

Background

Hernia repair is one of the most common operations in general surgery. Although most are elective, up to 17% present acutely.

Objective:

Compare postoperative outcomes of elective versus acute repair.

Methods

IRB-approved retrospective review (2020–2025).
UPMC Comprehensive Hernia Center database.
Includes all types of hernia repairs, primarily ventral and inguinal with a all approaches open, laparoscopic and robotic

Total cases: 12,877

- Acute: 846
- Scheduled: 12,031

90-day outcomes analyzed.

Chi-square testing and odds ratios calculated.

Results

Acute repair demonstrated significantly ($p < 0.001$) higher rates of:

- Mortality (3.9% vs 0.21%)
- Reoperation (10.4% vs 3.23%)
- Recurrence (8.16% vs 2.99%)
- SSI (3.66% vs 1.35%)

Systemic complications also increased (pneumonia, ileus and AKI)

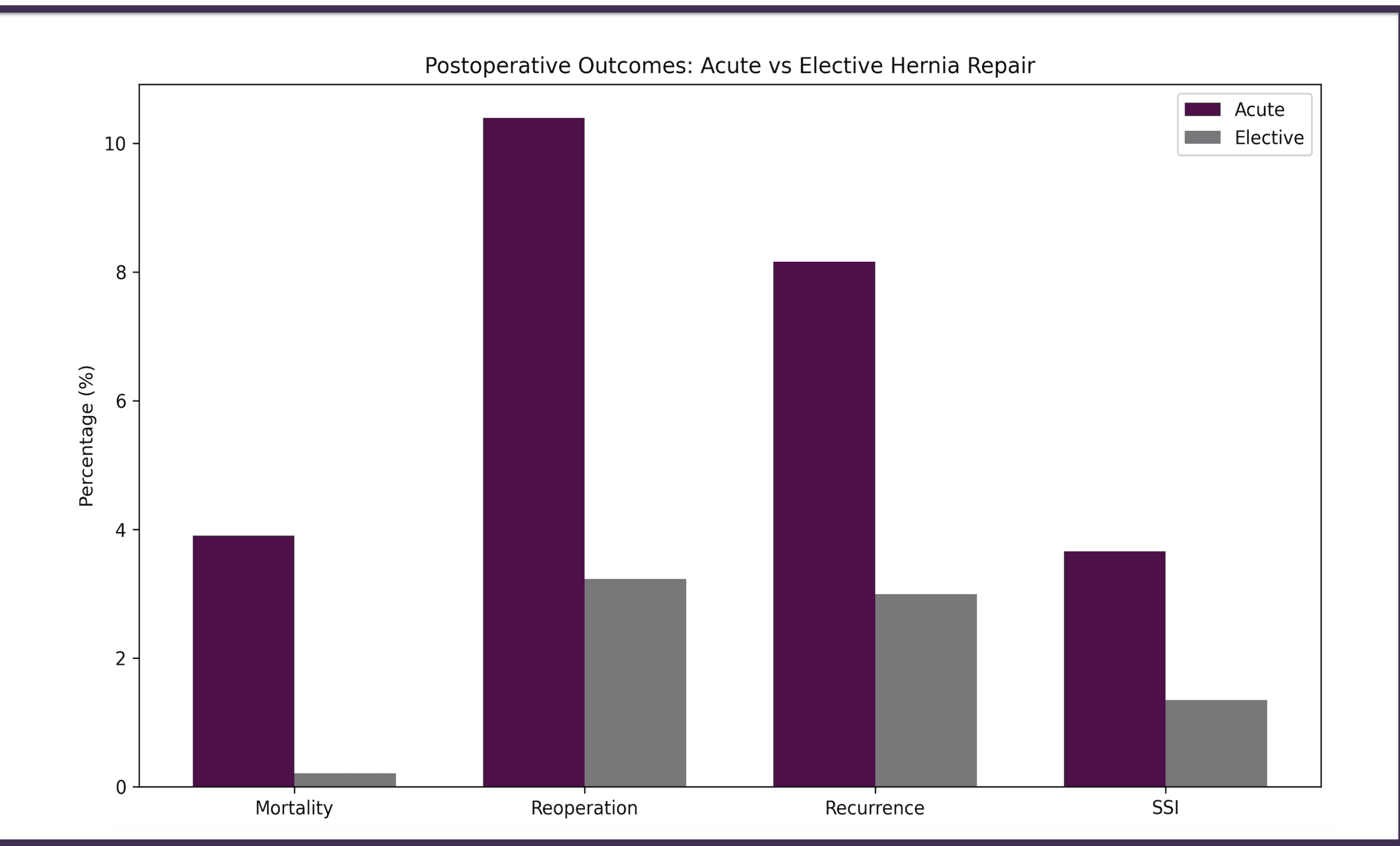
Discussion

Our study further supports early elective repairs for all types of hernias to avoid complications such as surgical site infections, recurrence, reoperation as well as systemic morbidity and even mortality.

Comparison of outcomes acute vs scheduled hernia repair

Outcome	Acute n (%)	Scheduled n (%)	OR (95% CI)
SSI	31/846 (3.66)	162/12031 (1.35)	2.79 (1.89–4.12)
Recurrence	69/846 (8.16)	360/12031 (2.99)	2.88 (2.20–3.76)
Reoperation	88/846 (10.4)	389/12031 (3.23)	3.47 (2.73–4.43)
AKI	9/846 (1.06)	26/12031 (0.22)	4.96 (2.32–10.63)
Pneumonia	14/846 (1.65)	34/12031 (0.28)	5.94 (3.17–11.11)
Ileus	37/846 (4.37)	73/12031 (0.61)	7.49 (5.01–11.20)
Mortality	33/846 (3.9)	25/12031 (0.21)	19.5 (11.5–32.9)

All comparisons statistically significant ($p < 0.001$)



Acute Hernia Repair
Increased Morbidity
& Mortality



20x Higher
Mortality Risk



Systemic Complications
5–7x Higher



3–4x Increased
Surgical Morbidity



Support Early Elective Repair

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**Further Elective vs Emergent Hernia
Repair Outcomes Resources**

