OV05 CONCOMITANT MIRS (MINI INVASIVE RIVES-STOPPA) AND DREAM (DIASTASIS REPAIR ENDSOPHOCOPICALLY ASSISTED MINIMALLY-INVASIVE) FOR THE CORRECTION OF COMBINED VENTRAL HERNIA AND DIASTASIS RECTI

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Aim: Concomitant MIRS (Minimally Invasive Rives-Stoppa) and DREAM (Diastasis Repair Endoscopically Assisted Minimally-Invasive) for the correction of combined ventral hernias and diastasis recti.

Material and Methods: The video shows the combined repair of umbilical hernia and diastasis correction by concomitant minimally invasive hernia repair without division of the posterior sheath and diastasis correction by parietoscopy.

Results: A short periumbilical incision is performed, the Alexis retractor is put in place, preaponeurotic dissection is carried out by direct access and two axial incisions of both anterior sheaths are performed parallel to and 1 cm next to the midline. The umbilical hernia and one unexpected epigastric hernia are reduced and repaired by suture. Additional suture approximating the medial borders of anterior sheath incisions over the previous suture is performed to strengthen the repair. The patch is deployed in the retromuscular space superficial to the suture line, without any incision of the posterior sheath and without any fixation. Then the top of the Alexis retractor and the camera are put in place, insufflation at 10 mm Hg is started and the parietoscopic step is carried out. Two 5 mm trocars are placed and preaponeurotic dissection is extended up to the xiphoid process. The diastasis correction is carried out by a continuous suture approximating both rectus muscles from the xiphoid process to the umbilical hernia suture.

Conclusions: The MIRS technique consists of retromuscular patch repair without division of the posterior sheath, and concomitant DREAM technique reinforces the hernia repair and provides diastasis correction.

Supplementary material

Supplementary material is available at BJS online.