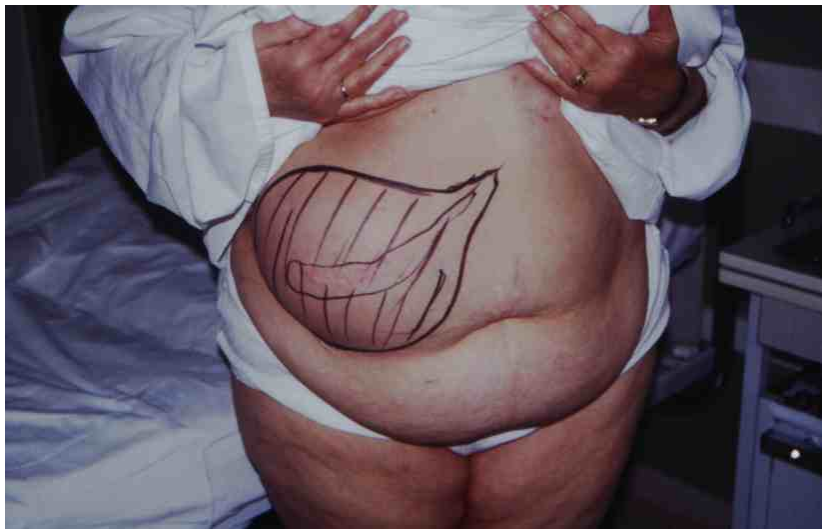
ASSOCIATED SURGERY:

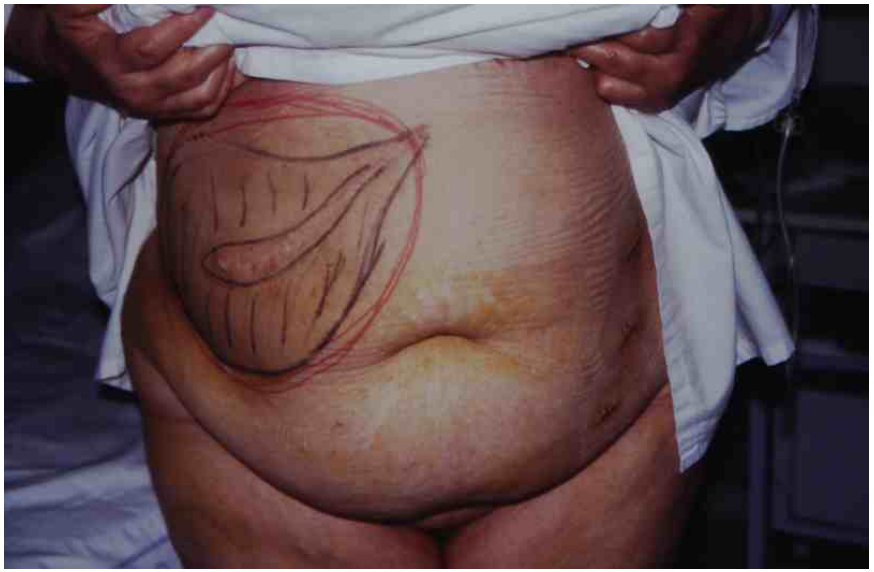
- Cholecystectomy
- Groin Hernia repair
- Morbid Obesity
- Liver biopsy

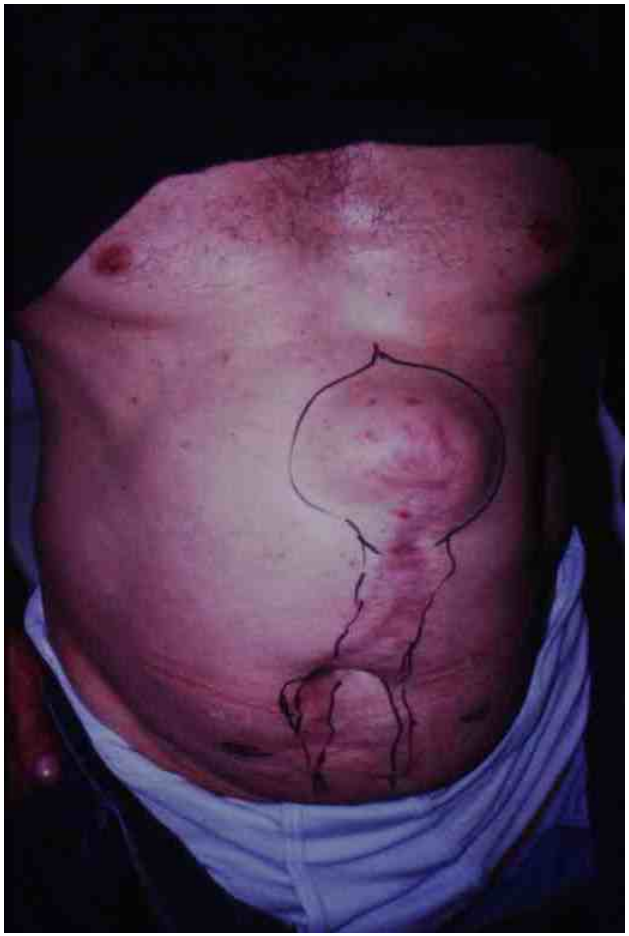


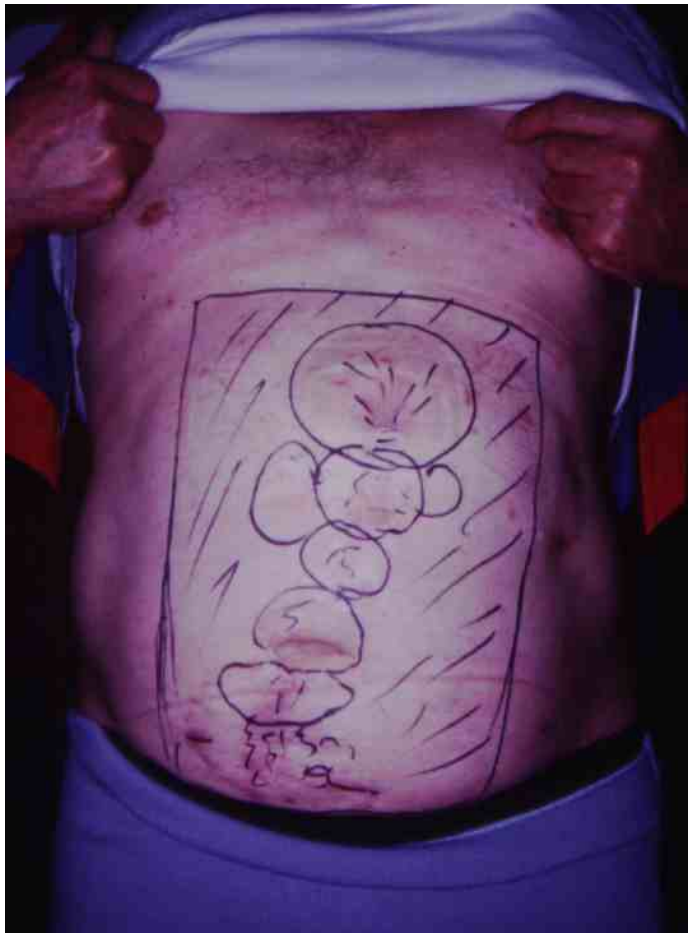


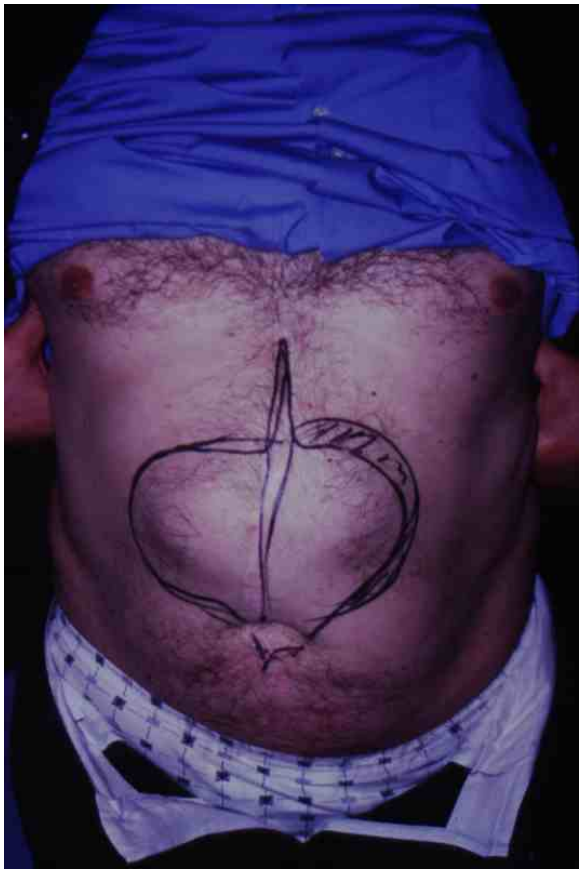


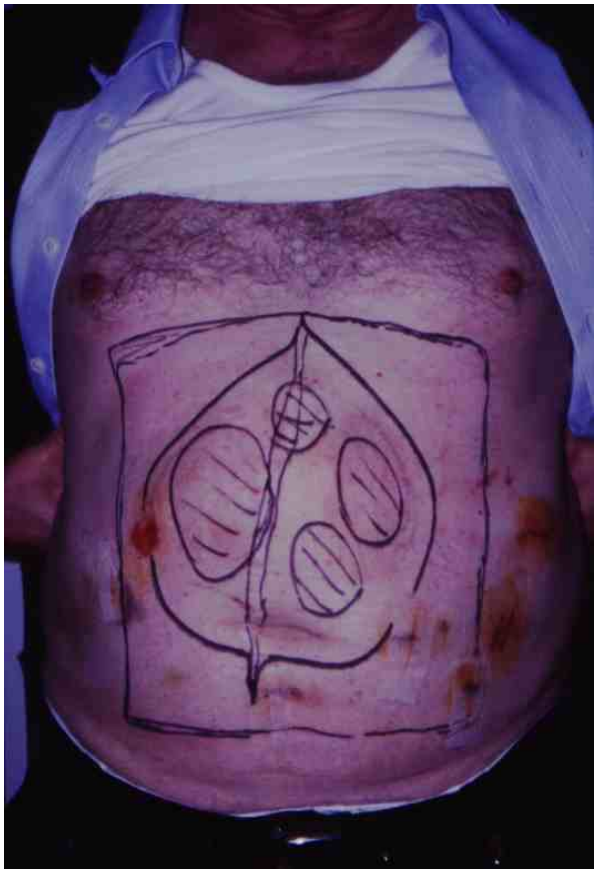




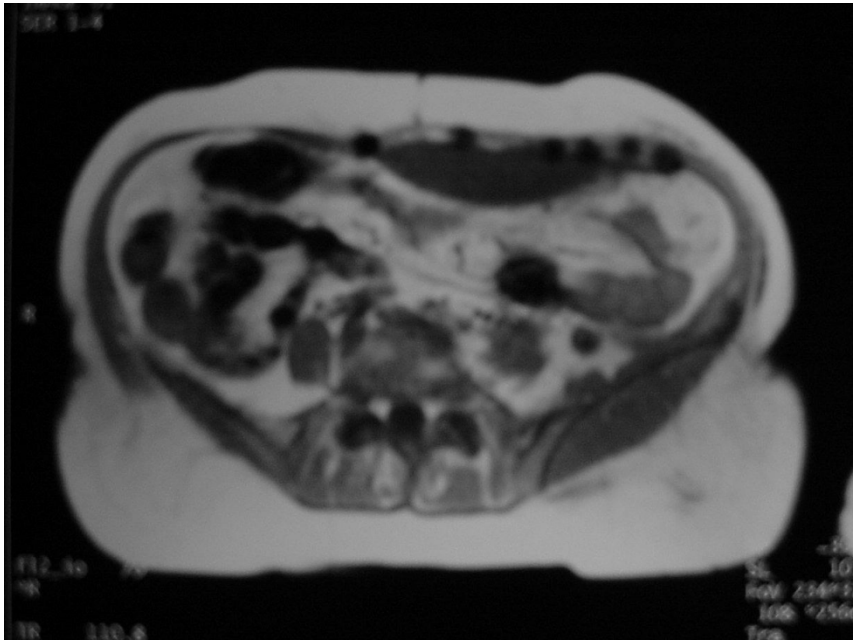


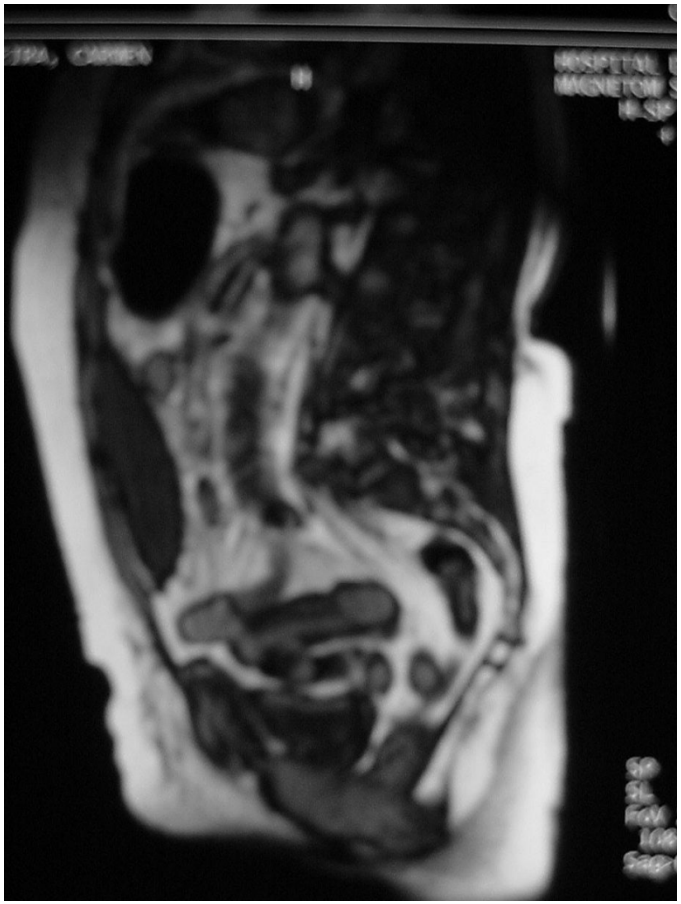






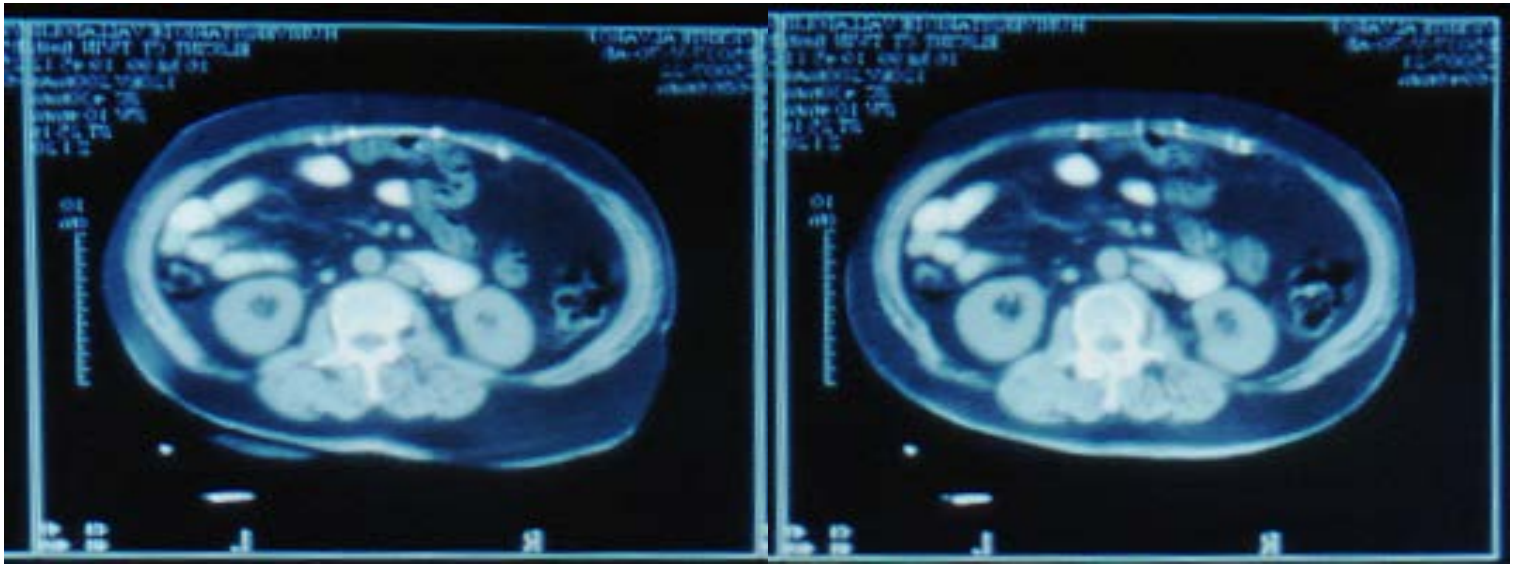
POSTOPERATIVE CONTROL TAC-RMN:
One month





POSTOPERATIVE CONTROL TAC:

Ten years



CONCLUSIONS:

1.-

The treatment of incisional hernia and primary ventral hernia is an indication by laparoscopic surgery.

CONCLUSIONS:

2.-

The laparoscopic route reduces surgery time as opposed to conventional surgery, making it one of the procedures which lead shorter hospital stay procedures.

CONCLUSIONS:

3.-

The laparoscopic technique reduces immediate complications considerably, as well as relapse rate, and mesh sepsis, and long-term complications.

CENTER OF EXCELLENCE FOR THE STUDY AND TREATMENT OF THE OBESITY

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