Port Site Incisional Hernia Incidence In A Private Practice Bariatric Population: A Comparative Analysis Of Blade Vs. Bladeless Trocars

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Background

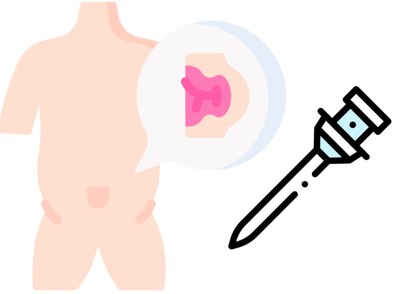
Obesity rates have dramatically increased over the past three decades, leading to the development of various laparoscopic techniques for its management. Port site incisional hernias (PIHs) are a common complication associated with laparoscopic surgery. While the current standard of care includes fascia closure and mesh repair for PIHs, there is limited evidence supporting the necessity of these interventions. This retrospective cohort investigates the incidence of PIs in a bariatric population, comparing the use of blade and bladeless trocars, as well as the impact of BMI on incidence of PIHs.

Methods

Between **2019 and 2024, 293** patients underwent bariatric surgery at a single private practice center. Data were collected and analyzed retrospectively, considering surgical technique, trocar sizes, and the absence of routine fascia closure.

Results

No port site hernias were observed in this cohort of 293 patients. Three to five trocars, ranging from 10 mm or larger, were used. Only the umbilical port was closed with polypropylene suture. Patient BMI ranged from 32 to 60. The most common procedures were laparoscopic sleeve gastrectomy (LSG) (59% of patients) and Roux-en-Y gastric bypass (RYGBP) (37% of patients). **Four** patients underwent **reoperations** at the same port sites: one for early gastric bypass stenosis, two for bypass leaks, and one for late sleeve stenosis. The mean follow-up period was 18 to 35 months.



Conclusion

This retrospective cohort suggests that BMI is **not a risk factor for PIHs in a bariatric population**. Additionally, avoiding fascia closure for flank port sites, regardless of trocar diameter, appears to be **safe** when bladeless trocars are used. However, further studies are needed to establish definitive guidelines for port site management in laparoscopic bariatric surgery.