

Wall defects after abdominoperineal resection: a modified tension-free technique

Alberto Vannelli, Luigi Battaglia, Mario Rampa, Paolo Boati, Antonella Putortì, Daniela Pelleriti, Fabienne Fedele, and Ermanno Leo

Division of General Surgery B, Fondazione IRCCS "Istituto Nazionale dei Tumori", Milan, Italy

ABSTRACT

Background. The treatment of wall defects after abdominoperineal resection has yet to be defined. In this study we report the outcome of a modified prosthetic technique for the treatment of combined large incisional and parastomal hernia performed after abdominoperineal resection.

Material and methods. Between January 2005 and July 2008, 21 consecutive patients who underwent abdominoperineal resection for low rectal cancer received surgical repair for large incisional hernias with a modified mesh technique consisting of a tension-free attachment of the prosthetic material to the posterior sheath of the rectus abdominis muscle. The surgical outcome was assessed mainly as the recurrence rate of abdominal hernia and postoperative complications.

Results. Among the 21 patients we reported two minor complications: partial necrosis of the skin flap (4.8%) and a seroma (4.8%). One major complication occurred: extensive necrosis of the skin flap (4.8%).

We reported one death due to stroke 20 days after surgery. The mean postoperative hospital stay was 6.1 days (SD, 2.3).

Conclusions. This study encourages the use of a tension-free modified prosthetic technique for the repair of combined wall defects after abdominoperineal resection. The technique does not lead to an increase in the incidence of complications, offering a considerable advantage to the patient.

Key words: ventral hernia, parastomal hernia, rectal cancer, tension-free technique, mesh.

Correspondence to: Dr Alberto Vannelli, Division of General Surgery B, Fondazione IRCCS "Istituto Nazionale dei Tumori", Via G. Venezian 1, 20133 Milan, Italy.

Tel +39-02-23902345;

e-mail

alberto.vannelli@istitutotumori.mi.it

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