P160  ENDOSCOPIC ANTERIOR COMPONENT SEPARATION OR OPEN TRANSVERSUS ABDOMINUS RELEASE ARE NOT ASSOCIATED WITH INCREASED WOUND MORBIDITY FOLLOWING INCISIONAL HERNIA REPAIR

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Aim: Traditional anterior component separation during incisional hernia repair is associated with a high rate of postoperative wound morbidity. Because extensive subcutaneous dissection is avoided by endoscopic anterior component separation (eACS) or open transversus abdominis release (TAR), we hypothesized that these techniques did not increase the incidence of surgical site occurrence compared to incisional hernia repair without component separation.

Material and Methods: This was a retrospective cohort study of patients undergoing open, retro-rectus incisional hernia repair.
Component separation during retro-rectus repair was performed using eACS or TAR. The primary outcome was 30-day incidence of postoperative surgical site occurrence. Secondary outcomes included length of stay, 30-day readmission, 30-day reoperation rate and 3-year recurrence rate.

**Results:** A total of 322 patients underwent retro-rectus repair, 168 (52%) of whom received either eACS or TAR. Addition of eACS or TAR was neither associated with surgical site occurrence, (odds ratio: 0.82, confidence interval: 0.40-1.68, P = 0.596) nor with hernia recurrence (hazard ratio 0.80, CI 0.27-2.40, P = 0.693). There was no significant difference between the groups regarding the frequencies of 30-day-readmission or 30-day reoperation.

**Conclusions:** The addition of eACS or TAR to a retro-rectus incisional hernia repair was not associated with increased wound morbidity or hernia recurrence.