

Hernia 2007 vol.11 N6, pages 501-508

Are mesh anchoring sutures necessary in ventral hernioplasty? Multicenter study

Witkowski P., Abbonante F., Fedorov I., Śledziński Z., Pejčić V., Slavin L., Adamonis W., Jovanovic S., Śmietański M., Slavin D., Trabucco E.

Kazan Federal University, 420008, Kremlevskaya 18, Kazan, Russia

Abstract

Background: Avoiding mesh fixation to the surrounding tissue in ventral hernioplasty would simplify the operation, decrease the time of the procedure, and decrease the risk of suture-related complications. **Methods:** Four hospitals included 111 patients according to the common protocol for prospective clinical evaluation of sutureless ventral hernioplasty. Surgical technique involves placement of the polypropylene mesh with flat-shape memory in either the retromuscular or preperitoneal space without suture anchoring. **Results:** Local complication rate was low (12.6%, 14 patients), postoperative pain measured according to the visual analogue scale was minimal (mean 4, range 1-8). Three recurrences (3%) were recorded. Mild scar discomfort, which did not require treatment nor limit physical activity, was recorded in 28 (25%), 18 (17%), and 11 (14%) patients at 6-month, 1- and 2-year follow-up, respectively. **Conclusions:** Results of the study suggest that the sutureless sublay technique is safe and effective in the treatment of ventral abdominal hernia, especially in small and medium defects. © Springer-Verlag 2007.

<http://dx.doi.org/10.1007/s10029-007-0260-1>

Keywords

Polypropylene mesh, Stoppa-Rive's operation, Sutureless repair, Ventral hernioplasty