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HOW TO IMPLEMENT THE NEW METHOD? INITIAL EXPERIENCE WITH INTRAOPERATIVE FASCIAL TRACTION IN CZECHIA

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Aim: Midline closure can be difficult or impossible when restoring large abdominal wall defects. There are several possibilities how to close the midline, but most of these techniques are not easy to learn and perform properly. Intraoperative fascial traction (IFT) is a relatively new method that delivers promising results in recent studies. It can avoid inappropriate use of other complex techniques, especially component separation. The aim of this retrospective analysis was to demonstrate the effectiveness and potential pitfalls of implementing this new method, and evaluate complication rate of ITF under the specific conditions of Czechia.

Materials and Methods: This multicentric retrospective review evaluates first 16 cases of complex hernias treated by intraoperative fascial traction in 7 Czech centres.

Results: The average fascial distance measured intraoperatively was 13,3 cm. The mean operation time was 155 min, including 30 min of fascial traction. A mesh in a sublay position was applied in all cases. In all cases, it was possible to achieve midline closure, but in 2 cases, an additional component separation was performed. Postoperative complications occurred in 2 patients (12,5%); both of them needed a NPWT due to an infected subcutaneous serohematoma and subcutaneous dehiscence.

Conclusions: IFT is a new and effective procedure for treatment of complex abdominal wall defects. In a relatively small setting, our own protocol was applied, including patient selection, hands-on workshops and supervision, intensive exchange of experiences. Easy implementation, effectiveness and safety of this method were proved.