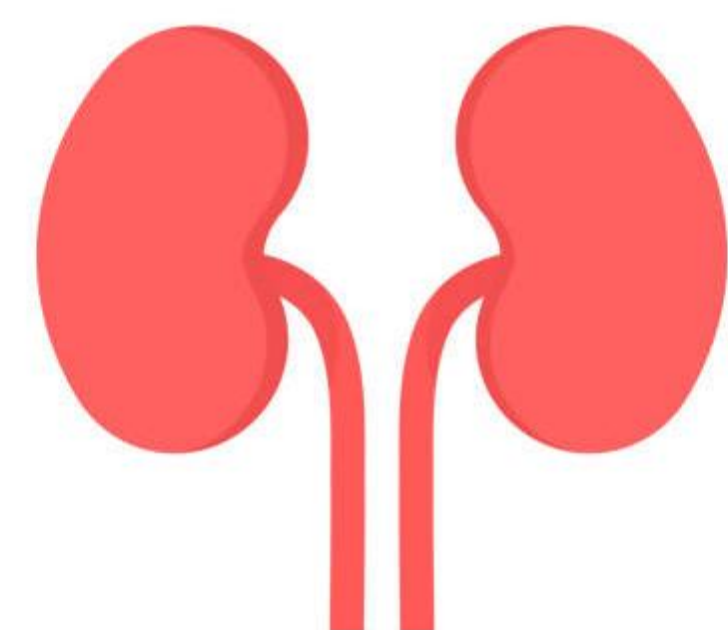
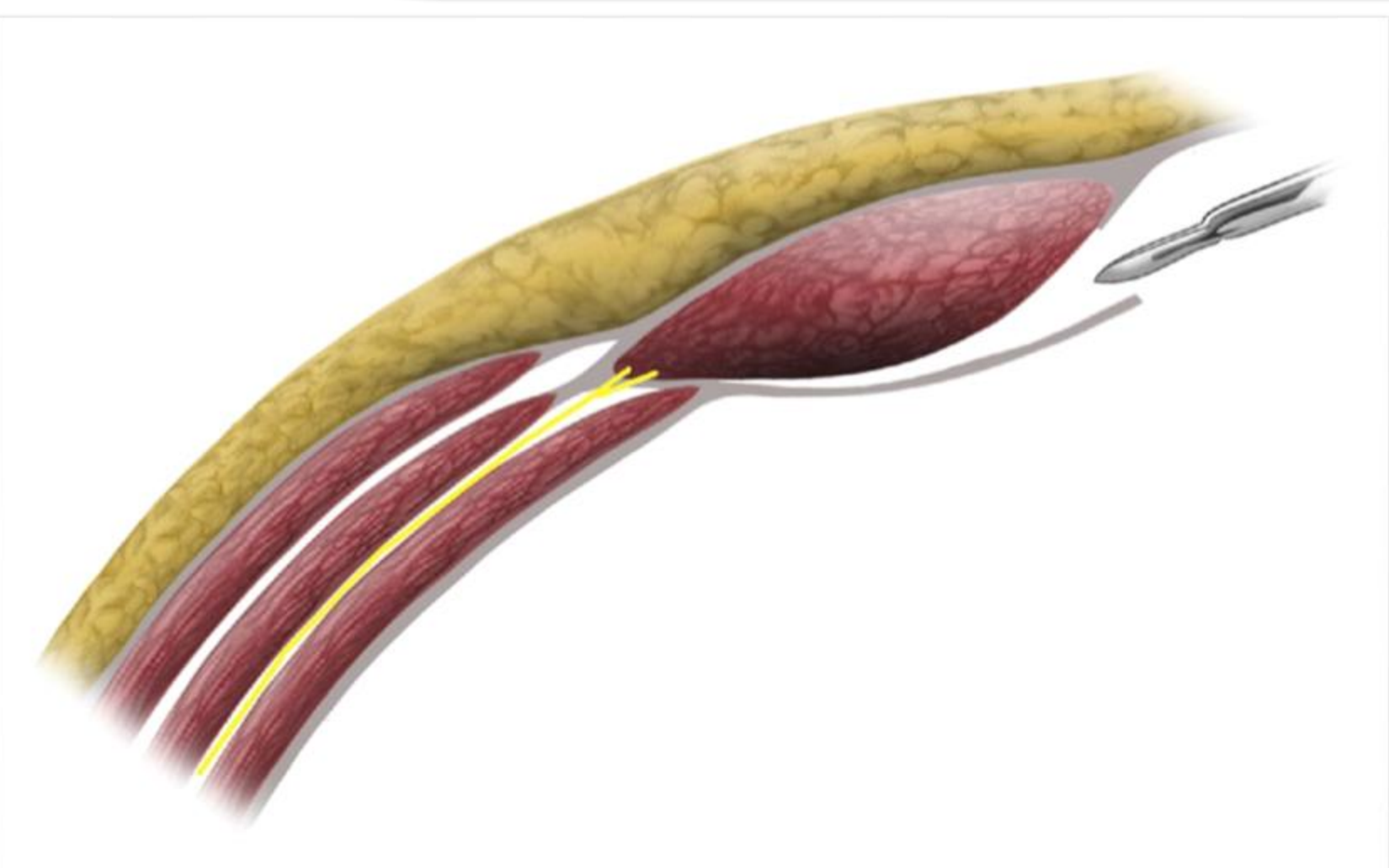


INTRODUCTION

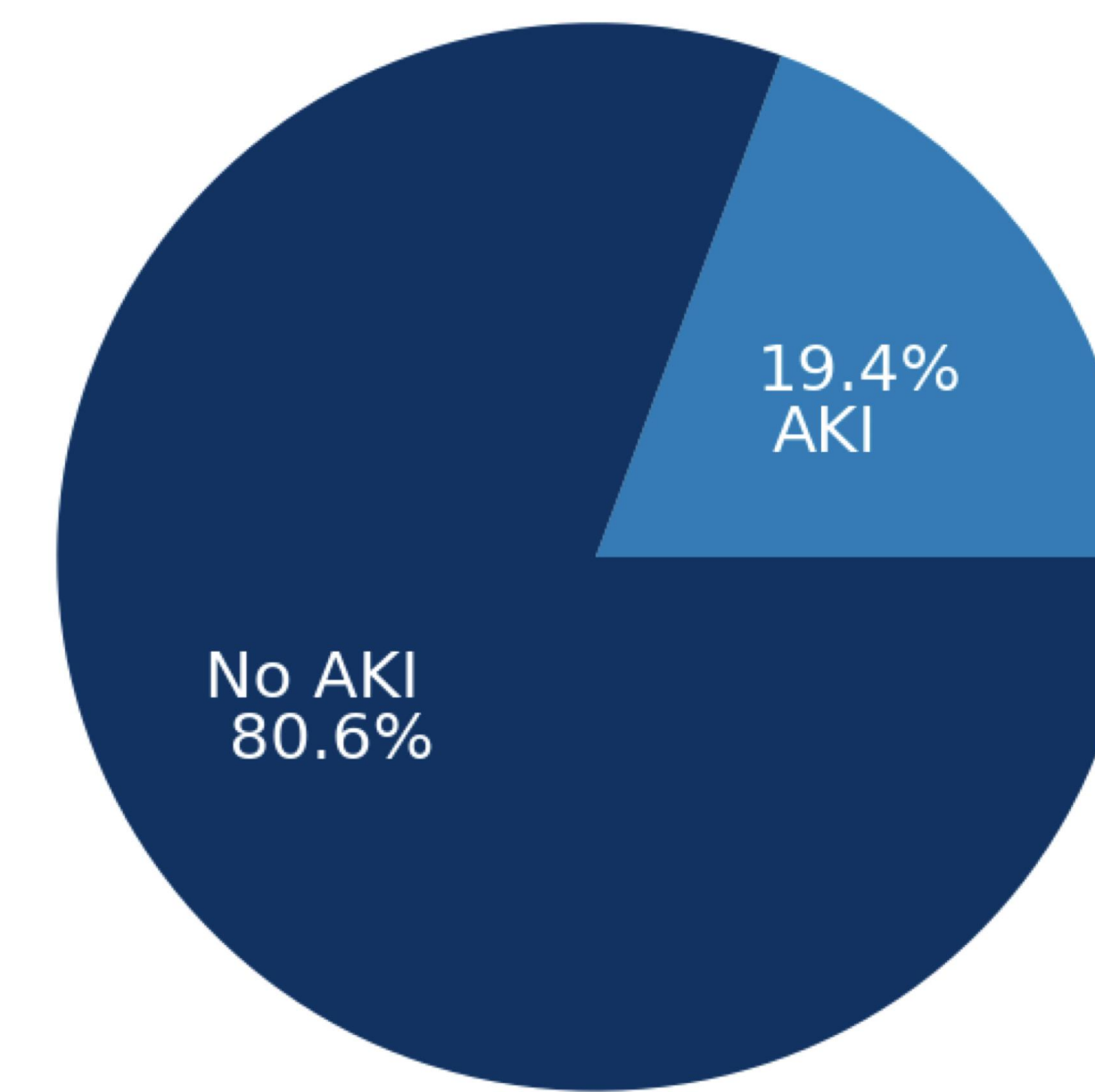
- Risk of AKI is higher in patients undergoing a component separation (TAR) during ventral hernia repair than patients who do not get a component separation
- AKI after ventral hernia repair contributes to increased cost, length of stay, and mortality
- Independent predictors remain unclear
- Objective: Identify patient and surgical predictors of AKI in patients undergoing a ventral hernia repair with TAR

METHODS

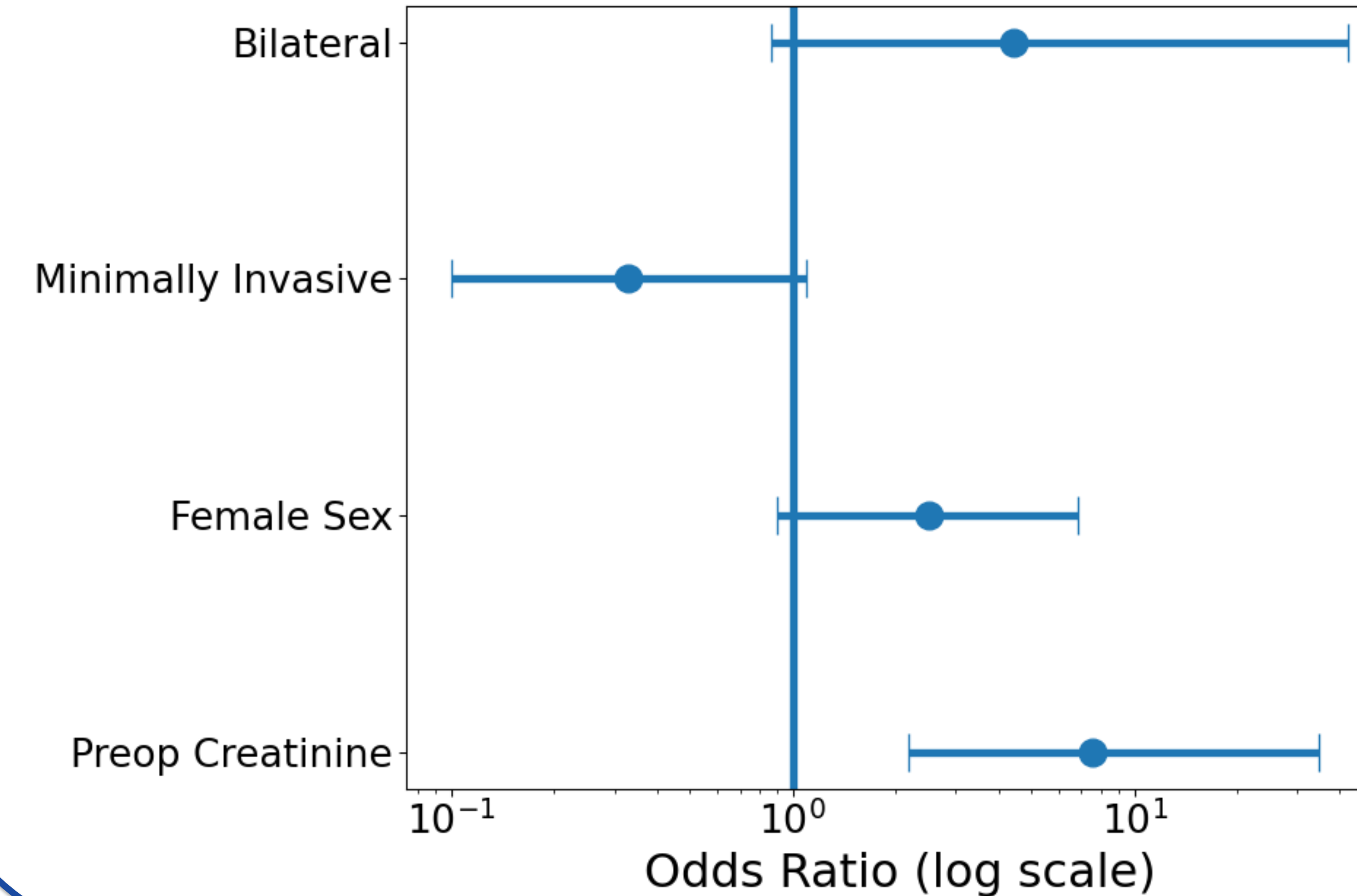
- Retrospective (2020–2024), two institutions
- N=98 adults who underwent TAR as part of their ventral hernia repair
- Exclusion criteria: Patients who had additional procedures except for primary bowel repair, mesh excision, and lysis of adhesions
- Primary: AKI (KDIGO definition)
- Secondary: LOS, 30-day readmission
- Multivariable logistic & linear regression



AKI in patients following TAR



Multivariable Predictors of AKI



Increased preoperative creatinine is the strongest independent predictor of AKI after TAR

RESULTS

AKI

- Increased Preop Cr had an OR of 7.53 of AKI ($p=0.003$)
- Minimally invasive trended toward protective ($p=0.07$)
- Bilateral trended toward increased risk ($p=0.12$)
- Female sex trended toward increased risk ($p=0.19$)

LENGTH OF STAY

- Patients with AKI had longer LOS (5.0 vs 2.6 days, $p < 0.01$)
- Higher BMI associated with longer LOS ($p=0.049$)
- History of MI increased LOS by 1.5 days ($p=0.050$)
- Robotic approach had shorter LOS by 2.7 days ($p < 0.001$)

READMISSION

- Minimally invasive protective OR 0.28 ($p=0.043$)
- AKI not associated with readmission

CONCLUSIONS

- AKI occurred in nearly 1 in 5 TAR patients
- Preoperative creatinine strongest predictor
- Consider renal optimization & monitoring of at-risk patients
- Larger studies needed to reduce type II error