DOUBLE MESH REPAIR (SANDWICH TECHNIQUE) WITH ABDOMINOPLASTY FOR COMPLEX VENTRAL HERNIAS: A NOVEL TECHNIQUE WITH PROMISING RESULTS

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**INTRODUCTION**

Complex ventral midline hernias include hernias with large defect (>10 cm) and multi-orifice and recurrent anterior abdominal wall hernias. Treatment of such hernias remains a surgical challenge due to the high incidence of hernia recurrence and surgical complications.(1,2)

Suture repair of such hernias carries unacceptably high recurrence rates (>50%), so it is currently discouraged. On the other hand, prosthetic mesh repair, currently the standard treatment, carries much less, but still unsatisfactory, recurrence rates (8-27%) and high rates of morbidity, both local and systemic (12-42%). Hence, conservation (through the use of abdominal corset) for such hernias might be alluring.(3,4)

Nevertheless, these hernias do enlarge with time, making their repair more difficult, and many of them cause complications (e.g. intestinal obstruction, abdominal pain and aesthetic problems that usually disturb patients’ quality of life).(5)

Multiple mesh materials (e.g., absorbable and non-absorbable, prosthetic and biologic) and multiple methods of mesh insertion have been tried (e.g., onlay, inlay and sublay mesh repairs) but no single method is satisfactory nor become the standard for treatment.(5,6)

Risk factors for hernia recurrence after surgery include the size of hernia defect, type of mesh material (absorbable versus nonabsorbable), obesity, multiparity, old age, diabetes, and chronic pulmonary disease.(7)

The aim of this study is the prospective evaluation of a novel technique for complex ventral midline hernia repair that involves repair of the hernia defect in between two layers of prosthetic mesh (sandwich technique) with the use of the remaining free edges of the hernia sac as a barrier between the intestine and the inner mesh. The evaluation will consider feasibility of the technique, incidence of hernia recurrence and postoperative complications.