


Hernia

 Springer

The World Journal of Hernia
and Abdominal Wall Surgery

Abstract Book

14th ANNUAL
HERNIA REPAIR

THE PALACE HOTEL
SAN FRANCISCO, CALIFORNIA
March 16-19, 2011

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Official Organ of the European Hernia Society (EHS-GREPA)
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Video

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V-1041 Treatment of Diastasis Recti & Umbilical Hernia with the Tupler Technique

Tupler J

The Tupler Technique(tm) is a research-based (Columbia University Program in Physical Therapy) exercise program that closes a diastasis and heals an umbilical hernia. This program is all about healing the connective tissue. This program, if done 4-6 weeks before surgery, is the solution for maintaining the integrity of all hernia surgeries. Strengthening the transverse muscle and teaching patients how to use their abdominal muscles in a way that eliminates force and pressure is the missing link in post surgical recovery.

The program is 4 steps.

Step 1 is strengthening the transverse abdominis in a seated position where gravity makes it easy to engage this weakened muscle. There is a protocol of how to progress these exercises and then how to incorporate use of this muscle into different exercise modalities.

Step 2 is approximating the separated muscles with the Diastasis Rehab splint. Bringing the muscles together will put the connective tissue in a better position to heal and also puts the muscles in a better position making the exercises more effective. The patient can also feel the muscles working better in this position.

Step 3 is preventing force on the connective tissue by engaging the transverse abdominis on the work part of all activities of daily living (coughing, sneezing, bowel movement, etc) This step ensures that the exercises will be effective.

Step 4 is getting up and down correctly from a backlying position. Getting up incorrectly is very harmful to the connective tissue (linea alba) and also is bad for the disks of the spine.

After years of being asked why doctors don't know about this program... I decided to "talk to the doctors".

This presentation can include before and after photos.

V-1050 Laparoscopic repair of a large morgagni hernia in an adult using primary repair and mesh reinforcement

Kurian A, Gallagher S, Newman S, Josloff R

Introduction: The purpose of this video presentation is to demonstrate the laparoscopic repair of a large Morgagni hernia using a combined method of primary repair with mesh reinforcement.

Methods and Procedures: A 43-year-old male presented with upper abdominal pain for several months. He was noted to have bowel sounds on the left side of his chest with diminished breath sounds. Computed tomography of the chest revealed a Morgagni hernia on the left with the majority of the small bowel, colon, and omentum within the left hemithorax.

Results: On laparoscopy a large left sided Morgagni hernia containing most of the abdominal contents was noted. The contents within the hernia were easily reduced. A thin pleural lining was noted, and the left lung, pericardium, and aorta were seen through the defect extending into the right side of the chest. The falciform ligament was taken down in order to adequately mobilize the tissue circumferentially to allow for the mesh to generously overlap the hernia defect. Using an external knot tying technique, the anterior purchase of the hernia defect, which encompassed retrosternal and subcostal peritoneum, was approximated to the posterior edge of the defect in a full thickness manner. This primary repair was then reinforced using a barrier mesh and anchored onto the diaphragm using absorbable tacks and sutures. 15 months later, the patient reported no symptoms.

Conclusions: A large Morgagni hernia was repaired laparoscopically using a primary repair reinforced with a barrier mesh. Obtaining a full thickness purchase along the posterior edge of the defect and using an external knot tying technique along the anterior edge allowed for a tension-free repair. The repair was reinforced with a bioabsorbable barrier mesh to limit adhesion formation and possible bowel erosion. Large adult congenital diaphragmatic hernias can be repaired using this technique.

V-1088 Minimally Invasive Functional Abdominal Wall Reconstruction

Krpata D, Blatnik J, Rosen M

Laparoscopic ventral hernia repair offers patients a viable alternative to open repair with quicker recovery. One difficulty with laparoscopic ventral hernia repair is approximation of the fascial edges and complete closure of the hernia defect in large hernias. Closure of the hernia typically allows for a more functional abdominal wall. In this video we present a laparoscopic ventral hernia repair of a 12x9 cm incisional hernia with endoscopic component separation, hernia sac removal, complete closure of the hernia defect and mesh placement to maximize functionality of the abdominal wall with a minimally invasive approach.