

ROLE OF THE REHABILITATION OF THE ABDOMINAL WALL WITH HIPOPRESSIVE EXERCISES IN PATIENTS WITH LAPAROSCOPIC VENTRAL HERNIA REPAIR. INICIAL COHORT.

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INTRODUCTION

In 1997 Marcel Caufriez creates hypopressive abdominal gymnastics which seeks abdominal strengthening without damaging the pelvic floor. Based on this principle, patients with defects of the abdominal wall benefit from a strengthening of the wall, which is of poor quality.

Hypopressive exercises tone the lumbopelvic muscles without pressing the internal structures and organs and decreasing the intra-abdominal pressure. During the execution of the hypopressive exercise, the voluntary contraction of the major serratos and the levator muscles of the thoracic cage, respiratory muscles that depend on the supraspinal respiratory centers, which influence the postural and phasic tonic control of the respiratory muscles (muscles of the upper respiratory tract, intercostals, scalenes, thoracic diaphragm, abdominals and pelvic floor The exercises are performed with a slow rhythm and breathing prescribed by the therapist or monitor. The postures are repeated a maximum of three times with a minimum duration of session between twenty minutes and one hour according to the objective to be achieved

AIM

To know what hypopressive exercises consist of for the rehabilitation of the wall and how it is applied in clinical practice

METHODS AND MATERIALS

27 patients between 30 and 65 years old from June 2018 to March 2019 underwent Laparoscopic IPOM (23) and 3 eTEP RS. 14 did not perform hypopressive exercises and 13 did pre and postoperative exercises. They were questioned in the postoperative period about pain, restarting exercise. Patients who previously performed the HEs showed less postoperative pain, and restarted exercise directed earlier. There were no early recurrences in both cohorts. Only 4 patients have control tomographies 2 of both cohorts but in the comparison there is an increase in the volume of the recti in those who performed the exercises.

CONCLUSION

The patient with ventral hernia requires a multidisciplinary approach. Physical therapy has opened space in pre and postoperative management in order to reduce morbidity and obtain better long-term results. Hypopressive and pelvic floor exercises have been shown to be useful in patients with ventral hernia both in the preoperative and postoperative phases. A more exhaustive comparative analysis should be performed in order to determine the benefits in terms of muscle tone improvement with hypopressive exercises in patients with ventral hernia.