

2. Miller PR, Meredith JW, Johnson JC, Chang MC. Vacuum Assisted Closure: A Review of Development & Current Applications. *Eur. J. Vasc. Endovasc. Surg.* 2005; 29: 219-26.
3. Howdshell M.D., et. al. Temporary Abdominal Closure Followed by Definitive Abdominal Wall Reconstruction of Open Abdomen. *Am. J. Surg.* 2004; 188: 301-6.
4. Barker DE, Kaufman HJ, Smith LA, Ciraulo DL, Richart CL, Burns RP. Vacuum pack technique of temporary abdominal closure: a 7-year experience with 112 patients. *J. Trauma.* 2001; 48: 201-6.
5. Rutherford, E.J., et. al. Management of the Patient with an Open Abdomen: Techniques in Temporary and Definitive Closure *Curr. Prob. Surg.* 2004; 41: 821-76.

P25

MASSIVE ABDOMINAL WALL DEFECT: AN EXERCISE IN PATIENCE & PREPARATION

Gleeson J.W., deCosta A., Prinsloo P.W.

Dept. of Surgery, James Cook University, Cairns, Australia

Introduction: Thankfully managing the patient with a large abdominal wall defect is a rare scenario for most surgeons. This type of situation may manifest as a result of trauma, infection or various other insults. We present a case of large abdominal wall tissue loss resulting from necrotising infection as a complication of Caesarean section.

As this case highlights, patience and careful planning are the key ingredients to a successful outcome. Methods used to reconstruct this patient's abdominal wall combined temporary closure strategies, hernia repair methods and simple plastic surgical techniques to achieve a functional and cosmetically satisfactory result.

References

1. DeCosta A. Making a virtue of necessity: managing the open abdomen. *ANZ. J. Surg.* 2006; 76: 356-63.