

Surgical Repair of Post-Operative Perineal Hernia - A Case for the Perineal Approach

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Background

Perineal hernia is a well-known, infrequent complication following abdominoperineal resection for rectal cancer

The literature on its surgical repair is comprised of case reports and small case series, and not one surgical approach has been established as superior

The current study aims to identify the repair methods used at our institution, and their outcomes

We hypothesized that a perineal approach (Fig. 1 & 2) would have a similar recurrence rate to a transabdominal repair, with shorter hospital length of stay

Methods

Retrospective case series

Patients who underwent perineal hernia repair at our institution from January 2009-December 2019

Main Outcome Measures: surgical approach to repair, length of stay, perineal hernia recurrence

Recurrence distribution was estimated using the Kaplan–Meier method

Results

We identified 36 patients who underwent surgical repair of perineal hernia at our institution (Fig.3)

The majority of patients received neoadjuvant chemoradiation therapy (55%, n=20) and were male (55%, n=20)

Most patients (81%, n=29) had previously undergone abdominoperineal resection (n=5 robotic, n=15 laparoscopic, n=1 robotic converted to open, n=8 open)

Patients were repaired through a perineal approach (61%, n=22) or transabdominally (39%, n=14)

Median length of stay was 4 days following perineal repair and 8 days following transabdominal repair

At a median follow-up of 12.7 months (range 1-72) there were 4 recurrences after perineal repair (18%) and 3 recurrences after transabdominal (21%), with no difference in recurrence rate (p=0.98)

Figure 1. Entering Perineal Hernia Sac



Figure 2. Mesh Placement in Perineal Approach

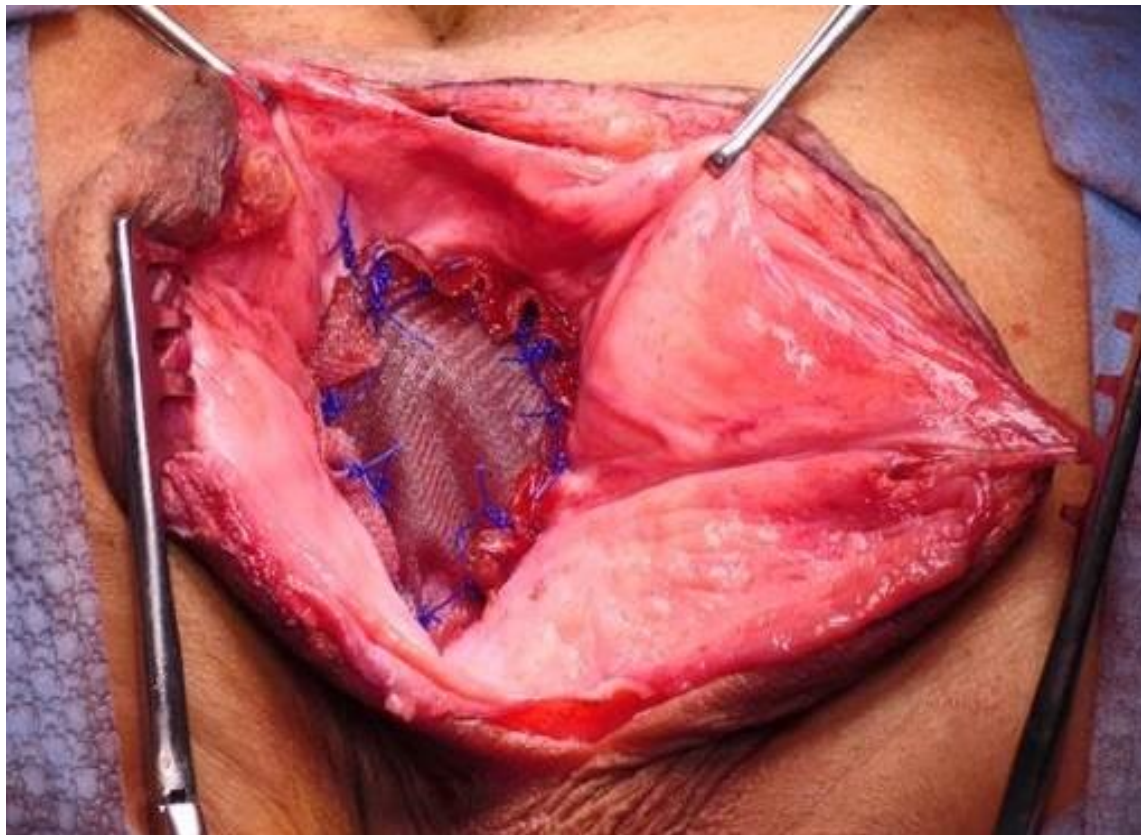
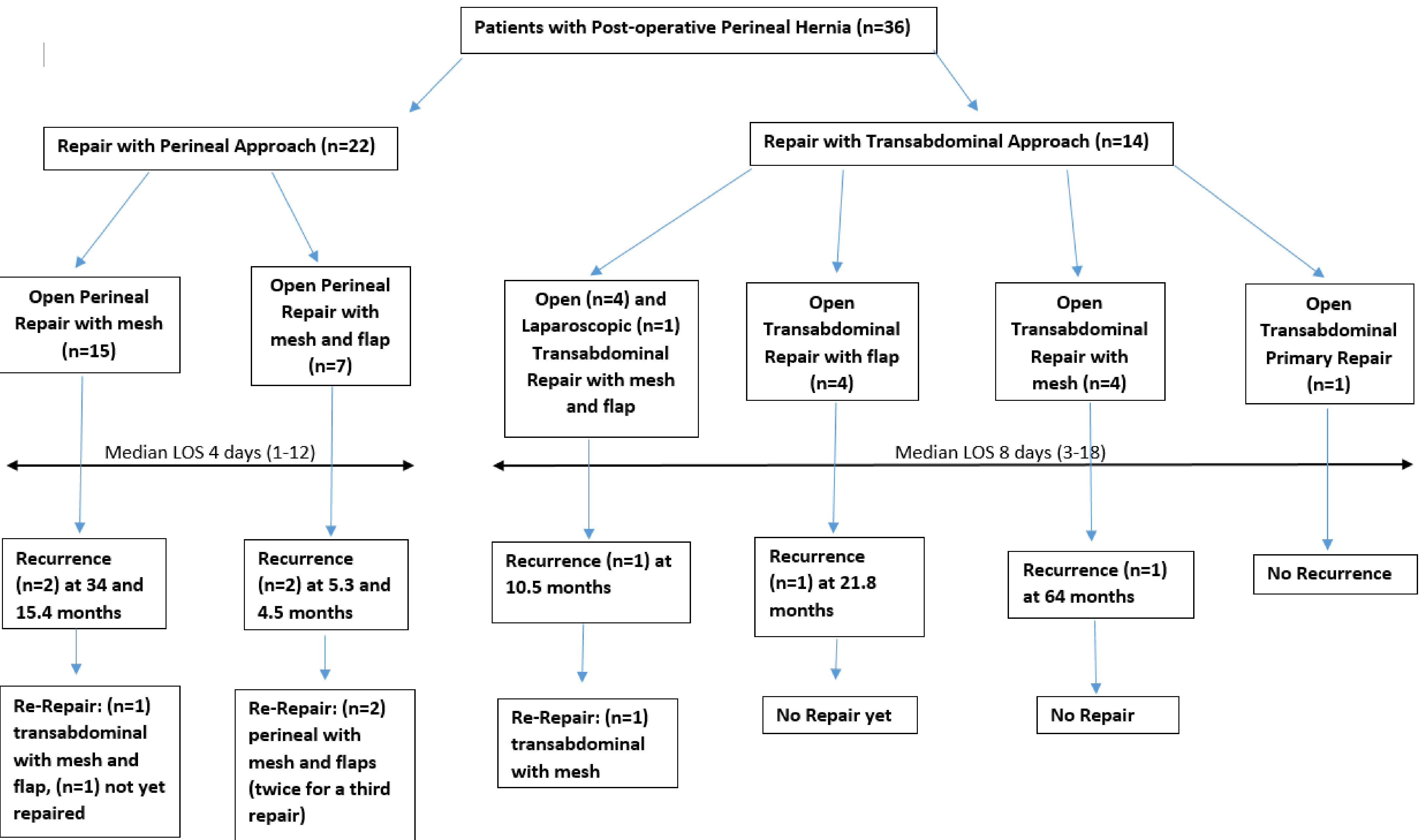


Figure 3. Perineal Hernia Repair Outcomes



Conclusions

This case series supports the perineal approach for surgical repair; it should be the first approach considered as it is less invasive and may be associated with shorter length of stay compared to an open transabdominal approach

Male gender and neoadjuvant chemotherapy may be possible risk factors for the development of perineal hernia after abdominoperineal resection