RESIDENT HERNIA CADAVER LAB: AN EFFECTIVE EDUCATIONAL TOOL TO ADDRESS A SURPRISING DEFICIT

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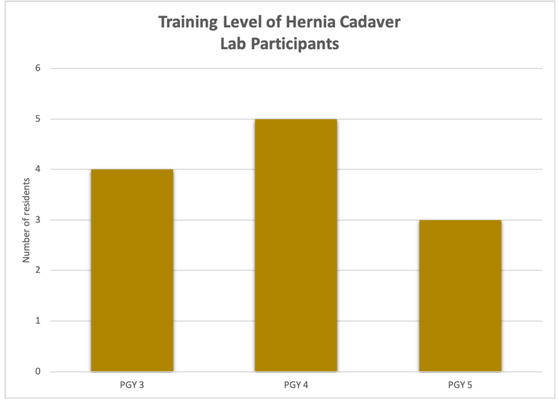
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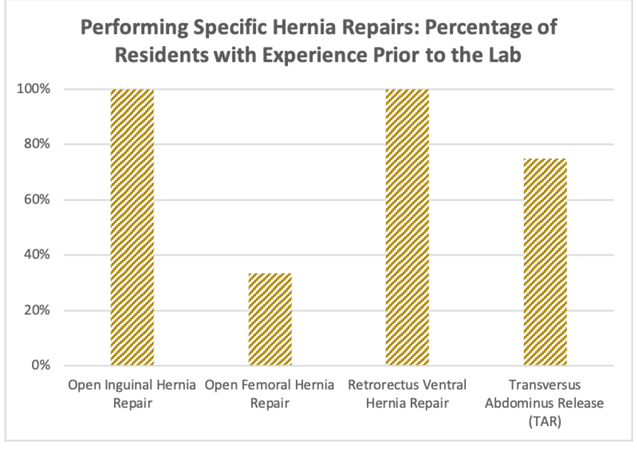
INTRODUCTION:

Hernia repairs are often a staple of a general surgery practice and thus account for 10% of the required case numbers for graduating general surgery residents. Despite this emphasis, general surgery trainees may continue to be uncomfortable with abdominal wall and groin hernia anatomy and repair techniques. The purpose of our study is to assess a single institution general surgery residents' hernia experience and knowledge before and after a focused hernia cadaver lab.

METHODS:

Twelve general surgery residents (PGY 3-5) at a single institution participated in a cadaver lab designed to address deficits in ventral and groin hernia anatomy and repair techniques. Pre-lab and post-lab surveys were distributed to the group that assessed previous operative experience, anatomy knowledge, confidence in repair techniques and perceived helpfulness of the lab.





RESULTS:

On the surveys, a Likert scale was provided to assess knowledge and confidence in hernia anatomy and repairs. Pre-lab when provided with the statement "I understand the boundaries of the retrorectus space," 25% (3/12) of the residents were neutral, 66% (8/12) agreed and 8% (1/12) strongly agreed. Post-lab when given the same statement, 42% (5/12) agreed and 58% (7/12) strongly agreed. Pre-lab when provided with the statement "I could accurately identify the place to incise the transversus abdominus muscle to perform a release," 33% (4/12) of residents disagreed, 25% (3/12) were neutral, 42% (5/12) agreed and 8% (1/12) strongly agreed. Post-lab, 8% (1/12) were neutral, 42% (5/12) agreed and 50% (6/12) strongly agreed. Almost all of the participants strongly agreed (10/12) that the lab was helpful in their understanding of the hernia anatomy and repairs.

CONCLUSION: Despite 10% of graduating general surgery residents' required cases being hernia repairs, residents continue to have anatomic and technical deficits, especially femoral hernias and TARs. These deficits may require extra attention and a focused hernia cadaver lab appears to effectively address this gap.