Exploring Age As A Laparoscopic Ventral Hernia Repair Factor

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With an incidence of 3 to 20 percent, ventral hernia formation is one of the most common long-term complications of laparotomy among surgical patients. Further, it is estimated than an additional 5 percent of the Unites States population has an umbilical or epigastric hernia. As a result, nearly 90,000 ventral hernia repairs are performed annually, reports a scientific paper written by Andrew L. Blount, MD, Randall O. Craft, MD and Kristi L. Harold, MD, which was published in the July – September edition of the Journal of the Society of Laparoendoscopic Surgeons.

According to the paper, studies have shown that mesh repairs result in better surgical outcomes when compared to primary closure, with a recurrence rate of 11 to 21 percent for mesh repairs and 25 to 52 percent for primary closure. Meanwhile, open mesh repair has shown to carry a 14 to 50 percent rate of complications, mainly associated with the wound. Therefore, the advancement in laparoscopic ventral hernia repair (LVHR) in the last 10 years has improved the hernia repair process for patients in a number of ways—recurrence, length of stay as well as complication rates compared to open repairs with prosthetic mesh.

However, there is limited information regarding the effects of age on potential complications associated with laparoscopic ventral hernia repair, whether it’s a safe choice for the aging population and if this population reaps the same benefits of LVHR that younger patients achieve. According to the paper, surgeons are increasingly facing older patients, and so the researchers sought to explore the short-term surgical outcomes and safety of LVHR in the octogenarian population.

The group performed a retrospective chart review of 20 patients aged 80 to 89 years old undergoing LVHR between May 2000 and June 2007, collecting data regarding demographics, the number and type of hernia repairs, defect and mesh size, postoperative complications, and follow-up. The average age of the patients was 82 years.

The results of the analysis concluded that, in fact, LVHR is a safe and efficient method for an older generation of patients. According to the study, the rate of major complications was 20 percent, equivalent to that of a younger population when compared to previous studies. The current study found a 50 percent rate of minor complications, which was slightly higher than previous studies.

For example, the paper cites a study describing a patient population of 68.5 years of age. The group totaled a minor complication rate of 34 percent and major complication rate of 6 percent. Another study cited in the paper reported equal complication rates between a patient population below 65 years of age, and one averaging above 65 years of age.

In addition, while wound complications decreased with LVHR, the development of seroma is an expected outcome of the surgery, and one that cleared up within the normal six weeks in the older population of patients. Further, no patients in the population experienced pain at the trocar or transabdominal suture sites that lasted over six weeks.

What do these findings mean for LVHR in elderly patients? While additional, long-term research is needed in this arena, according to the researchers, findings indicate that age should not be the deciding factor on whether or not to perform the procedure on an aging patient. Instead, the researchers explain, patient condition and comordities should be the deciding factors in what procedure is best for the patients. Regardless if the patient is 60 or 80-years-old, LVHR is a feasible procedure for a hernia-repair patient, and the benefits of the surgery can be achieved.

Source: "Safety of Laparoscopic Ventral Hernia Repair in Octogenerians" Andrew L. Blount, MD, Randall O. Craft, MD, Kristi L. Harold, MD. Journal of the Society of Laparoendoscopic Surgeons (2009) 13:323-326.

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