between sleep disturbance and CPIP, interventions which consolidate 2.20 (1.61-3.00),
p
Sleep disturbance may increase the risk for CPIP, and
Conclusions:
pression.

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¼
TIPP, p
CPIP at rest at 1 year was comparable 1.9% after TREPP vs 1.4% after
was less often present after TREPP at 2 weeks and 6 months, but the
Results:
secondary outcomes). Follow-up was performed at 2 weeks, 6 months and
1 year.
The preperitoneal mesh position for inguinal hernia repair
showed beneficial results regarding Chronic Postoperative Inguinal
Hernia (CPIP) with low recurrence rates. Two open preperitoneal techni-
ques (Zgv), Department of Surgery, Ede, Netherlands,5St Jansdal Hospital (Sjd),
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The learning curve of the TREPP techniques needs further evaluation.
considered a solid method for inguinal hernia repair if expertise is present.

Aim: Surgical technique and material used to close an abdominal wall
incision are considered to be important determinants for the risk of de-
veloping surgical site occurrences (SSOs). Aim of our prospective, non-
randomized, monocentric study was a comparative analysis of the perioperative performance (6:1 suture/wound length (SL/WL)-ratio) and
SSOs (surgical site infections [SSI] & 2 wound dehiscence/burst abdo-
men) following midline & transverse incisions.
Material and Methods: The trial is completed. It included 351 patients
between 1/2013-10/2018 in a prospective database. The surgeons aimed
at performing a 6:1 SL/WL-ratio in all laparotomies. Patient specific
data (risk factors, intra- & postop parameters & SSI/SSO) were entered
into the registry database. Statistics involved the Chi2-/ANOVA and
Mann-Whitney Test.

Results: Overall, 82.3% (289/351) were operated electively, 17.7% (62/
351) had an emergency laparotomy, 55% (n = 194) had a midline, 29%
(n = 103) a transverse and 15% (n = 54) a combined L-shaped laparot-
omy (liver resection). A learning curve with respect to the bite width
was encountered. While SL/WL ratio all laparotomies were similar, bite
width varied but improved with experience. SSI was higher in trans-
verse vs. median laparotomies and overall higher in emergency opera-
tions. The rate of 2 wound dehiscence (surgical site occurrence [SSO])
stayed at 1/351.

Conclusions: A learning curve is required to sufficiently perform a
short stitch 6:1 suture. Median and transverse laparotomies can be
closed safely by a 6:1 SL/WL ratio. SSO could be reduced compared to
our historic patient cohort but did not differ within the > and < 6:1 ra-
tio. Emergency laparotomies can also be safely performed with the
short stitch technique.

O14  SHORT STITCH TRIAL 6:1 WITH 4-OH-BUTYRATE
(MONOMAX) - FINAL RESULTS

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