CIRCUMSTANCES CONTRIBUTING TO THE CHOICE OF THE METHOD OF PLASTY OF THE ABDOMINAL WALL OF PATIENTS WITH VENTRAL HERNIAS

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Abstract: *these data obtained in the surgical treatment of postoperative patients with ventral hernias largely depend on a comprehensive solution of such issues as rational preoperative preparation aimed at adapting the patient to increased abdominal pressure, choosing a reliable and adequate method of plasticizing abdominal wall defects and preventing postoperative complications*
Keywords: *obesity, concurrent surgery, complications, recedives, ventral hernia.*

The purpose of the study. Develop a program to quantify relapse risk factors in patients with ventral hernias.

Materials and methods. The work is based on the analysis of the results of hernioplasty in 228 patients with postoperative, recurrent and primary ventral hernias. All operations were performed in the surgical department of the 1st and 2nd SamMI clinic in the period from 2013 to 2021. Patients were divided into two groups: control group (96 - 42.1%) and main group (132 - 57.9%). Patients of the main group were divided into 3 subgroups. Patients of the 1st subgroup with a total score of up to 5 (computer program No. DGU 03724) underwent autoplasty of the abdominal wall with local tissues. This group was composed of patients who, as a rule, had small defects and there were no pronounced changes in the tissues of the anterior abdominal wall, there were no comorbidities. Such patients produced plastic with a duplicate of aponeurosis according to conventional methods. In the 2nd subgroup with the number of points from 6 to 10, taking into account the risk of tissue tension, various constitutional features affecting the postoperative period, we performed combined plastics - the aponeurosis defect was sutured to the edge with additional covering of the suture line with a polypropylene mesh, thereby eliminating the need to apply two-row sutures. This made it possible to avoid an increase in intra-abdominal pressure in the early postoperative period and create optimal conditions for the formation of a strong postoperative scar. In the 3rd subgroup, patients with scores from 11 to 20 had a high risk of tissue tension and increased intra-abdominal pressure, while it would be advisable to use only non-tension sublay, inlay and onlay techniques, however, we believe that these techniques practically do not reduce the risk of recurrence and do not eliminate hernial defect. Obviously, radicalism can be achieved only by eliminating the defect, and not by replacing it with a graft, in connection with which a combination of tension and non-tension methods can be considered the optimal method of plasticizing the abdominal wall. An important factor keeping the surgeon from radical surgery is excessive tissue tension during suturing and a high probability of suturing in the postoperative period. In such cases, we use combined plastics with the mobilization of the vaginas of the straight abdominal muscles according to Ramirez.

The use of an allograft contributes to the strengthening of the suture line and creates optimal conditions for the formation of a full-fledged scar. Therefore, in the 3rd subgroup, we preferred combined plastics. To compare the obtained results, we took 164 patients as a control group, who were operated on for postoperative and recurrent abdominal wall hernias in a planned manner without taking into account a score score. The same techniques were used as in the main groups, while also taking into account the size of herniated protrusion and the duration of herniation, the age of the patients and comorbidities, all other factors except CT and MRI data, histological and spirometric examination.

Results and discussion. The long-term results of surgical treatment of postoperative and recurrent hernias of the anterior abdominal wall have been traced in 196 patients ranging from 1 year to 10 years. Of the 196 patients examined with long-term outcomes studied, 112 were from the main groups in which the score was used and 84 from the control group. Of the 84 patients examined, the control group of plastic using local tissues was 36, plastic using polypropylene mesh - 41 and non-tension alloplasty - 7 patientsOf the 112 patients examined who were treated with plastic with a score score, 19 were plastics using local tissues, 28 combined plastics using polypropylene mesh, 34 non-tension alloplasty and 31 non-tension alloplasty using Ramirez. The recurrence of the disease was revealed by us in 8 patients, which amounted to 4.1% of the total number (209) of patients examined. In the group in which plastic of the anterior abdominal wall was performed without taking into account the score, recurrence of the disease was detected in 7 (8.3%) patients. At the same time, 6 (7.1%) of them were plastic with local fabrics, 1 (1.2%) - combined plastic edge-to-edge with additional strengthening of the seam line with a polypropylene mesh. In the group in which plastic was performed taking into account the score, a relapse of the disease was detected in 1 (0.9%) patient. Relapse occurred in a patient with which plastic was performed by local tissues. In patients who performed plastic using an allograft, no relapses were observed.

Conclusions. Thus, a score assessment of preoperative risk criteria in patients with postoperative ventral hernias allows you to choose the optimal method of plastics taking into account individual characteristics of the body and improve treatment results.

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