Incisional Hernia

- Incisional hernias are very uncommon outside the abdomen.
- Up to 10% of midline laparotomy wounds suffer herniation to some degree.
- The peak time of presentation is up to 5y after surgery.
- The hernia occurs through the tissues in which the incision is made.
- Typically, the sac is made up of peritoneum, eventrated scar tissue, and subcutaneous scar tissue.

Predisposing factors

Patient Factors	Wound Factors	Surgical Factors
Obesity	Poor quality tissues	Inappropriate suture material
General poor healing due to malnutrition	Wound infection	Incorrect suture placement).
Immunosuppression or steroid therapy		
Chronic cough		
Cancer		

Clinical features

- commonly appear as a localized swelling involving a small portion of the scar but may present as a diffuse bulging of the whole length of the incision.
- There may be several discrete hernias along the length of the incision and unsuspected defects are often found at surgery.
- tend to increase steadily in size with time.
- The skin overlying large hernias may become thin and atrophic so that peristalsis may be seen in the underlying intestine.
- Vascular damage to skin may lead to dermatitis.

- Attacks of partial intestinal obstruction are common because there are usually coexisting internal adhesions.
- Strangulation is less frequent and most likely to occur when the fibrous defect is small and the sac is large.
- Most incisional hernias are broad-necked and carry a low risk of strangulation.

Management

- Can be surgical or non surgical.

1. Surgical

- Small defects (<4cm). Simple sutured repair.
- Medium and large defects (>4cm). A mesh is placed between the posterior rectus sheath and the rectus muscle fibres. If below the umbilicus, the mesh is placed in the pre-peritoneal space.

- Laparoscopic repair is increasingly being used. The use of an ‘underlay’ intraperitoneal mesh enhances the repair, but also creates the potential for bowel adhesions or fistula formation. Polytetrafluoroethylene (PTEF) mesh is recommended to reduce adhesive complications.

2. Non surgical

- Unfit patients or patients unwilling to have surgery. A custom-made support corset is often useful.