LARGE MID-LINE INCISIONAL HERNIA: METHODS OF REPAIR

Thusis

submitted for partial fulfillment of M.S degree in general surgery

Ву

FATHY ELSAID Shoeih

M.B.B.Ch. Tanta University

xu719

617.559 F.\$6

Under Supervision of

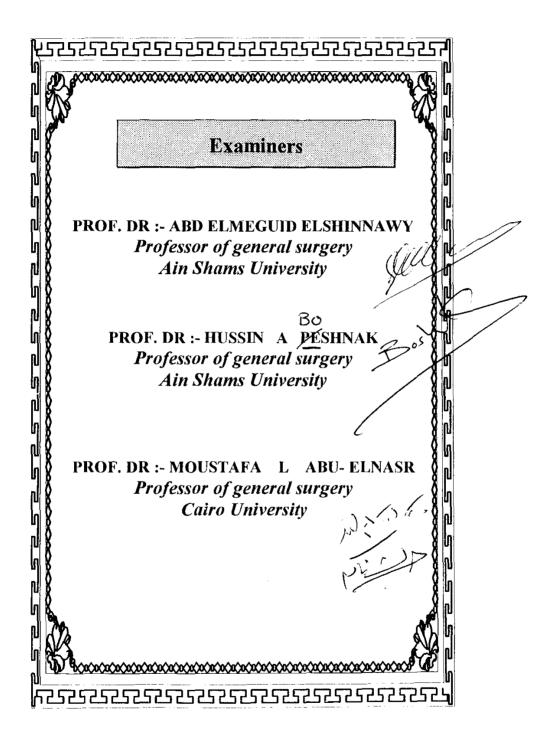
PROF. DR: - ABD ELMEGUID ELSHINNAWY

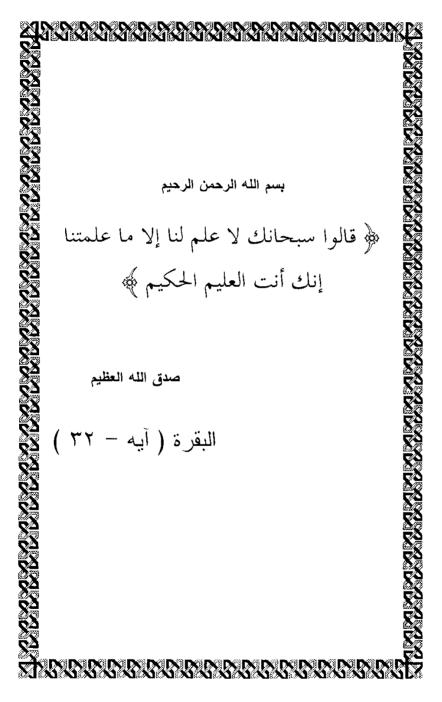
Professor of general surgery Ain Shams University

DR:- REDA SAAD MOHAMED Lecturer of general surgery Ain Shams University

> Faculty of Medicine Ain Shams University 1997







Acknowledgement

I would like to express my sincere gratitude to prof.

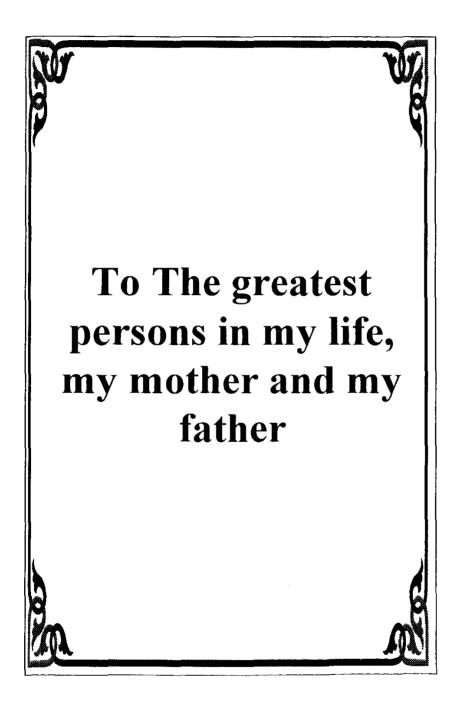
Dr. ABD ELMEGUID ELSHINNAWY for his help, intense constant follow up, his fatherly dealing and his precious instructions during the preparation of this work.

I am greatly indebted to Dr - REDA . S . MOHAMED for his help and considerations . He gave time and effort for this work to be completed. His remarks and comments were vital during the preparation of this work .

Great thanks to all the staff members and collegues in the department 6 of general surgery Ain Shams University.

Great thanks to Dr. Mohamed . A . Soliman consultant of surgery in Damanhour teaching hospital and all the staff of the hospital and great thanks to my friend Dr . ABD ElRahman Elbakry for his effort in the direction of this work .

Fathy Elsaid



Contents

	Page
Anatomy of the antertior abdominal wall	(1-10)
Actiology of incisional hernia	(11-20)
Surgical repair of incisional hernia	(21-43)
Patients and methods	(44-60)
Results	(61-74)
Discussion	(75-89)
Conclusion	(90-93)
Summary	(94)
References	(95-100)

Figures

1	Page
Fig (1) Shoelace technique	(28)
Fig (2) Dasilva technique	(30)
Fig (3) Underlay mesh technique	(39)
Fig (4) Modified shoelace technique	(48)
Fig (5) Common causes of incisional hernia	(78)
Fig (6) Incidence of recurrent incisional hernia	(79)

Tables

	Page
Table(1) Data of the 1st group patients (onlay mesh)	(59)
Table(2) Data of the 2 nd group patients (modified shoelace)	(60)
Table(3) Age and sex distribution in the 1st group	(61)
Table(4) Age and sex distribution in the 2 nd group	(62)
Table(5) Common causesof incisional hernia in 1st group	(62)
Table(6) Common causesof incisional hernia in 2 nd group	(63)
Table(7) Clinical measurement of the size of the defects	
in the 1st group	(64)
Table(8) Operative measurement of the size of the defects	
in the 1st group	(64)
Table(9) Clinical measurement of the size of the defects	
in the 2 nd group	(64)
Table(10) Operative measurement of the size of the defects	
in the 2 nd group	(65)
Table(11) Reducibility in cases of incisional hernia	(65)
Table(12) Reducibility and liability to complications	(68)
Table(13) Relation between condition of the recti muscles and	
sex in the 1 st group patients	(69)
Table(14) Relation between condition of the recti muscles and	
sex in the 2 nd group patients	(69)

Table(15) Operative complications during repair of incisional	
hernia (70)
Table(16) Relation between operative time and technique	
of repair(70)
Table(17) Seroma as a complication of incisional hernia repair (71	()
Table(18) Respiratory embarrassment as a complication of	
incisional hernia repair(72)
Table(19) Recurrence as a complication of incisional	
hernia repair(72)
Table (20) Condition of the recti muscles in relation to sex (82)
ઌ૽ૺઌ૽ૺઌ૽ૺઌ૽ૺઌ૽ૺઌ૽ૺઌ૽ૺઌ૽ૺઌ૽ૺઌ૽ૺઌ૽ઌ૽ઌ૽ઌ૽ઌ	
Abbreviations	
ASIS ———————————————————————————————————	
C-S ————————————————————————————————————	
CVP> Central Venous Pressure	
DM> Diabetes Mellitus	
DU> Doudenal Ulcer	
ECG> Electro Cardio Gram	
Hb> Haemoglobin	
IV> Intra Venous	
L-N> Lymph Node	
PCWP> Pulmonary Capillary Wedge Pressure	
PTFE> Poly Tetra Fluro Ethylene	
O> Female	