

**ONLAY VERSUS SUBLAY MESH REPAIR IN THE
MANAGEMENT OF UNCOMPLICATED VENTRAL
ABDOMINAL WALL HERNIAS**

By

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Summary

Hernias of the anterior abdominal wall, or ventral hernias have a various types that can be categorized into primary ventral hernias which include two subtypes lateral ventral hernia, and midline ventral hernias, and incisional hernias (acquired hernias) is another type according to the location, occur at the site of a previous surgical scar.

The cause of a primary ventral hernia is far from completely understood, but it is undoubtedly multifactorial. Familial predisposition plays a role. There is increasing evidence that connective tissue disorders.

They are considered as a leading cause of abdominal surgery. An estimated one-quarter of all individuals are either born with or will develop a ventral hernia in their lifetimes.

The evaluation of ventral hernia requires diligent physical examination combined with imaging modalities that play a greater role in diagnosis of more unusual or complicated hernias.

Complications of ventral hernia include effects of strangulation and post-operative complications, but recurrence still the ultimate nightmare of hernia surgeon. Recurrence reduced after use of permanent prosthetic mesh for repair.

Classically repair was done proposed by Mayo, but with increased tension on the repair and recurrence rates almost 30%, instead defects are closed primarily and reinforced via prosthetic mesh, fascial auto grafts or metallic mesh.

The introduction of prosthetics has revolutionized hernia surgery with the concept of tension free repair remains the most efficient method of dealing with ventral hernia.

In this thesis, a comparative study between two methods of surgical treatment for ventral hernia was made. The study included 30 adult patients with uncomplicated ventral hernia divided randomly into two groups according to the surgical technique used for the repair, without any specific criteria used in selection for any technique as follows:

- **Group A (Onlay mesh repair):** 15 patients were operated by placing the mesh above the anterior rectus sheath and the external oblique muscle.
- **Group B (Sublay "Reteromuscular" mesh repair):** 15 patients were operated by placing the mesh in the retro- muscular space.

In this study no significant difference found between both methods as regarding age and gender, type of ventral hernia, postoperative hospital stay, hernia recurrence, surgical site occurrences

Significant difference found to be between both groups as regarding the duration of the operative procedure which was significantly higher in the sublay group.