

STANDARD TREATMENT WORKFLOW (STW)

Incisional /Ventral Hernia

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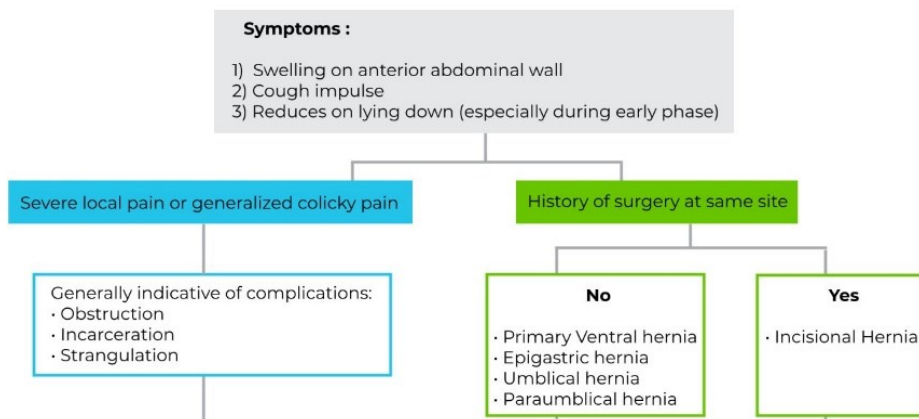
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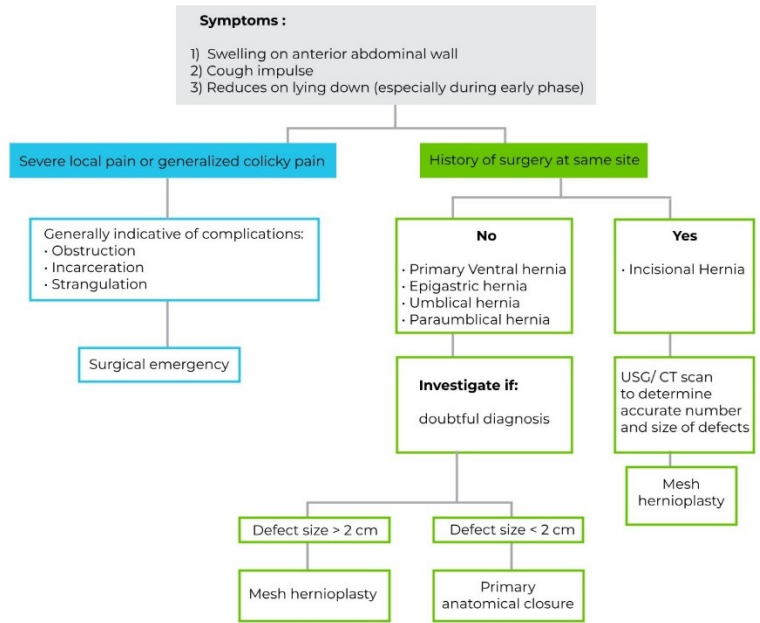
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Standard Treatment Workflow (STW) INCISIONAL/ VENTRAL HERNIA ICD-10-K43.9



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INCISIONAL/ VENTRAL HERNIA
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	RED FLAG SIGNS NEEDING REFERRAL TO HIGHER CENTRE	POST OP COMPLICATIONS
1)	Large hernias (>8-10cm), requiring component separation	Seroma
2)	Parastomal hernias	Infection, including mesh infection
3)	Comorbidities	Skin necrosis
4)	Loss of domain	Recurrence
5)	Non availability of mesh, for hernias >2cm in size - to be checked	

Mesh placement: sublay manner preferred. Drains recommended

CLINICAL EVALUATION

1. Swelling on anterior abdominal wall
2. Cough impulse +
3. Reduces on lying down
4. Severe local pain or generalized colicky pain or fever: generally sign of complications
 - Colicky abdominal pain and irreducible hernia: intestinal obstruction. Immediate surgery for relief of obstruction. Hernia repair may or may not be done at same time
 - Local redness and severe pain with fever: strangulation. Immediate surgery is needed, and the hernia repair should be deferred for a later date
5. Rule out other diseases or complications on history, particularly related to respiratory system (as raised intra-abdominal pressure can worsen the respiratory condition)
6. Features of swelling: Reducibility of hernia, size and number of defects

MANAGEMENT

- In general, ventral hernias should be repaired, as untreated hernias are at risk of life threatening complications.
- Exceptions: untreated ascites especially with portal hypertension, severe comorbidities precluding safe surgery, large hernias where repair may cause more morbidity such as bowel injury.
- Small midline primary hernias less than 2cm diameter may be closed primarily (anatomical repair). Larger hernias and all incisional hernias should undergo mesh reinforcement

CHOICE OF REPAIR	
DEFECT SIZE	PROCEDURE
< 2cm	Anatomical repair, IPOM (Open Intra-peritoneal onlay mesh)
2-4 cm	IPOM, open sublay repair, onlay repair
4-8 cm	IPOM plus, open sublay repair, pnylay repair
More than 8 cm	Component separation will be required. Can be anterior component separation or posterior component separation, depending on available expertise. Botox can be used as an adjunct in case of loss of domain
Subxiphoid hernias	Mesh overlap will extend below diaphragm in case of IPOM or extraperitoneal repairs
Suprapubic hernias	Mesh should extend behind pubic bones in case of extraperitoneal repair. IPOM should be done after dividing peritoneum so that lower end of mesh is in retro-pubic space
Parastomal hernia	If stoma can be closed, then perform delayed repair, In case of permanent stoma, a 'Sugarbaker' technique is generally advisable

- Refer to higher centre
 - if defect size > 6 cms as it might need component separation
 - uncommon site, eg subxiphoid, suprapubic, large lateral hernias
 - loss of domain
- Laparoscopic hernia repair suitable for
 - defect size <6 cms
 - absence of skin complications

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: stw.icmr.org.in for more information. ©Department of Health Research, Ministry of Health & Family Welfare, Government of India.