

Prevention of trocar-wound hernia in laparoscopic bariatric operations

魏柏立

Chiu CC;Lee WJ;Wang W;Wei PL;Huang MT

摘要

Abstract

BACKGROUND: Morbid obesity is a risk for fascial wound dehiscence and incisional hernia after abdominal surgery. The development of minimally invasive surgical techniques has led to a dramatic decrease in these complications. However, laparoscopic surgery may still be followed by trocar-wound herniation. Various methods have been advocated for its prevention. **METHODS:** The records of 752 patients who underwent laparoscopic bariatric operations (610 mini-gastric bypass and 142 gastric banding) as treatment for morbid obesity between October 2001 and June 2005, with regular follow-up, were retrospectively reviewed. In all patients, the fascial layer of trocar wounds was not closed. Instead, a Surgicel plug was inserted into the muscle layer of trocar wounds of 10- and 12-mm diameter. **RESULTS:** 2 male patients in the mini-gastric bypass group developed a trocar wound hernia, for an overall prevalence of 0.33% (2/610). The intervals between surgery and diagnosis were 3 and 5 months respectively. In these 2 patients, the hernia occurred at the 12-mm trocar wound of the left midclavicular line, 2-3 cm below the costal margin, outside the left rectus muscle. These 2 patients have not developed intestinal obstruction as a consequence of the hernia, and have not undergone hernia repair. No patient in the gastric banding group has been found to develop a hernia. **CONCLUSION:** With our technique, the prevalence of trocar-wound hernia after laparoscopic bariatric surgery has been very rare.