

# Photos from 1st World Conference on Abdominal Wall Hernia Surgery

Fotografie z 1. světové konference chirurgie břišní stěny v Miláně

25.4. - 29.4. 2015

# Zahájení konference s prezidenty světových herniologických společností



# Konferenci zahájil úvodním slovem a přivítáním všech účastníků prof. Giampiero Campanelli



Za hudby milánských trubadúrů a zvuků italských písní byl kongres prohlášen za zahájený



Za Českou republiku se účastnilo konference 12 lékařů z celé České republiky, někteří z nich na fotografii zde.



# Aktivní účastí na konferenci přispěli za Českou republiku MUDr. L. Kohoutek, MUDr. J. Musil jako spoluautoři



## The initial experience of the ONSTEP in the Czech Republic

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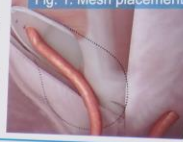
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### Summary:

The ONSTEP (New Specified Totally Extraperitoneal) inguinal hernia repair technique is a more recent procedure presented by Portuguese surgeon Augusto Coimbra and Rui Soares da Costa at the 9th EHS/ASIS congress in 2012. It represents a less invasive laparoscopic approach to inguinal hernia repair using a special self-expanding mesh patch with the circumferential memory ring.

The patch's medial part is placed in the retroperitoneal space whereas the lateral part between the internal oblique muscle and the external oblique muscle aponeurosis. Previously published clinical studies highlight especially its simplicity, short duration of surgery, the recurrence rate, its complexity, short duration of surgery, the recurrence rate and total complication rate of the method in the above-mentioned institutions (1, 2, 3). We would like to demonstrate our experience in the Czech Republic dealing with general surgery.

### Fig. 1: Mesh placement



### Tab. 1: Patient characteristics

Patient characteristics	Value (%)
Total number of patients	97
Age range	37 - 82 years of age
Mean age (SD)	54.2 (9.7)
Abdominal hernia	38 (39.6%)
Femoral hernia	59 (60.4%)
Recurrent hernia	0 (0%)

### Methods:

A number of 97 adult patients (≥ 18 years of age, age range 37 - 82 years of age) who underwent the ONSTEP hernia repair and complications. All patients selected for the ONSTEP hernia repair had a primary hernia (all medial hernia - 39%, 39 lateral hernia - 61%).

There was no case of femoral hernia repair performed with the same self-expanding mesh patch used by the invention of the technique. In our observation we did not differentiate between males and females. All 1 year follow-up interviews with patients and a first-visit examination was done.



### Outcome:

97 adult patients underwent the ONSTEP hernia repair. Mean age was 54.2 years. The duration of surgery ranged from 18 - 38 minutes with the mean value of 23.0 minutes; the length of hospital stay was 24 - 48 hours.

There were three cases of early complications observed. Two patients experienced a hematoma/seroma, on one occasion a wound dehiscence was observed. Among late complications, within 3 months two cases of the memory ring-associated residual pain and one case of hernia recurrence were reported. No case of chronic post-operative pain over a 1 year was observed.

### Tab. 2: Surgical data

Characteristic	Value
Duration of surgery	18 - 38 min
Mean duration of surgery (SD)	23.0 min (4.3)
Duration of hospital stay	24 - 48 hours



### Tab. 3: Complications

Complication	Number of patients (%)
Hematoma/seroma	3 (3.1%)
Wound dehiscence	1 (1.0%)
Residual pain	2 (2.0%)
Hernia recurrence	1 (1.0%)
Chronic post-operative pain	0 (0%)

### Complication management:

Two hematoma/seroma affected patients were treated by a fluid evacuation through a small incision, both of them with a good effect and no subsequent complications.

We had a case of an infected wound as well. The patient had been discharged within the first 24 hours after the ONSTEP. It was later the first experienced infection and the subsequent antibiotic therapy as well as the abscess drainage. A month after primary surgery a recurring infection subsequently necessitated the complete removal of the patch; no recurrence of hernia recurrence later occurred.

Two patients had suffered residual pain associated with the memory ring. The lateral part of the ring was associated with a local anaesthesia, with a good effect in both of them.

The patient who had experienced hernia recurrence, underwent a conventional open mesh afterwards. The surgery was difficult to perform due to firm adhesion of the patch to the surrounding tissue and an inflexible local anatomy.

### Conclusion:

In our study, the ONSTEP hernia repair technique showed a low rate of chronic post-operative pain over a 1 year was observed. The overall recurrence rate was 1.0%. Our initial experience of 97 patients, on two institutions that we have been able to establish a general hernia repair technique. Our initial experience of 97 patients, on two institutions that we have been able to establish a general hernia repair technique. Our initial experience of 97 patients, on two institutions that we have been able to establish a general hernia repair technique.

### Bibliography:

1. Coimbra A, Soares da Costa R. ONSTEP: a new self-expanding mesh patch for inguinal hernia repair. Surg Endosc. 2012;26(12):3500-3503.

Za ČHS se konference se zúčastnili MUDr. P. Bystřický (na 1. snímku vlevo), MUDr. L. Kohoutek (na 1. snímku vpravo) a MUDr. T. Bureš (na 2. snímku vpravo), který byl nově zvolen jako člen poradního výboru Evropské herniologické společnosti



Přátelské fotbalové utkání evropských chirurgů (v dresech AC Milan) proti ostatním kontinentům světa (v dresech InterMilan) na stadionu San Siro, klubového stadionu AC Milan.

