V-006 SIMULTANEOUS TREATMENT OF VENTRAL HERNIAS & GROIN HERNIA & RECTUS ABDOMINIS DIASTASIS BY LAPAROSCOPIC E-TEP REPAIR

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Aims: Ventral hernias are a frequent pathology in general surgery. Its association with rectus abdominis diastasis and groin hernias is not uncommon. Currently, the minimally invasive approach of these pathologies is becoming more frequent. We present the usefulness of the e-TEP-approach to treat different types of hernias and diastasis at the same surgical-procedure.

Methods: Video-case presentation.

Results: 73-year-old man, surgical histories: umbilical hernioplasty with onlay-mesh and lap-sigmoidectomy. Physical-examination: midline ventral hernia (M2 - 3W2 8cm), diastasis (6cm) and right groin hernia. CT-scan: midline ventral hernia with small bowel into the hernial sac and small defect (15mm) in the right flank (L2). We decided to perform a laparoscopic-extrapitoneal-technique (eTEP).

We use 4 ports (2x12mm, 2x5mm). The surgery begins dissecting the left and right retromuscular space using a dissector balloon. We continue with the supraumbilical cross-over transecting the left posterior sheath and then the right posterior sheath and complete the dissection of the other retromuscular space. The dissection continues down to the pubis, dissecting the right groin space. We continue with the right TAR, at this area we observe the lateral defect and continue the dissection on the preperitoneal space. After that we continue with the closure of the posterior sheath using 2-0 V-lock and the anterior sheath using Monomax-loop-1. We placed a
3D-PVDF-mesh for right groin-hernia and 30x40cm-PVDF-mesh fixed with glue and left a drainage. The patient had a satisfactory evolution and was discharged in 2°POD.

**Conclusions:** The enhanced view totally-extraperitoneal approach (eTEP) is an effective and safe option in cases of ventral hernias associate with groin hernias and rectus abdominis diastasis, as in the case presented. Posterior component separation-techniques (TAR) allow us to achieve a correct and tension-free closure of the abdominal wall and place a wide mesh covering all hernial-defects.