Safety Of Laparoscopic Incisional Hernia Repair After Liver Transplant: A Comparative Study From A Single Institution

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Background

- Immunosuppression is both a risk factor for the development of VIH and a risk factor for complications of VIH repair.
- Liver transplant (LT) patients have an incidence of VIH ranging from 4.9% to 43% following LT3
- Our objective is to compare the outcomes of laparoscopic VIH repair in patients after liver transplant vs. non-immunosuppressed patients

Methods

- Retrospective review of the Abdominal Core Health Quality Collaborative (ACHQC) from 2012-2022
- Patients who underwent laparoscopic VIH repair due to LT at our institution were compared to non-immunosuppressed patients
- Demographics, comorbidities, American Society of Anesthesiologist (ASA) Classification, and short-term outcomes including hernia recurrence and surgical site occurrences (SSO) were analyzed

Results

- 32 patients underwent laparoscopic VIH repair after LT
- 209 non-immunosuppressed patients underwent laparoscopic VIH repair in the ACHQC database
- No significant difference between groups for mean age, BMI, or most comorbidities
- The LT group did have a significantly higher ASA score ($p < 0.05$) and hospital length of stay (LOS) > 24 hours (90% vs 40%, $p < 0.05\%$) compared to non-immunosuppressed group
- However, no statistical difference was found between the two groups in terms of complications, hernia recurrence, SSO, operative time, 30-day readmission, or reoperation

Conclusion

- **Our results indicate that laparoscopic VIH repair is safe in immunosuppressed patients after LT**, with comparable short-term results compared to non-immunosuppressed patients

References

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