

Retromuscular Approach in Ventral Hernia Repair - Endoscopic Rives-Stoppa Procedure

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Abstract

Introduction: In 1993 Leblanc published his laparoscopic technique in ventral hernia repair. The procedure has been improved due to deeply change of the paradigm in abdominal wall reconstruction. Placing the mesh into the retrorectus space was initially a big challenge but now the Rives-Stoppa procedure by endoscopic approach – extended total extra-peritoneal approach (eTEP) become a well known technique.

Method: The total extraperitoneal (TEP) approach used in inguinal hernia repair, is extended cranially into the rectus sheath. Crossover the midline toward the contralateral retrorectus space, being outside the peritoneal cavity, allows bilateral retrorectus dissection, reducing the hernia, restoring the linea alba and placing a polypropylene mesh under the rectus muscles.

Results: I applied this technique between 2016 June – 2017 December in 63 cases in ventral (primary or incisional) hernia repair having median area 60 sqcm (6 – 300). To close the defect and restore linea alba it was necessary to perform TAR in 19 cases. Median hospitalisation was 1day (1 – 9). Follow up at 2, 6, 12 months: 1 case with chronic pain and no recurrences until now.

Conclusions: Combining the advantages of the Rives-Stoppa procedure with the the advantages of minimally invasive surgery (MIS), the eTEP approach tends to occupy an important place in ventral hernia repair.

Key words: eTEP, ventral hernia retromuscular repair