

Application of Improved Methods for the Treatment of Ventral Hernias

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Annotation. The treatment of hernias of the anterior abdominal wall occupies a special place in surgical practice, due to their wide distribution and the occurrence of undesirable consequences in the postoperative period. The study of the causes of these consequences showed that in modern hernia surgery, synthetic biomaterials are widely used, which are aimed at preventing complications and relapses. The method of operation carried out by us by combined hernioplasty allowed us to improve the results of surgical treatment and improve the quality of life of patients.

Keywords: endoprosthesis for hernioplasty, *ventral hernia, herniotomy, hernioplasty.*

Relevance. In world science, one of the controversial problems in abdominal hernia surgery is hernia orifice plasty using synthetic endoprosthesis, after which, according to the literature, the number of postoperative relapses ranges from 7 to 22% (2.3, 7.9). In addition to relapses, a number of immediate and long-term postoperative complications are also observed, averaging approximately 12-15% of all operated patients, which makes us think about an individual approach to each patient with hernias of the anterior abdominal wall (1,4,5, 6,8).

The purpose of the study: to improve the results of surgical treatment of hernias of the anterior abdominal wall by studying the postoperative causes of complications and relapses , as well as the introduction of an improved surgical method .

Material and research methods. The reasons for the development of complications and relapses were studied using a retrospective study of the results of treatment in 112 patients. All of them were hospitalized in the surgical clinic from 2018 to 2021 . For the purpose of alloplasty of the hernia orifices, mainly mesh endoprosthesis "Esfil" of the standard type were used in 97 patients, mild - in 12 and severe - in 3. The sizes of the hernia orifices according to the international classification of small diameter were observed in 81.2%), medium - in 14, 8%, large - 4%. Anatomical localization of hernias, corresponding to the white line of the abdomen, was noted in 78% of cases, inguinal region - 14%, paraumbilical - 8%. In 89.6% of patients, relapses were observed within 1.5±1.3 to 4±2.1 years. Complications in the form of suppuration of postoperative wounds were detected in 12.9%, ligature abscesses and fistulas - in 17.4% of cases. In 29 patients, we used a combined method of hernial defect plasty using a hernial sac and the use of a mesh endoprosthesis of the lung and the standard type "Esfil".

Research results. According to the studies conducted in patients of the retrospective group, complications were observed in 14.5% of cases, relapses - in 9.3%.

In the group of patients in whom we carried out our technique, a significant decrease in the number of hernia recurrences was observed, accounting for 2.4% of the total number of patients observed. Complications in the form of the presence of serous fluid under the subcutaneous fat and tissue infiltration were noted in 1.4% of cases.

The average number of bed-days in our patients was about 9±1.3, in the study group an average of 12±2.7.

Conclusions. To repair defects in ventral hernias in order to prevent complications, it is recommended to use a method with a submuscular location of the biomaterial, in which it is possible to achieve the maximum reduction in the risk of recurrence. In addition, to improve the quality of surgical treatment, it is advisable to use bioprosthesis of standard and light types.

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