P073 SYNCHRONOUS VERSUS DELAYED SURGICAL TREATMENT OF MORBID OBESITY AND VENTRAL HERNIA. PRELIMINARY RESULTS OF A RETROSPECTIVE SINGLE CENTER STUDY

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Aim: The worldwide increase in morbid obese patients raises controversies regarding the best timing of treatment for concomitant ventral hernias (VH). We present the preliminary experience at a referral center for bariatric surgery (BS): synchronous versus delayed ventral hernia repair (S-VHR, D-VHR) have been compared.

Material and Methods: From 2009, 40 consecutive morbid obese patients eligible for BS presented with concomitant VH. Symptoms and characteristics of the VH were evaluated to choose between S-VHR (28 patients), primary (n = 12) or mesh augmented (n = 16), and D-VHR (12 patients). 90-day postoperative complications and hernia recurrence were evaluated.

Results: 3 patients out of 16 in the mesh group experienced superficial surgical site infections. 4 patients in the D-VHR had a bowel incarceration within 20 days after BS and required emergency surgery with mesh implantation. No complications occurred in the primary repair group. The recurrence rate was around 19% in both groups of the S-VHR. Nonetheless the group that received mesh repair had a significant higher mean value of the defect. In the D-VHR cohort 1 patient was lost at follow up while 3 patients were not operated on due to inadequate weight loss. No recurrences occurred in the 4 patients requiring emergency surgery.

Conclusions: D-VHR is associated with worse early postoperative outcomes; primary suture repair should be considered in preventing bowel incarceration but synchronous mesh repair is preferred in large symptomatic hernias for its acceptable postoperative morbidity and hernia recurrence at 1 year.