



Content of Preoperative Computed Tomography (CT) Reports For The Surgical Planning Of Ventral Hernia Repairs

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Introduction

- Surgeons are increasingly reliant on advanced imaging technology, such CT scans, to diagnose complex abdominal wall defects
- Reports prepared by radiologists are varied in qualitative detail and may not capture information desired by surgeons

Objective

- The goal was to retrospectively review whether CT reports of patients with a diagnosed ventral hernia include the necessary imaging findings relevant for preoperative surgical planning

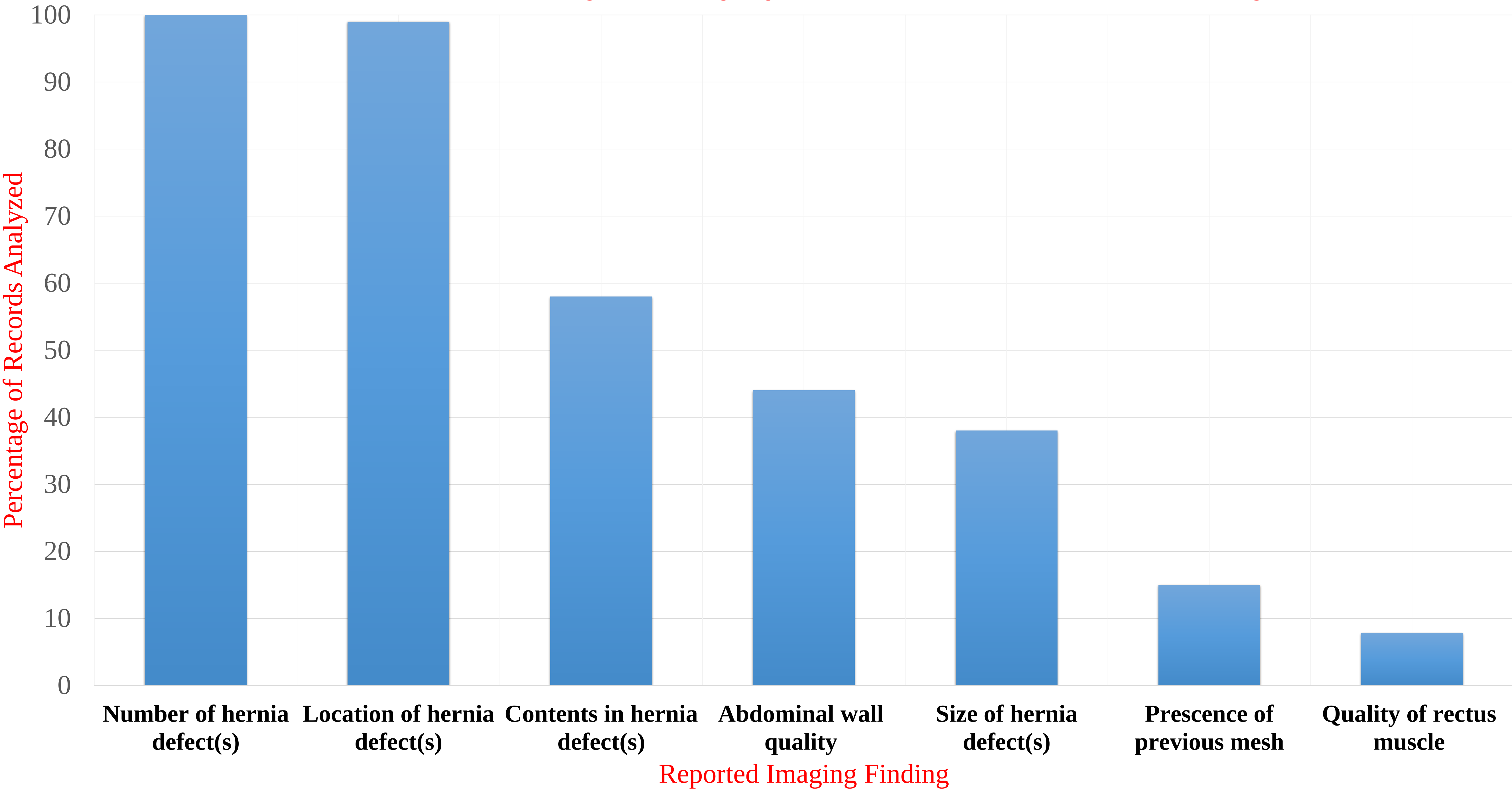
Methods

- Retrospective chart review of patients who underwent ventral hernia repair and had a preoperative abdominal/pelvic CT scan
- CT scans were reviewed for the following factors: Size, location, and content(s) of hernia defect; the quality of the rectus muscles, abdominal wall quality, and prior mesh presence

“The stomach is normal. There is a bilobed ventral abdominal wall hernia, with a supraumbilical component containing small bowel and transverse colon, and a right periumbilical component containing small bowel. There is no bowel obstruction. There is no evidence of inflammation or vascular compromise in either portion of the hernia. Normal appendix is visualized in the right lower quadrant. The colon is unremarkable except for mild diverticulosis.”

Example CT report excerpt detailing “number of hernia defect,” “location of hernia defect,” and “contents contained in defect”

Percentage of Imaging Reports That Include CT Finding



Results

- 257 patients included (61.5% female, Avg. age 60yrs; Avg. BMI 34.1kg/m²)
- “Number of defects” and “location” were most commonly reported (100% and 99%, respectively); Rectus muscle quality only reported in 7.8% of reports

Conclusions

- CTs vary greatly in reported preoperative anatomic findings
- Radiologists should standardize reports to include factors that hernia surgeons find most important for surgical planning