

## **Simultaneous Bariatric Surgery-Ventral Hernia Repair. After 2 decades is there any reason to change?**

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### **Introduction:**

When faced with a ventral hernia in a patient undergoing bariatric surgery, many clinicians defer the hernia repair, for fear of adverse outcomes. Our study compares outcomes between patients undergoing simultaneous and selectively deferred ventral hernia repair and bariatric surgery.

### **Methods:**

A retrospective case series from a single institution's prospective database (2003-21) was performed to determine the outcomes in patients having simultaneous or selectively deferred ventral hernia repair relative to their bariatric surgery. Simultaneous repair was undertaken for pre-operative or intra-operatively diagnosed hernias as long as it was technically feasible and not contraindicated.

### **Results:**

Of 132 patients 111 (84.1%) underwent simultaneous repair and 21 (15.9%) had a deferred repair. Of the simultaneous patients, 95 (85.6%) underwent resection bariatric surgery. The median operative times in the simultaneous vs deferred groups was 155 vs 287 minutes and the length of stay was 3 vs 7 days. There has been one (0.9%) infected mesh removal, in an open, simultaneous repair undertaken in a gastric band patient, 3 (2.8%) infected seromas, 1 (0.9%) surgical site infection, and 8 (7.5%) hernia recurrences in the simultaneous group. 6 recurrences were due to the previously used tension-free approach and 2 due to subsequent laparotomy. The deferred group has had no mesh infections, no hernia recurrence, and 2 (9.5%) infected seromas to date. There was one mortality (simultaneous gastric bypass group), from a massive Pulmonary Embolism (<30 days post-operatively). 3 patients, 2 selectively deferred and one with an occult hernia required emergency surgery for interval bowel obstruction and there was one death notified to us by other surgeons.

### **Conclusion:**

Simultaneous ventral hernia repair with bariatric surgery had a low rate of infection and mesh explant rate, even when coupled with resection bariatric surgery. Deferred hernia repair is reasonable in many circumstances but is also not risk-free.