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PREHABILITATION FOR EVERY AWR? COMPARISON OF LONG-TERM RESULTS OF SUBLAY/TAR TECHNIQUE

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Aim: Patients with complex abdominal wall defects are recommended to be treated in specialised centres. Prehabilitation of these patients, including physiotherapy, weight loss, diabetes management, smoking cessation, is strongly recommended. However, most of „non-complex“ hernias are often treated by general surgeons without any knowledge of the importance of patient’s prehabilitation. The aim of our study was to compare 2 groups of patients with complex/non-complex hernias, and to determine if patients with non-complex hernias without comorbidities can profit from preoperative optimization, too.

Materials and Methods: 50 patients treated in 1 centre by the same team were included in this retrospective review. 2 subgroups of patients were determined: A; W1–2 hernia, no prehabilitation, sublay-mesh only, and B; W3 hernia, prehabilitation, component separation technique-TAR. Complications were evaluated by Clavien-Dindo classification. A clinical control, standardized ultrasound, and a standardized questionnaire, were made 7–24 months after surgery.

Results: Operation time and length of hospital stay was shorter in subgroup A. There was no difference in recurrence in 2 subgroups, determined by clinical examination and ultrasound. Post-op complication rate (mainly wound complications) was surprisingly higher in the subgroup A. The Quality-of-Life Questionnaire showed greater limitations before treatment but better outcomes and improvement in the subgroup B.

Conclusions: Preoperative optimization has demonstrated patient's benefits and better results in complex incisional hernias. It can reduce complication rate, improve patient's outcome and increase of patient's satisfaction also for W1-2 hernias without comorbidities.