

SLEEVE GASTRECTOMY AS A STAGING PROCEDURE FOR COMPLEX ABDOMINAL WALL RECONSTRUCTION.

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INTRODUCTION

The management of complex abdominal wall hernias with loss of domain in morbidly obese patients presents a significant surgical challenge. High recurrence and complication rates are directly linked to obesity. This case demonstrates a staged strategy where bariatric surgery is utilized as a crucial initial step for prehabilitation prior to definitive hernia repair.

CASE PRESENTATION

A 30-year-old male with morbid obesity (BMI 46 kg/m²), obstructive sleep apnea, and hypertension presented for surgical evaluation. In his medical history, he suffered from Hinchey IV diverticulitis treated with Hartmann's procedure and subsequent colorectal anastomosis. Preoperative CT imaging revealed a devastating abdominal wall with approximately 15 multifocal hernias involving the midline, paramedian, and lumbar regions, the largest measuring 10 x 5 cm, consistent with loss of domain. A multidisciplinary decision was made to prioritize weight loss. During the initial operation, the extensive number of hernia defects posed a significant risk for future intestinal strangulation, contraindicating a malabsorptive bariatric procedure. Consequently, a laparoscopic sleeve gastrectomy was successfully performed. Additionally, a primary closure of a high-risk lumbar defect near the jejunum was executed using 2-0 V-Loc suture. The patient was discharged without complication and is awaiting significant weight loss to optimize conditions for definitive hernia repair.

CONCLUSIONS

This case underscores the critical principle of addressing modifiable risk factors before complex reconstruction. Morbid obesity compromises outcomes by increasing intra-abdominal pressure and impairing wound healing. Laparoscopic sleeve gastrectomy serves as an ideal prehabilitative intervention in this context. Its restrictive mechanism promotes substantial and sustainable weight loss, improves cardiometabolic comorbidities, and reduces intra-abdominal volume, effectively "reclaiming the domain." Furthermore, its non-malabsorptive nature eliminates the risk of internal herniation and obstruction through the numerous pre-existing fascial defects, a significant safety advantage over bypass procedures.

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