

Minimally Invasive and Novel Therapeutics (M.I.N.T.) in Foregut Disease
September 29th -October 1st 2022

Hybrid eTEP and Open Reverse-TAR Approach for the
Management of Large Lumbar Hernias with Associated
Synchronous Midline Defects

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Disclosures

- **GORE:**
 - ✓ Workshops
 - ✓ Proctorships
- **Medtronic:**
 - ✓ Invited speaker
- **Dipromed:**
 - ✓ Invited speaker
 - ✓ Proctorships
- **Braun:**
 - ✓ Invited speaker



Introduction



Introduction

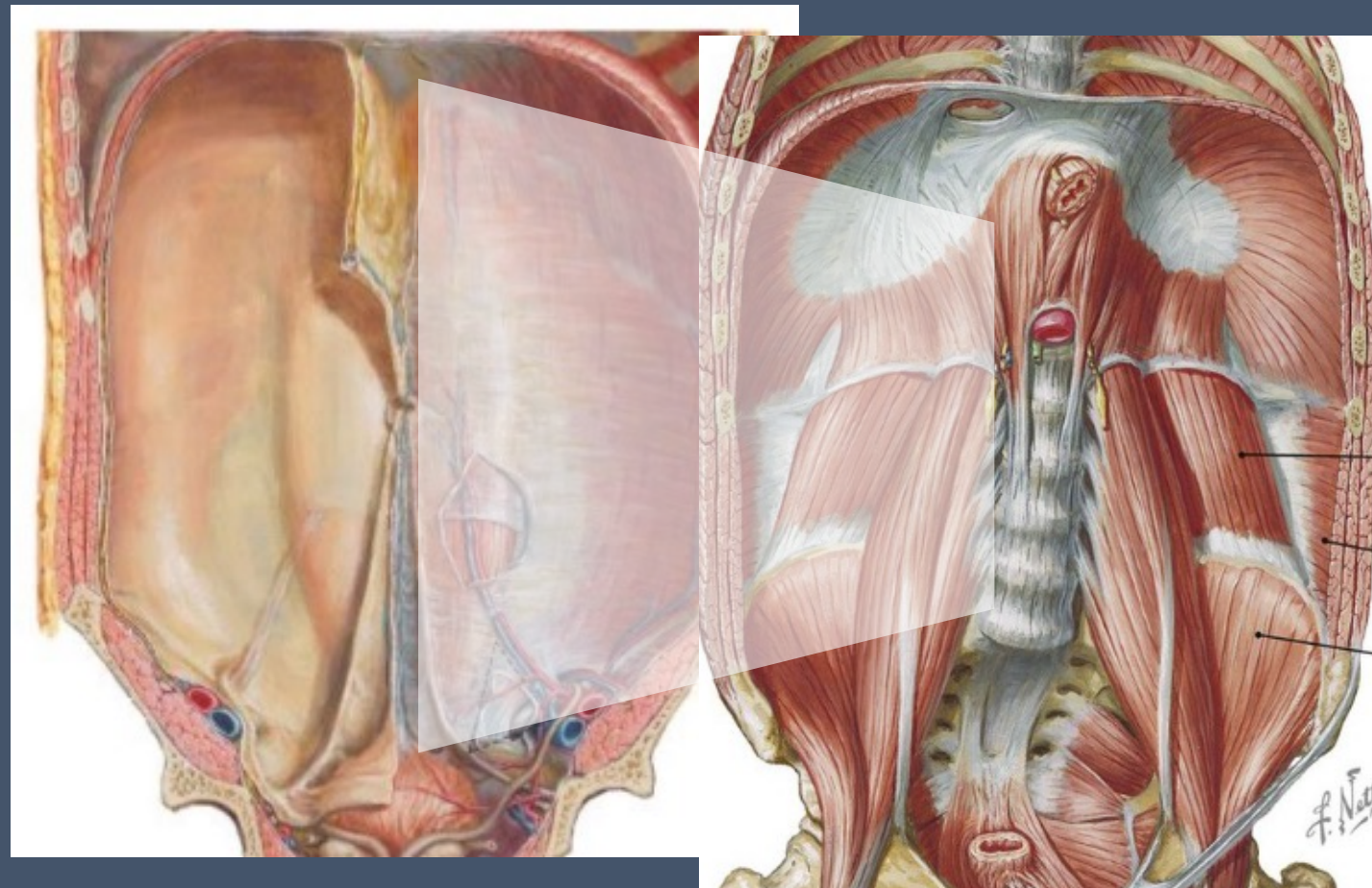
➤ **Peculiarities of lumbar hernias**

- ✓ Three muscular layers with 3 defects... not always aligned



Introduction

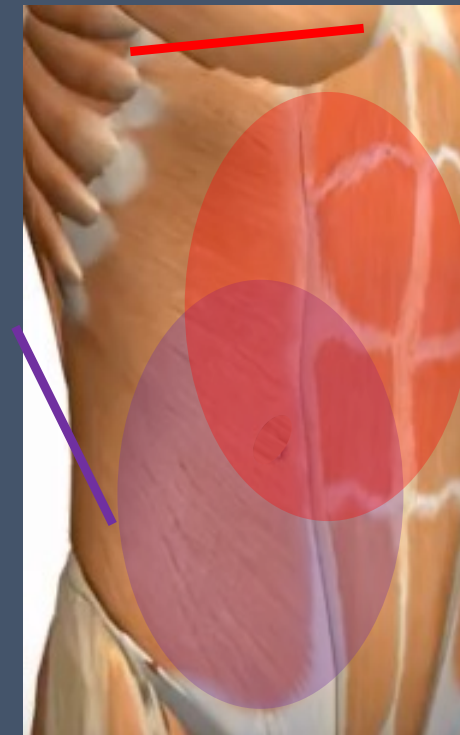
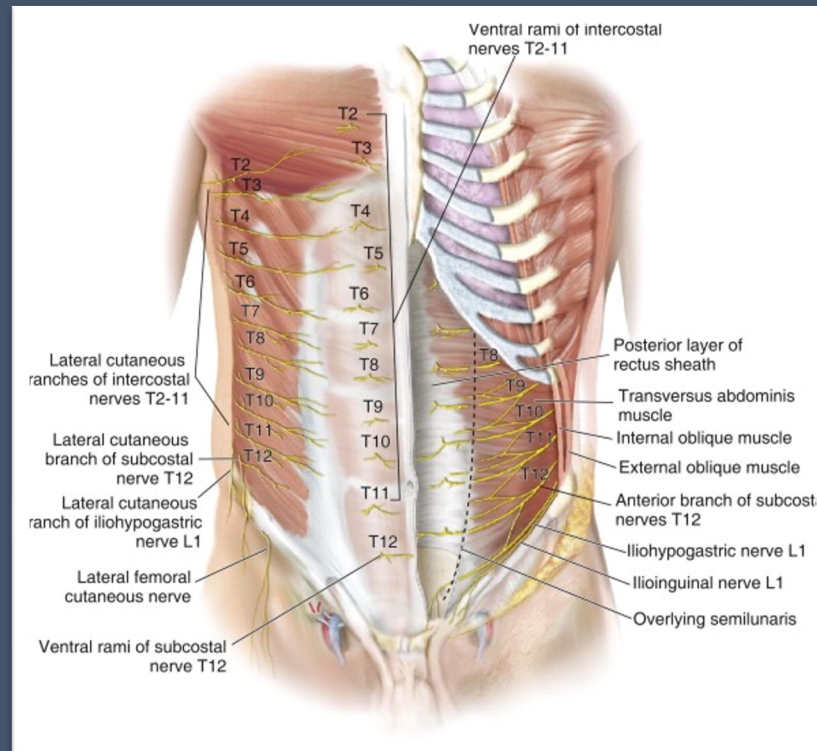
- **Peculiarities of lumbar hernias**
 - ✓ Convexity of the lateral AW. Working in half of a cylinder



Introduction

➤ Peculiarities of lumbar hernias

- ✓ Inervation of the abdominal wall



Introduction

- Dealing with laterals... Who's the enemy?



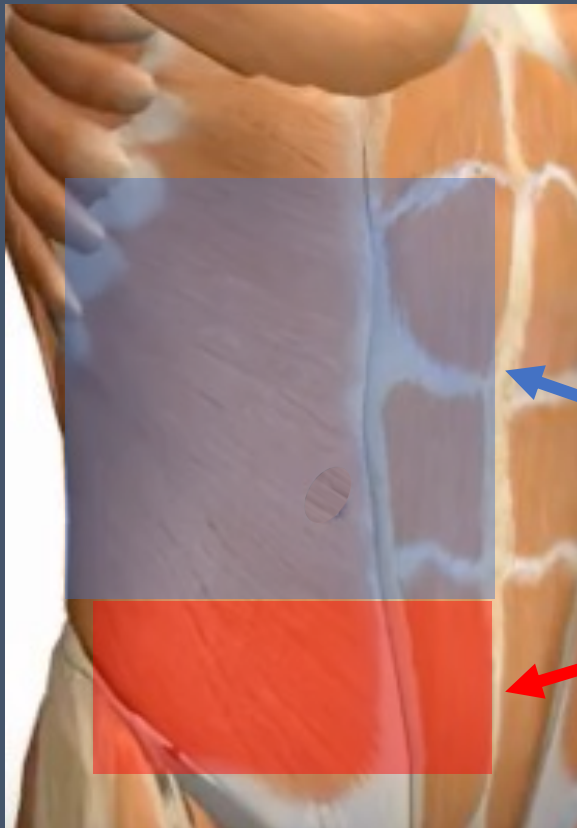
Treatment Algorithm

- Depending on the size of the defect and the associated denervation:

Defect > 8 cm
Denervation



Open



Defect < 8 cm
No Denervation

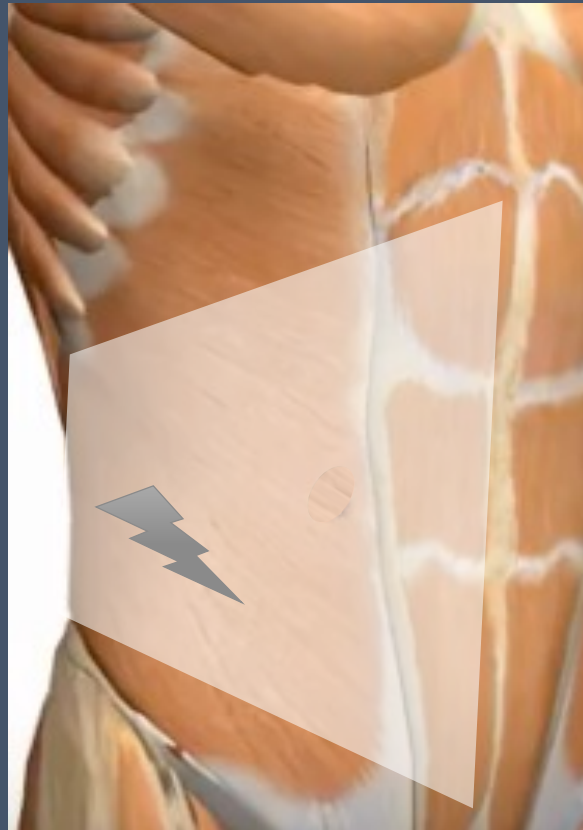


MIS

- eTEP
- TAPP

Objective in Large IH

- Full reinforcement of the lateral abdominal Wall:



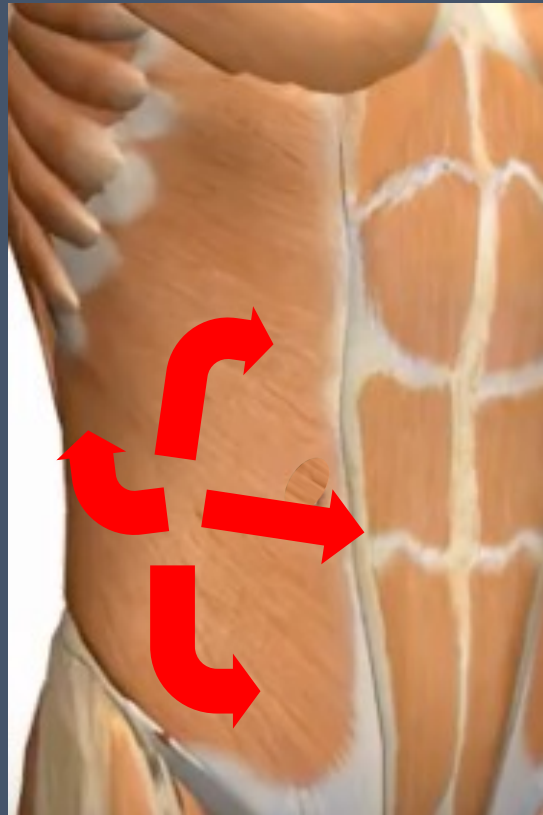
Giant Prosthetic reinforcement of the visceral sac...



Treatment of large LH

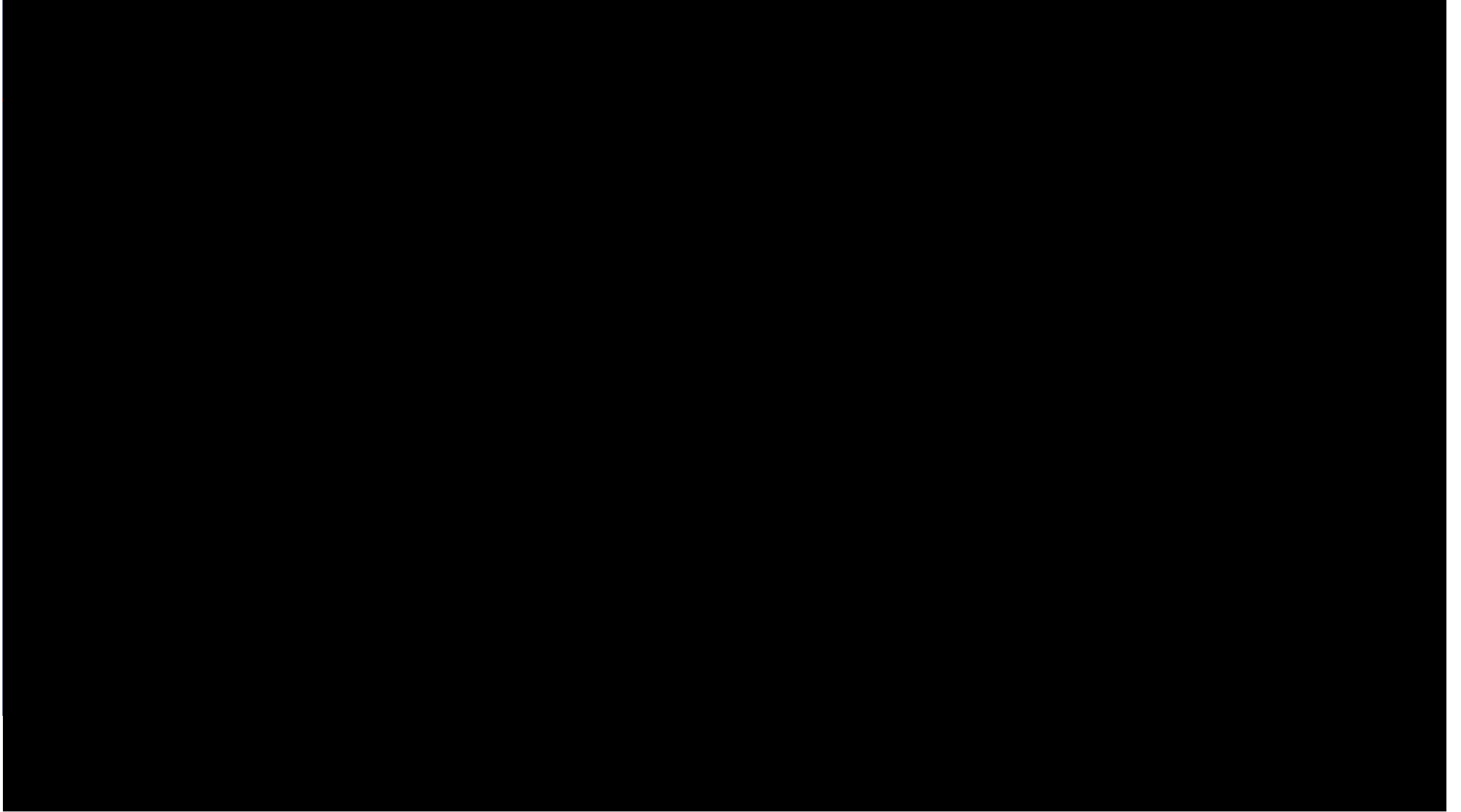
➤ Dissection steps:

- ✓ Centrifugal dissection towards the 4 cardinal points



□ Steps:

1. Cranial (overpassing the costal border and pulling down the diaphragmatic fascia)
2. Caudal (Overpassing both the inguinal ligament and the Cooper's ligament)
3. Posterolateral (Thoracolumbar fascia and cuadratum lumborum)
4. Medial (reaching the línea alba)



Treatment of large LH

➤ Results:

Surgical Endoscopy

<https://doi.org/10.1007/s00464-022-09375-8>



Reverse TAR may be added when necessary in open preperitoneal repair of lateral incisional hernias: a retrospective multicentric cohort study

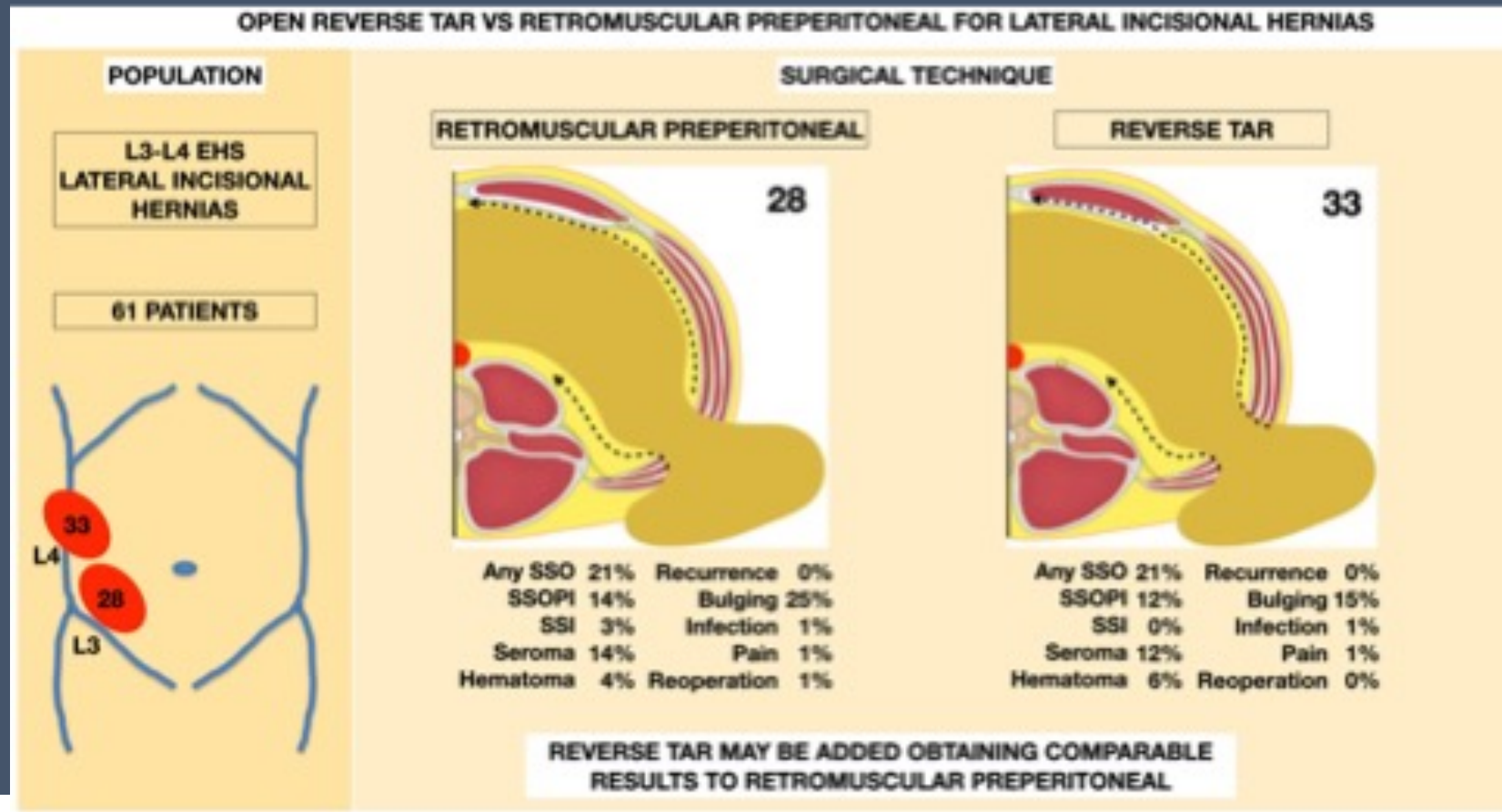
Joaquin M. Munoz-Rodriguez^{1,2} · Javier Lopez-Monclus^{1,2} · Marina Perez-Flecha^{3,4} ·
Alvaro Robin-Valle de Lersundi^{3,4} · Luis A. Blazquez-Hernando⁵ · Ana Royuela-Vicente^{1,2} ·
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Received: 23 March 2022 / Accepted: 28 May 2022



Treatment of large LH

➤ Results:



Treatment of M+L IH



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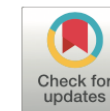
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| 1998-2003 | 2004-2009 |
| 2010-2015 | 2016-2021 |

Outcomes of abdominal wall reconstruction in patients with the combination of complex midline and lateral incisional hernias

Joaquin Manuel Munoz-Rodriguez, MD^{a,*}, Javier Lopez-Monclus, FACS, PhD, MD^b, Carlos San Miguel Mendez, PhD, MD^a, Marina Perez-Flecha Gonzalez, MD^a, Alvaro Robin-Valle de Lersundi, PhD, MD^a, Luis Alberto Blázquez Hernando, MD^c, Diego Cuccurullo, PhD, MD^d, Esteban Garcia-Hernandez, MD^c, Victor Sanchez-Turrión, FACS, PhD, MD^b, Miguel Angel Garcia-Urena, FACS, PhD, M

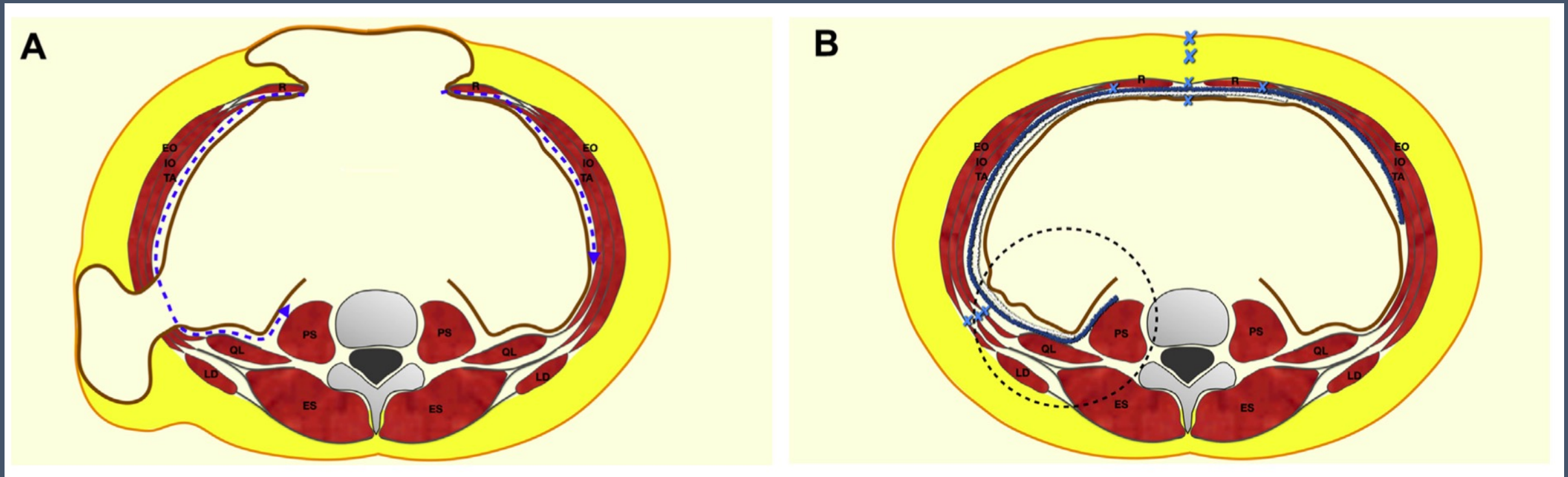


58 patients
3% recurrence
38% SSO



Treatment of M+L IH

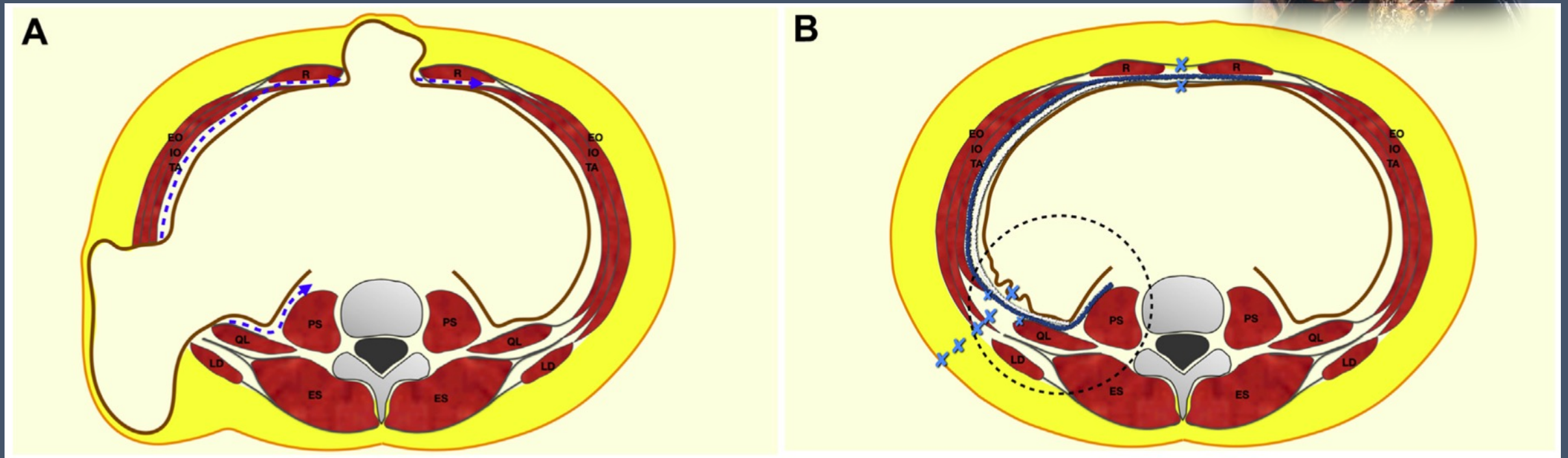
- **Large medial + smaller lateral:**
 - ✓ Madrid PCS from the midline incision



Treatment of M+L IH

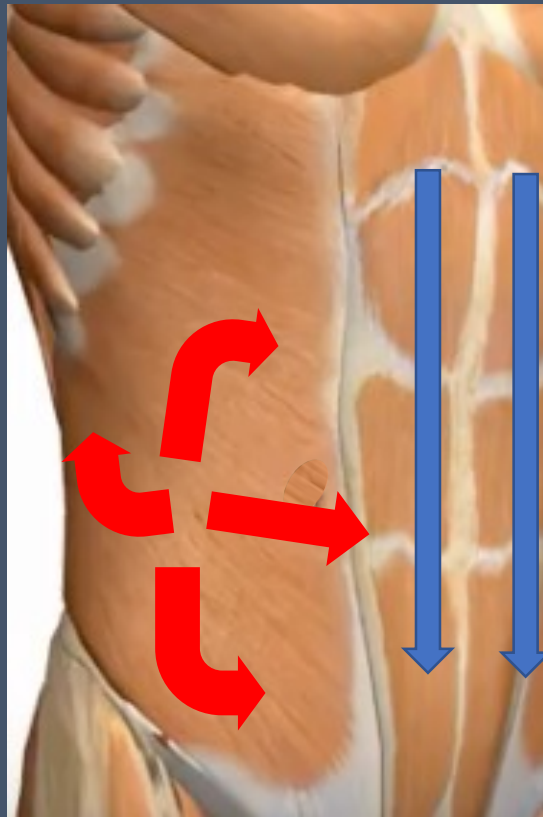
➤ **Large lumbar + smaller medial:**

- ✓ Reverse TAR + reverse Rives



Hybrid approach

➤ Dissection steps:



□ Steps:

1. Midline eTEP dissection
2. Open centrifugal dissection of the lateral hernia towards the 4 cardinal points
3. Full abdominal wall reinforcement from the quadratus lumborum to the contralateral *linea semilunaris*



Conclusions

1. Large lumbar hernias require a full reinforcement of the denervated abdominal wall
2. Associated midline defects should be treated simultaneously
3. Advantages of initial eTEP midline dissection :
 - ✓ Rives dissection
 - ✓ Surgeons ergonomy
 - ✓ Reverse TAR incision
 - ✓ Mesh extension to the contralateral *linea semilunaris*





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