SAGES

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Transabdominal Retro-Rectus Mesh Repair for ventral hernia
Early experiences

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Introduction

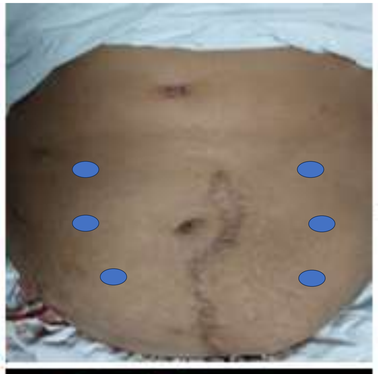
- Complications of IPOM repair for ventral hernias have favored sublay mesh placement (Rives Stoppa repair)
- TARM repair –
  - Significant advancement in hernia surgery
  - Trending technique developed by Ashwin A Masurkar(2019)
  - Offers a comprehensive approach to place mesh in

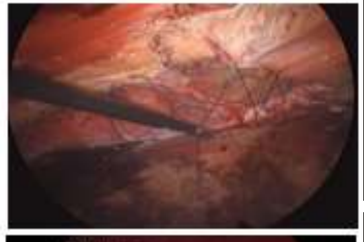
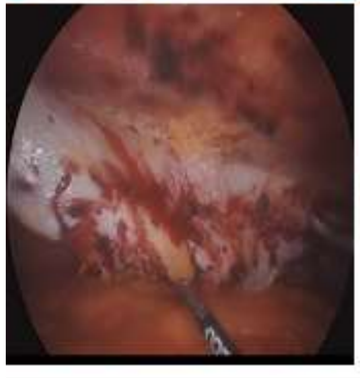
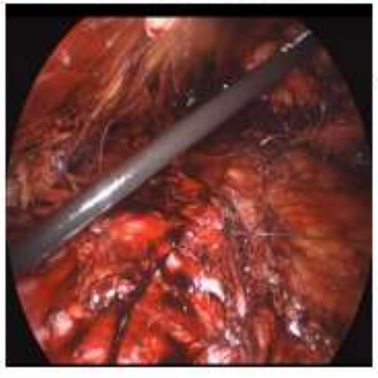
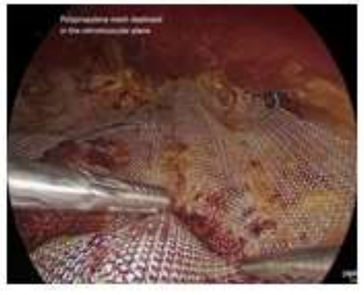
Method

- Retrospective data –electronically maintained database of patient of a prospective study
- Study period- January 2023 to till now
- Data included demographic profile, clinical examination , type of hernia and no. of previous surgery
- All patient went under Tranabdominal Retrorectus mesh repair
- Post operative data collected, analysed and early outcome assesed

Advantages

- Large mesh - low recurrence
- Retro-muscular mesh placement
- Highly vascular - reduced infection

Technique

- Six ports (as shown)
- After reduction of hernia, incision made on peritoneum (P) and posterior rectus sheath (PRS)
- Retro-muscular space created
- Closure of defect with 2-O v-loc suture
- Midline closure (PRS) performed with 2-0 V-loc suture
- Tailor-made prolene mesh placed (sublay)
- Large hernia PCS-TAR aided low tension midline closure

Results

Demographic profile

- N= 11
- Male : Female :: 4:7
- Mean age: 55 years
- Type of hernia
  - Incisional hernia: 9
  - Ventral hernia: 2

Intraop

- Mean duration- 110 minutes
- Unilateral TAR- 4 patient
- B/l TAR- 1 patient
- Without TAR- 4 patient
- Open conversion-2 patient

Post op period

- Pain
  - VAS score
    - 3-4 - 6 patient
    - 6-7 - 4 patient
    - 8-9 – 1 patient
- Reexplore- 1 patient due to increase drian volume on day 1

Follow up

- At end of 1 month
  - Recurrence- 0
  - Seroma -1
- At 3 month
  - Recurrence-0
  - Seroma- resolved

Conclusions

- Results from our experience so far indicate that TARM repair is safe and effective for treating ventral hernia
- More information is required to solidify the reliability of TARM as an efficient surgery for ventral hernia