

Onlay versus Sublay Mesh Repair in the Management of Uncomplicated Ventral Abdominal Wall Hernias.

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ABSTRACT

Aim of the study: The aim of the study is to compare between two techniques of mesh placement in uncomplicated ventral hernias, onlay versus sublay, comparing the operative technique, length of the operation, the postoperative complications and recurrence. Methods: Thirty patients with a defect size ranging from 3.5 to 15 cm were prospectively randomized into 2 groups: Group A (n = 15) was operated upon using the onlay mesh repair technique and group B (n = 15) was operated upon by means of the sublay mesh repair technique. The operative time, postoperative complications and short-term recurrence were reported. Results: In this study, onlay placement of the mesh significantly reduced the operative time (which was longer in the sublay mesh group; P = 0.007). Fewer incidences of seroma formation in the sublay group after drain removal (which was higher in the onlay mesh group) with no statistical significance (P = 0.7). There were 3 events of Superficial surgical site infection (SSI) in the onlay group compared to only one event in the sublay group. Also one event of retro-rectus haematoma in the sublay group, skin flap necrosis occurred in one case of the onlay group with no statistical significance. Conclusion: Both sublay and onlay mesh placement techniques for ventral hernia repairs in low-risk adults are safe, efficient and are associated with comparable complications rate. Additional studies are needed to determine the long term benefits of both approaches with respect to mesh infection rates and hernia recurrence rates.

Keywords: Ventral hernias, Onlay, Sublay, Mesh, Recurrence, Repair.