

The Challenges of Abdominal Wall Reconstruction in the Super Morbidly Obese

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Super morbid obesity, defined as a BMI >45, significantly impacts the overall outcomes of medical treatment, but the specific impact following hernia repair remains to be clarified. We present results from a retrospective analysis of patients undergoing open ventral hernia repair with abdominal wall reconstruction at a single institution.

31 patients (27 women) with mean age of 57 years (range 29-80) and mean BMI of 51 kg/m² (range 45-64) underwent open ventral hernia repair over a 4 year period. Fourteen (45%) were recurrent hernias; 18 (58%) were incarcerated. Mean ASA was 3 (range 3-4) with 84% (n=26) diabetics. Average hernia defect was 498cm² (range 60-1100). Mean operative time was 243 minutes (range 150-240). Fifteen (48%) patients underwent concomitant panniculectomy. Fourteen (45%) patients required ICU admission with 13 (42%) requiring ventilator support postoperatively. Average length of stay was 12 days (range 4-30). Ten (32%) developed wound infections with eight requiring operative debridement. Six (19%) developed a DVT/PE despite prophylaxis. Five (16%) developed acute renal insufficiency, 7 (23%) had pulmonary complications requiring prolonged intubation or tracheostomy. One patient required ECMO. There were no deaths. During a mean follow up of 9 months (range 1-32), three (10%) hernia recurrences were noted.

Abdominal wall reconstruction in the super morbidly obese carries significant risk of postoperative complications including thromboembolic disease, ventilator dependency, and wound breakdown. For patients who are not candidates for laparoscopic repair, detailed discussion should be had with patients regarding risks for serious complications.