Experience Of Giant Incisional Hernia Repair Over A Decade At A Tertiary Care Centre

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SAGES 2026

Introduction

- Risk of hernia after Laparotomy: 9 - 22%
- Giant incisional hernia

  Defect > 12-15 cm*

  Area > 225 cm^{2}**

  Loss of domain and hernia volume greater than 30% of abdominal volume

Methodology

- Retrospective analysis of a prospectively maintained database
- January 2013 to December 2024.
- Follow up at 1 week, 6 week, 1 month, and 6 month and yearly thereafter

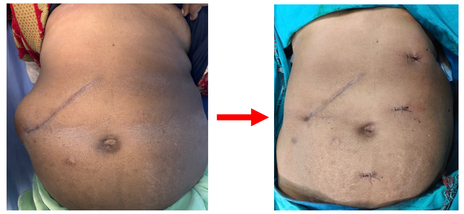
Statistical Analysis

- Quantitative data - Student's t-test/Mann–Whitney test.
- Qualitative data - Chi-square test/Fisher's test, whichever applicable.
- P < 0.05 was considered statistically significant.

Incisional hernia post TAH for Ca Cervix
Retro-rectus mesh repair with B/L TAR

Hernia location	
Midline	**65(92%)**
Subxiphoid	
Epigastric	
Umbilical	
Suprapubic	
Lateral	**6(8%)**
Subcostal	2 (3%)
Lumbar	3 (5%)
Median defect size in cm	17 (12-28)

Demographics	
Mean Age (year)	45.2 ± 12.1
Sex (%)	
Male	34(48%)
Female	37(52%)
BMI, Mean (kg/m2)	26.6 (22-34)



Incisional hernia post open cholecystectomy
Laparoscopic repair

Length of stay (days) - Mean	5(2-11)
30 - day readmission	2 (3.2%)
Recurrence, n (%)	3 (4.8%)
Follow up (months) - Mean	26 (8- 56)

Seroma

Flap necrosis

Surgery	
Open Transversus abdominis release (TAR)	50 (70%)
IPOM	11(16%)
Lap eTEP + TAR	10 (14%)

Intraoperative characteristics	
Mean operative time (min) (Range)	148 (68-184)
Bowel injury	2 (3.3%)
Type of mesh, n (%)	
Polypropylene mesh	60 (84.5%)
Composite mesh	11(15.5%)
Conversion to open in laparoscopic procedure	0 (0%)
Drain (days)	3.7 (+/- 2.9)

Post-operative outcomes	
Surgical Site	
Seroma	4 (6.5%)
Hematoma	1 (1.6%)
SSI	3 (4.8 %)
Superficial	3
Deep	0
Mesh infection	0
Flap necrosis	2 (3.2%)

Conclusion

- Giant incisional hernias can be successfully repaired by open and laparoscopic techniques
- Often requiring component separation
- Adequate preoperative optimisation is essential