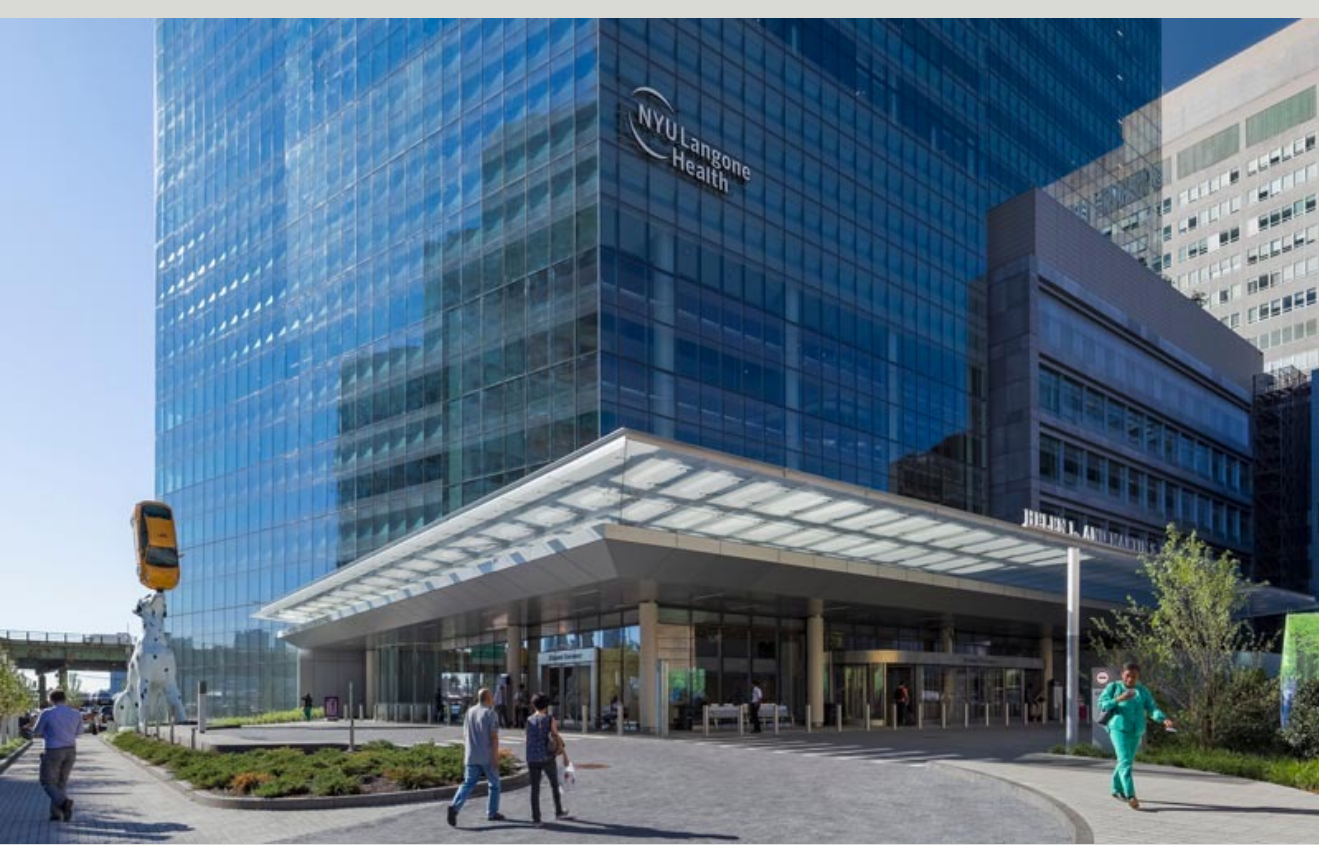




Abdominal Wall Reconstruction in Patients with Inflammatory Bowel Disease: A Single Center Experience

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Background

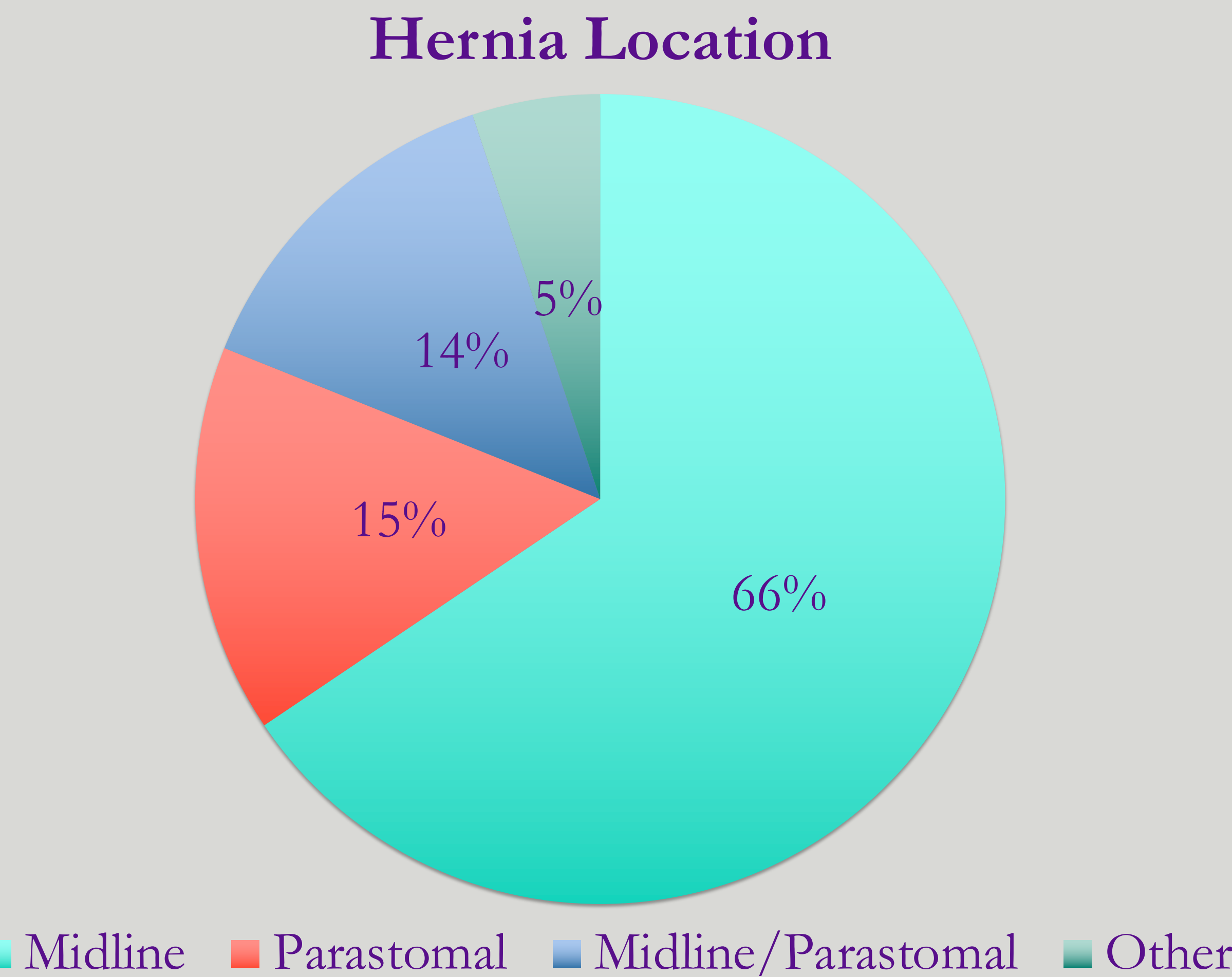
Patients with Inflammatory Bowel Disease (IBD) suffer from complex ventral hernias, owing to extensive surgical histories, poor nutritional status and use of immunomodulatory agents. We report a single institution experience on abdominal wall reconstruction (AWR) in patients with IBD.



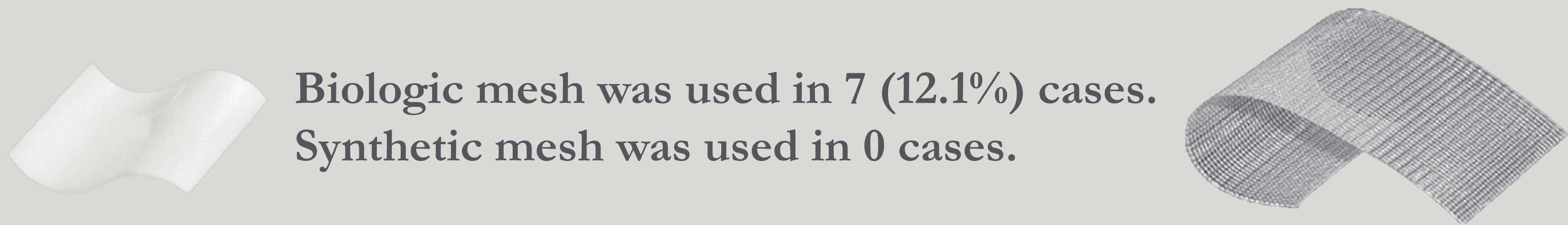
Methods

Following IRB approval, a single institution, retrospective review was performed of all patients with IBD undergoing AWR from December 2016-May 2022. Patient demographics, operative characteristics and postoperative outcomes were collected and analyzed.

Results



Characteristic	Number (%)
Sex	
Male	36 (62.1)
Female	22 (37.9)
Age (mean)	52.3 +/-14.5
BMI	26.7 +/- 4.5
Diabetes	8 (13.8)
Smoker	
Never	37 (63.8)
Current	4 (6.9)
Past	17 (29.3)
Primary Diagnosis	
Crohns Disease	31 (53.4)
Ulcerative Colitis	27 (46.6)
Preoperative Biologic/Immunomodulator	11 (19.0)
Preoperative Steroid	6 (10.3)
Number Prior Abdominal Surgeries	3.1 +/- 1.8
Number Prior Hernia Repairs	0.26 +/- 0.5

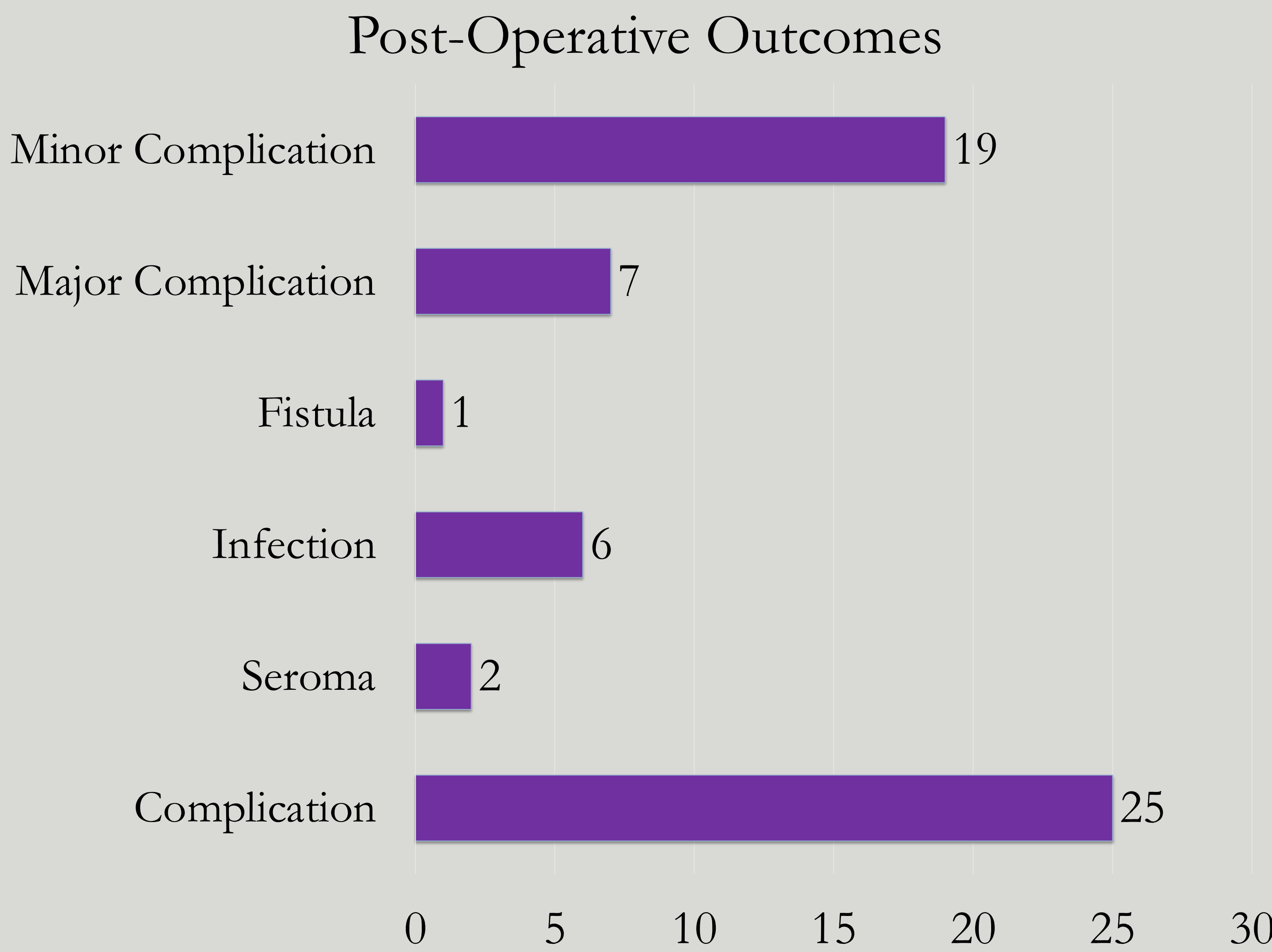


<u>Hernia Recurrence</u>	<u>Mesh Explantation</u>	<u>Abdominal Bulge</u>
1	0	0

Average length of stay was 9.9 (±12.4 days).
Average length of follow-up was 314 (±310.6) days.

Postoperatively, **7 (12.1%) patients** experienced **major complications**; 6 patients required return to the operating room for abscess drainage (3), small bowel obstruction/perforation (2), or ileostomy revision (1), and 1 patient had sepsis and liver failure requiring prolonged care.

Minor complications were seen in **19 (32.8%) patients**, with most common reasons being ileus or high ostomy output (13), superficial surgical site infection (3) and incisional breakdown or wound dehiscence (3).



Conclusions

AWR in the IBD patient population can be performed with low rates of plastic surgery-related complications. Furthermore, the majority of AWRs were performed without mesh without compromising hernia recurrence rates.