



Identifying Critical CT Scan Findings for Preoperative Planning for Ventral Hernia Repair

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Introduction

- Surgeons are increasingly reliant on CT scans to diagnose complex abdominal wall defects
- Reports by radiologists vary in detail and may not capture information desired by surgeons
- It is vital to determine the critical information required by hernia surgeons for pre-operative planning

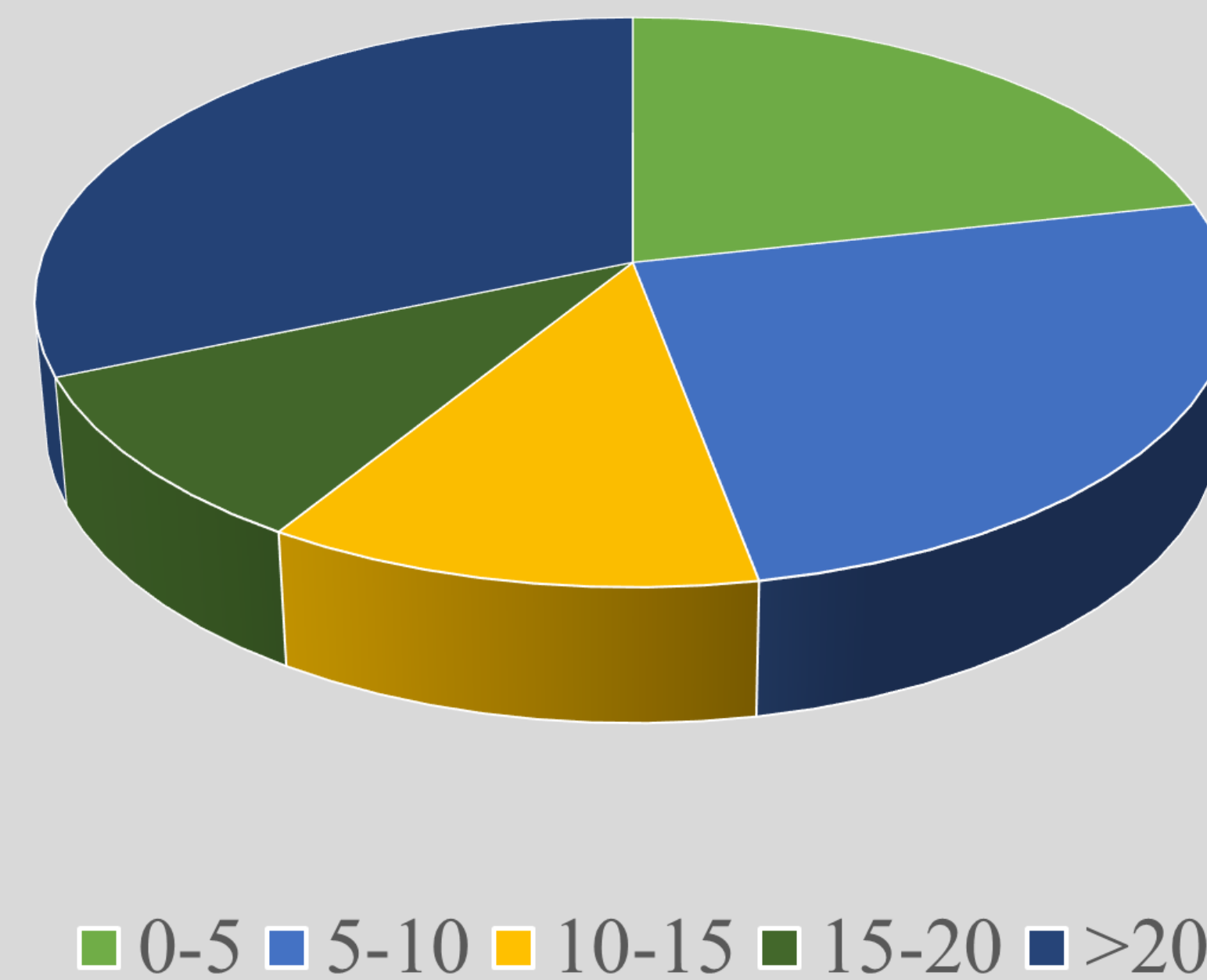
Objectives

- To determine the most important reportable findings that all future CT reports should include by surveying practicing general/hernia surgeons

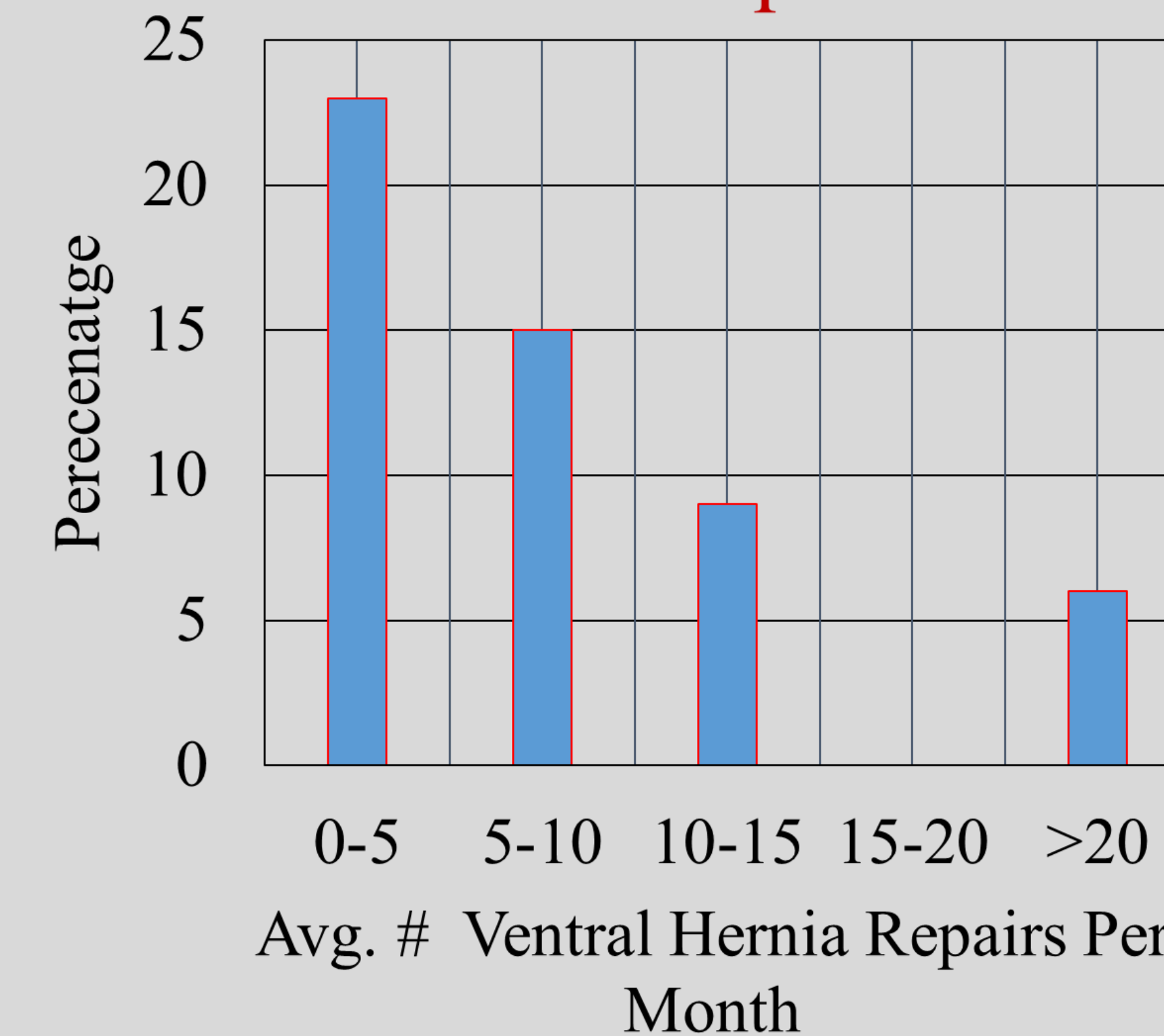
Methods

- Practicing surgeons were surveyed anonymously using *SurveyMonkey*
- Surgeons were asked to provide basic practice and demographic information and to rank hernia imaging factors on a likert scoring scale (1 to 5, with 1 being the least important)

Survey Respondent
Self-Reported Years in
Practice



Survey Respondent
Hernia Experience



Results

- 51 surgeons responded: 26% were Abdominal Wall Specialists
- “Size of the hernia defect” and the “presence of previous mesh” were the two most important imaging findings. “Quality of the rectus muscle” was the least important
- 60% felt that the imaging report was less important than their own personal interpretation

Conclusions

- Size and location of the hernia defect(s) and the presence of prior mesh were the most important factors
- Majority of surgeons do not rely on imaging reports to make clinical decisions
- Radiologists and surgeons should collaborate to focus on reporting factors most important for surgical decision making

Percentage of Respondents Answering "Important" or
"Very Important"

