COMPARITIVE STUDY OF POSTERIOR COMPONENT SEPARATION
TECHNIQUE - TRANSVERSE ABDOMINIS RELEASE IN LARGE VENTRAL
HERNIAS WITH ONLAY MESH REPAIR

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ABSTRACT

AIMS & OBJECTIVES :

To study the effect of transverse abdominis release(TAR) in large(Loss of Domain) hernia defect closure, abdominal wall reconstruction and post operative outcome in large incisional hernias.

INTRODUCTION :

Conventional onlay mesh repair though found to be easier technique , it is associated with more postoperative wound morbidity and high recurrence rate in large ventral hernias. To overcome these complications , we use a technique of transverse abdmonis muscle release which is not widely practised to repair large ventral hernias and compared it with onlay mesh repair technique.

METHODS AND MATERIALS

We have performed TAR in 20 patients from Oct 2016 – Sep 2018 in our GRH, Madurai. The patients presenting with large abdominal wall incisional or ventral hernia (defect >10 cm in width) were diagnosed on the basis of history, clinical examination and investigations such as USG / CT abdomen and pelvis. Patients with BMI >40 and non ventral hernias were excluded from the study.
TECHNIQUE:

A midline laparotomy incision is made, the sac dissected and contents are reduced. The posterior rectus sheath is incised 1cm from the midline on either side and the retrorectus plane is developed. The transversus abdominis is released medial to the linea semilunaris to expose a broad plane that extends from the central tendon of the diaphragm superiorly, to the space of Retzius inferiorly, and laterally to the retro-peritoneum. The posterior rectus sheath is reconstructed in the midline. Mesh is placed in a sublay fashion above the transversalis fascia. The linea alba is reconstructed, creating a functional abdominal wall with wide mesh reinforcement.

DISCUSSION:

All the patients were assessed for duration of surgery, duration of hospital stay, wound morbidities, quality of life and recurrence rate in both the techniques and found to have significant difference favouring TAR related to wound complications(p value < 0.001), quality of life and recurrence rate where as duration of surgery is high in TAR.

CONCLUSION:

A clear knowledge of anterior abdominal wall anatomy is mandatory to perform TAR. Inspite of being a complex surgical technique, TAR proves to be a preferred method for abdominal wall reconstruction in large ventral hernias.