Evaluation of Tension Measurements During Retromuscular Incisional Hernia Repair

Rajavi S. Parikh, DO PGY IV New Hanover Regional Medical Center PI: William Hope, MD



Tension





Disclosures

- I have no potential or actual conflicts of interest to disclose
- · Dr. Hope's Disclosures:
 - CR Bard/Davol: consulting, speaking, research
 - WL Gore: speaking, research
 - Intuitive: speaking



Halsted's Principles

- · Gentle handling of tissue
- · Meticulous hemostasis
- · Preservation of blood supply
- · Strict aseptic technique
- Accurate tissue apposition
- · Obliteration of deadspace
- Minimum tension on tissues





Incisional Hernia Repair: Tensiometry for the Selection of the Appropriate Procedure

Bertram Reingruber, Sigrid Kastl, Christian Stremmel and Peter D. Klein

From the University Department of Surgery, Erlangen, at the Friedrich-Alexander-University, Erlangen-Nürnberg, Germany

Used tension measurements to determine which type

of repair to perform





Question: If and what tension benefit does a retromuscular repair provide?

Methods





- Prospective trial
 - Patients undergoing open ventral hernia repair
 - -Data collected over the past 5 years
 - -Procedure performed
 - -Data analysis performed















New Hanover Regional Medical Center

Statistical Analysis

- Measurements pre retrorectus dissection and post dissection were compared
- Paired sample t-test
- Sign ranked t-test
- p-value: <0.05 considered significant



Results

- · 45 patients
 - Average age of 58 (29-81)
 - Caucasian: 78%
 - Female 51%
 - Average BMI: 35 (20-62)
 - Recurrent hernias: 38%
- Defect size average of 121.9 cm²
- Mesh size 607.8 cm²
- Decrease in tension from 5.6 vs 3.1 lbs (p<0.0001)



Results

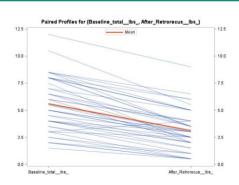
- 45 patients
 - Average age of 58 (29-81)
 - Caucasian: 78%
 - Female 51%
 - Average BMI: 35 (20-62)
 - Recurrent hernias: 38%
- Defect size average of 121.9 cm²
- Mesh size 607.8 cm²
- Decrease in tension from 5.6 vs 3.1 lbs (p<0.0001)



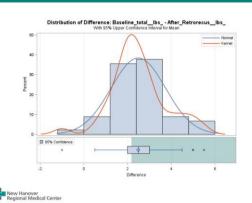
Paired sample t-test example The UNIVARIATE Procedure Variable: diff

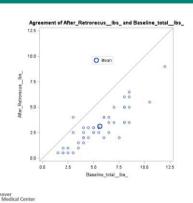
Moments			
N	45	Sum Weights	45
Mean	2.48888889	Sum Observations	112
Std Deviation	1.24539556	Variance	1.5510101
Skewness	0.22963887	Kurtosis	1.02171047
Uncorrected SS	347	Corrected SS	68.244444
Coeff Variation	50.0382145	Std Error Mean	0.18565261





New Hanover Regional Medical Center





Future Directions

- How do these patients do long term at different tension levels?
- What tension changes do we see with other types of repairs?
- What tension is considered physiologic?





In Closing

- Tension is significantly reduced by release of the posterior rectus sheath
- Further studies should be performed to show what level of benefit is achieved at what level of tension



