

BATTLING THE BULGE; COMPONENT SEPERATION TO BEAT THE VENTRAL HERNIA

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Aim: Patients with giant exomphalos and upper abdominal central midline defects have a large ventral hernia. There have been a number of methods described to treat the ventral hernia and optimal management is still debated. We have treated 5 patients over the last 5 years with a component separation technique(CST) to re-appose the muscle and repair the ventral hernia

Methods: We carried out a retrospective case note review of our patients who have undergone CST to treat a large ventral hernia. Notes were examined for complications, cosmetic results and success of CST.

Results: 5 patients have undergone CST to treat a large ventral hernia. 4 patients has CST as their definitive surgery. One patient had previously had a non-cross linked Porcine Acellular Dermal Matrix (PADM) patch (Strattice™) which had to be removed due to infection. 3 patients initially had the application of an external silo and one patient had escharotic therapy. The 5th patient had upper abdominal central midline defect but was born outside the UK and had no initial treatment until emigrating at 10months old.

All 5 children have a flat abdomen with no recurrence of the ventral hernia. Two of the patients had neo-umbilicus formed at the time of CST (Figure 1). Follow up ranges from 6-50months. There have been no peri-operative complications, in particular, no recurrence of ventral hernias or adhesional obstruction.

Conclusion: CST is a suitably way to treat a large ventral hernia and reliably produces a flat abdomen without hernia recurrence. We have had no peri-operative complications.

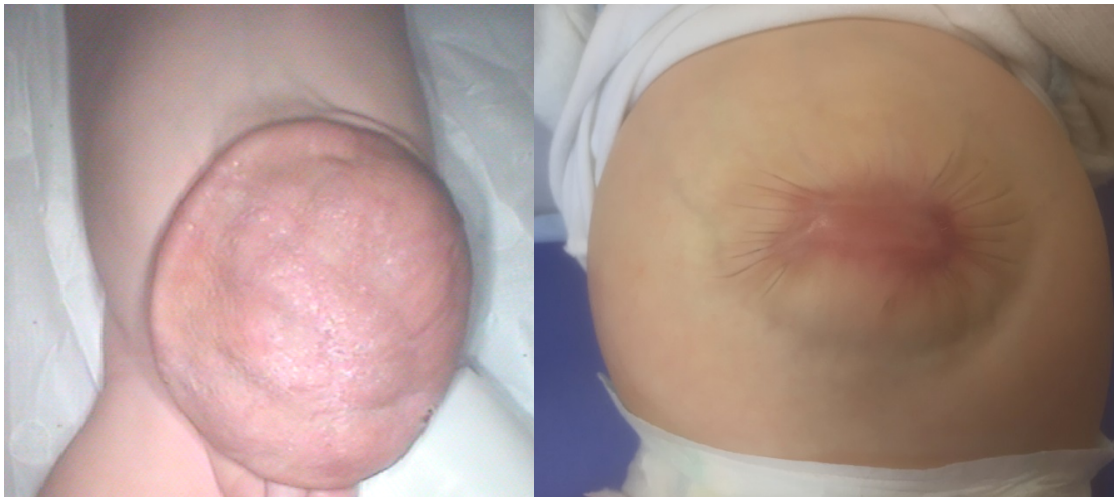


Figure1: Images of a child with a giant exomphalos pre and post component separation and formation of a neo-umbilicus