diameter more than 12cm) including posterior component separation technique with TAR (transversus abdominis muscle release) and retromuscular synthetic large-pore mesh placement, were identified. Patients were divided into 2 groups: The first group was treated with standard open technique with fixation using interrupted stitches, and the second group was treated with a technique using light hook and no or reduced fixation in the upper and lower pole of the mesh. For postoperative complication evaluation, the Clavien-Dindo classification was used. We have also evaluated an average operation time, length of stay, duration of opioid need. The long-term follow-up was 6 – 48 months.

Results: There was no significant difference in length of stay, the need of analgetic treatment, and hernia recurrence. Shorter operation time, and lower occurrence of surgical-site infections were reported in the second group, but it was not significant.

Conclusions: Open posterior component separation technique with TAR using large-pore mesh and no/minimal fixation seems to be a safe and sufficient method of treatment for complex incisional hernias in obese patients. Alternative methods may reduce early complications and pain and do not increase number of recurrences. A larger group of patients and longer follow-up should be needed to improve these findings.

P013 HOW TO IMPROVE TREATMENT OF COMPLEX INCISIONAL HERNIAS IN OBESE PATIENTS: A SINGLE-CENTRE STUDY, AN EVALUATION OF LESS-OPEN TECHNIQUE AND FREE-FIXATION TECHNIQUE

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Aim: Surgery of a complex incisional hernia in an obese patient is a challenging procedure for hernia surgeons. The aim of a new approach is to reduce complications such as pain and wound events, without increasing the number of recurrences.

Material and Methods: Adults with BMI more than 35 who underwent open, elective operation of a complex incisional hernia (with horizontal