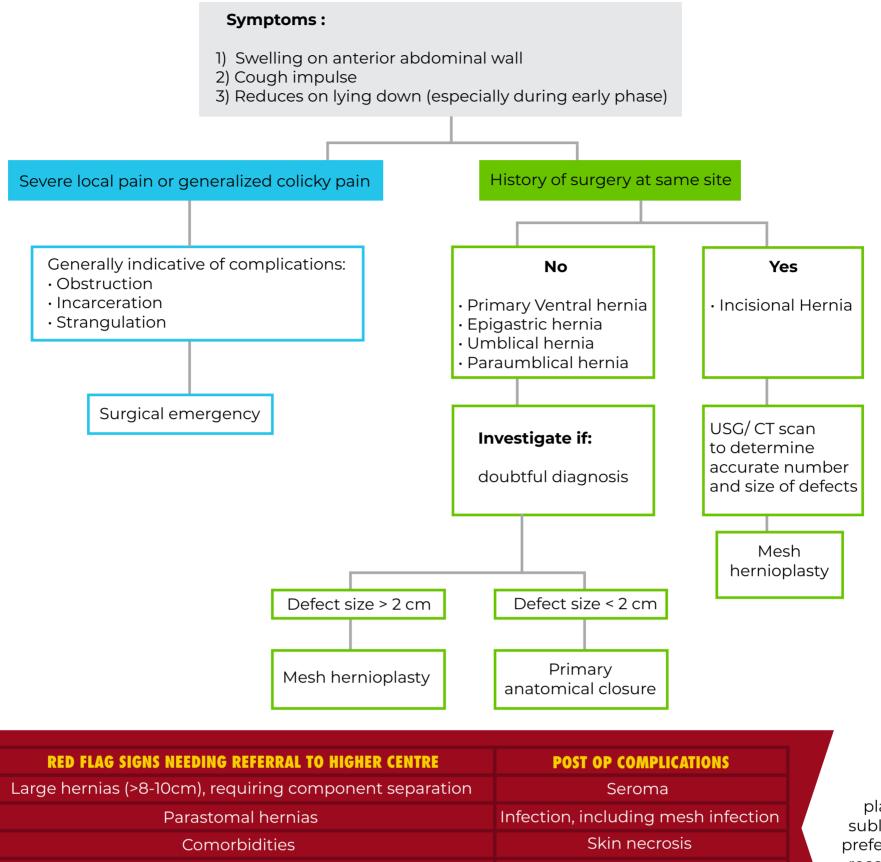




Standard Treatment Workflow (STW) INCISIONAL/ VENTRAL HERNIA ICD-10-K43.9



Mesh placement: sublay manner preferred. Drains recommended

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Loss of domain

CLINICAL EVALUATION

- 1. Swelling on anterior abdominal wall
- 2. Cough impulse +

2)

3)

4)

- 3. Reduces on lying down
- 4. Severe local pain or generalized colicky pain or fever: generally sign of complications
 - Colicky abdominal pain and irreducible hernia: intestinal obstruction. Immediate surgery for relief of obstruction. Hernia repair may or may not be done at same time

Recurrence

- Local redness and severe pain with fever: strangulation. Immediate surgery is needed, and the hernia repair should be deferred for a later date
- 5. Rule out other diseases or complications on history, particularly related to respiratory system (as raised intra-abdominal pressure can worsen the respiratory condition)
- 6. Features of swelling: Reducibility of hernia, size and number of defects

MANAGEMENT

- · In general, ventral hernias should be repaired, as untreated hernias are at risk of life threatening complications.
- Exceptions: untreated ascites especially with portal hypertension, severe comorbidities precluding safe surgery, large hernias where repair may cause more morbidity such as bowel injury.
- Small midline primary hernias less than 2cm diameter may be closed primarily (anatomical repair). Larger hernias and all incisional hernias should undergo mesh reinforcement

DEFECT SIZE	PROCEDURE	 Refer to higher cent if defect size >
< 2cm	Anatomical repair, IPOM (Open Intraperitoneal onlay mesh)	cms as it might need compone separation • uncommon sit eg subxiphoid, suprapubic, lan lateral hernias • loss of domain • Laparoscopic hernia repair suitable for • defect size <6 • absence of ski complications
2-4 cm	IPOM, open sublay repair, onlay repair	
4-8 cm	IPOM plus, open sublay repair, pnlay repair	
More than 8 cm	Component separation will be required. Can be anterior component separation or posterior component separation, depending on available expertise. Botox can be used as an adjunct in case of loss of domain	
Subxiphoid hernias	Mesh overlap will extend below diaphragm in case of IPOM or extraperitoneal repairs	
Suprapubic hernias	Mesh should extend behind pubic bones in case of extraperitoneal repair. IPOM should be done after dividing peritoneum so that lower end of mesh is in retropubic space	
Parastomal hernia	If stoma can be closed, then perform delayed repair, In case of permanent stoma, a 'Sugarbaker' technique is generally advisable	

TRANSPORT OF A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: (**stw.icmr.org.in**) for more information. ©Department of Health Research, Ministry of Health & Family Welfare, Government of India.