Fibrin sealant to assist in umbilical reduction following laparoscopic umbilical hernia repair.

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Abstract:

Objective: Laparoscopic repair of an umbilical hernia provides a quality repair with demonstrated benefits. Patients on occasion are dissatisfied however with the immediate post operative results as the umbilicus is still protruding as a result of a seroma or skin laxity. This is not a problem for an open repair as one has the ability to suture the umbilical stalk to the fascia or underlying mesh. This is not feasible using laparoscopy. We propose an undescribed method of securing the umbilical skin to the fascia or underlying tissue with use of a fibrin sealant. Description of Methods: In three patients who have undergone standard laparoscopic umbilical hernia repairs we have reduced the umbilical stalk to the underlying fascia or mesh with help of a fibrin sealant. After placement to the mesh and removal of the ports an 11 blade is used to make a small opening in the flaccid umbilical skin. Through the opening four milliliters of a fibrin sealant are injected using a needle tip into the subcutaneous tissue surrounding the umbilicus. The umbilicus is then reduced and packed with gauze. A sterile, nonpermeable dressing is applied. A small needle is then injected into the umbilicus and the air aspirated creating a firm pressure dressing at the umbilicus. This dressing is left in place until the first post operative visit. Preliminary Results: The three patients we have applied this technique to have been pleased with the cosmetic results and none have developed post operative seromas. Conclusions/Expectations: Although the number of patients is small we have seen impressive cosmetic results in the immediate post operative period. We expect that the further use of the technique will continue to show good cosmetic outcomes. In addition, given the

obliteration of a potential space with the reduction of the umbilicus we anticipate that patients will

| have fewer and smaller seromas in the post operative period. |
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