



ORIGINAL ARTICLE

Factors Indicative of Recurrence Paraumbilical Hernia: Experience at a Tertiary Care Hospital in Dhaka City

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Abstract

Background: Paraumbilical hernia has gained little attention from surgeons in comparison with other types of abdominal wall hernias (inguinal, postoperative); however, the primary suture for paraumbilical hernia is associated with a recurrence rate of 19.0 to 54.0%. **Objective:** The aim of this study was to analyze the results of the paraumbilical hernia repair and to assess the independent risk factors influencing paraumbilical hernia recurrence. **Methodology:** A retrospective analysis of patients who underwent surgery for paraumbilical hernia in the department of surgery, Dhaka Medical College Hospital from 2012 to 2015 was performed. Age, sex, hospital stay, hernia size, patient's body mass index, and postoperative complications were analyzed. Postoperative evaluation included pain and discomfort in the abdomen and hernia recurrence rate. Hernia recurrence was diagnosed during the patients' visit to a surgeon. Two surgical methods were used to repair paraumbilical hernia: open suture repair technique (keel technique) and open mesh repair technique (onlay technique). Every operation was chosen individually by the surgeon. **Results:** Ninety-seven patients (31 males and 66 females) with paraumbilical hernia were examined. The rate of postoperative complications was 5.2%. The complete patient's recovery time after surgery was 2.4±3.4 months. Fourteen patients (20.9%) complained of pain or discomfort in the abdomen, and 7 (10.4%) patients had ligature fistula after the surgery. Forty-five patients (67.2%) did not have any complaints after surgery. The recurrence rate after paraumbilical hernia repair was 8.9%. The recurrence rate was higher when hernia size was >2cm (9% for <2 cm vs 10.5% for >2 cm) and patient's BMI was >30 kg/m² (8.6% for <30 vs 10.7% for >30). **Conclusion:** In conclusion significant independent risk factors are found for paraumbilical hernia recurrence. [*Journal of Current and Advance Medical Research 2018;5(1):11-14*]

Keywords: Paraumbilical hernia; recurrence rate; mesh repair; suture repair.

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Introduction

Paraumbilical hernia has gained little attention from surgeons in comparison with other types of abdominal wall hernias (inguinal, postoperative). The primary suture for paraumbilical hernia resulted in recurrence rates of 19–54%¹⁻³.

The use of different kind of meshes for hernia repair can reduce this rate. On the other hand, there are some risk factors, which can increase the risk of the paraumbilical hernia recurrence. The aim of this study was to analyze the results of the paraumbilical hernia repair and to assess the independent risk factors, influencing paraumbilical hernia recurrence.

Methodology

This retrospective analysis of patients was carried out who were undergone for surgery for paraumbilical hernia in the Department of Surgery at Dhaka Medical College & Hospital, Dhaka, Bangladesh. Age, sex, hospital stay, hernia size, patient’s body mass index (BMI), and postoperative complications were analyzed. Postoperative evaluation included pain and discomfort in the abdomen and hernia recurrence rate. Hernia recurrence was diagnosed during the patients’ visit to a surgeon. The summary patients’ median follow-up period was 1.5 year after the operation. Two surgical methods were used to repair paraumbilical hernia: open suture repair technique (keel technique) and open mesh repair technique (onlay technique). Operation method was chosen individually by a surgeon. Statistical evaluation was conducted using descriptive analysis: the unpaired Student *t* test was used to compare parametric values between two study groups, Mann-Whitney *U* test – to compare the unpaired non- parametric values between two study groups, and 2 test – to compare nonparametric values between these groups. Logistic regression analysis was used to estimate the independent risk factors for hernia recurrence. Data were expressed as mean and standard deviation. *P*<0.05 was considered statistically significant.

Results

Ninety-seven patients (31 males and 66 females) with paraumbilical hernia were examined. The mean age of patients was 57.1±15.4 years, hernia duration– 7.6±8.6 years. Ninety- two patients (94.8%) were operated on using open suture (keel) repair technique and 5 (5.2%) patients using open

mesh (onlay) repair technique. Only 7% of patients whose BMI was >30 kg/m² and hernia size >2 cm and 4.3% of patients whose BMI was <30 kg/m² and hernia size <2 cm were operated on using onlay technique (*P*>0.05) (Figure 1).

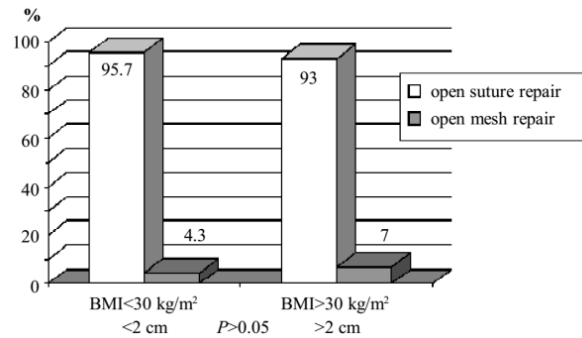


Figure 1: The distribution of patients to different repair groups by hernia size and patients’ body mass index

Postoperative complications were reported in 5.2% of patients. Two patients (2.1%) had wound seroma, one patient (1%) had wound hematoma, and other two patients (2.1%) wound suppuration.

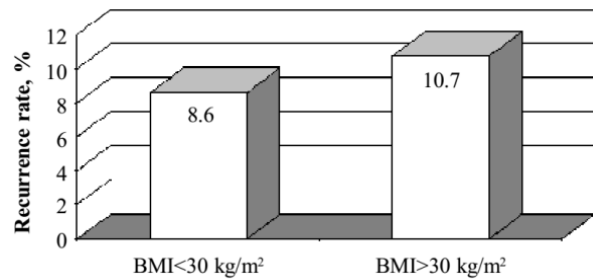


Figure 2: The dependence of recurrence rate on patients’ body mass index (BMI)

Sixty-seven patients (69%) answered the questionnaire and were examined for hernia recurrence. The complete patient’s recovery time after the surgery was 2.4±3.4 months. Fourteen patients (20.9%) complained of pain or discomfort in the abdomen region, and 7 patients (10.4%) had ligature fistula after surgery. Forty-five patients (67.2%) did not have any complaints after surgery.

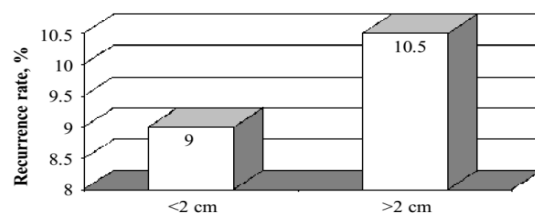


Figure 3: The dependence of recurrence rate on hernia size

The recurrence rate after paraumbilical hernia repair was 8.9% (6 patients) in our study. The recurrence rate was higher when hernia size was >2 cm and patient's BMI was >30 kg/m², but this difference was not significant (Figs. 2 and 3). There were 5 recurrence cases after open suture repair and one case after open mesh repair in our study.

Fifty-six patients (83.6%) assessed their general condition after surgery as good, 9 patients (13.4%) as satisfactory, and only 2 patients (3%) as poor.

Discussion

The paraumbilical hernia is a common surgical problem mainly encountered in the 5th and 6th decades of life¹⁻³. The paraumbilical defect is observed in more than 90% of elderly patients. It is seen mainly in obese patients, especially in women, in patients with liver cirrhosis^{1,4,5}. In this retrospective study, the mean age of the patients was 57.1 years, and 68% of all patients with paraumbilical hernia were women.

Many surgical techniques of paraumbilical hernia repair have been described. The first operative techniques included simple suture herniorrhaphy, Mayo or keel repair techniques. The suture repair techniques increased the recurrence rate up to 19 to 54.0%^{3,6-8}. The use of prosthetic materials reduces the recurrence rate to 15.0 to 20.0%⁶. Arroyo et al² in their retrospective study showed that using meshes for paraumbilical hernia repair, the recurrence rate could be reduced to 0.95%. In this retrospective study, the recurrence rate was 8.9% in both surgery groups (open suture repair and open mesh repair), and such recurrence rate is rather low. We did not analyze and compare recurrence cases in different surgery groups, because there were only 5 cases operated on using prosthetic mesh repair technique. If we had more patients undergoing open mesh repair surgery, we believe, that recurrence rate would have been significantly higher in this group of patients.

However, some risk factors could influence the paraumbilical hernia recurrence. Many retrospective studies have analyzed and assessed independent risk factors for paraumbilical hernia recurrence. However, there are only a few randomized clinical trials, which proved risk factors for recurrence. Arroyo et al. in their randomized prospective trial of 200 patients compared two different surgery techniques: suture and mesh repair techniques. The recurrence rate was significantly higher in the suture

repair group than in mesh repair group (11% vs 1%, $P=0.0015$). Nevertheless, they did not find any significant relationship between recurrence rate and hernia size. The recurrence rates were similar for defects greater or smaller than 3 cm. The patient's BMI of >30 kg/m² was a risk factor for paraumbilical hernia recurrence¹. In our retrospective study, the recurrence rate was higher in patients whose hernia size was >2 cm and patient's BMI was >30 kg/m² comparing with hernia size of <2 cm and BMI of <30 kg/m² (10.5% vs 9% for defect size and 10.7% vs 8.6% for BMI). There were no significant differences comparing these values. Obese patients have a higher risk of recurrence when their BMI is >30 kg/m²; therefore, they need to be operated on using meshes – tension-free technique⁵. Halm et al³ included 131 patients in their prospective study. Their recurrence rate was 13.0%. No relationship between wound infection, obesity and paraumbilical hernia recurrence was found.

Lau and Patil⁷ analyzed 102 cases of paraumbilical hernia in their retrospective study. The authors analyzed and compared different surgery techniques of paraumbilical hernia repair: Mayo repair, laparoscopic hernioplasty, suture herniorrhaphy, and mesh hernioplasty. The recurrence rate after surgery was 8.3%. All these patients underwent suture herniorrhaphy and the recurrence rate of paraumbilical hernia increased when hernia size was >2 cm⁷.

Postoperative complications such as wound seroma and hematoma occur in 5.6% to 42% of cases using the meshes for paraumbilical hernia repair^{2,9}. It can be the reason of postoperative wound infection, suppuration, and hernia recurrence². A prospective randomized study by Abdel-Baki et al. did not show relationship between postoperative wound suppuration using meshes and recurrence rate. The patients were randomized in the prosthetic repair group and the suture repair group. Twenty-one patients were in each group. The emergency surgery for incarcerated paraumbilical hernia was performed. The higher risk of postoperative wound suppuration was in these cases, especially using mesh repair technique. However, the recurrence rate was 19.0% in the suture repair group, and no recurrences in the prosthetic repair group were reported ($P<0.05$). Using the mesh repair technique for emergency surgery of incarcerated Paraumbilical hernia is a safe method and leads to superior results, in terms of recurrence, compared with conventional suture repair¹⁰.

In this retrospective study, the rate of postoperative complications was 5.2%. These results are comparable with those reported by above-mentioned authors. The rate of postoperative wound seroma or wound suppuration could be significant higher if we had more surgery cases with prosthetic meshes. Some authors recommend drainage using meshes for paraumbilical hernia repair. It prevents wound seroma or hematoma and wound suppuration^{2,6,7}. Some references suggest not leaving drains after surgery because it can be a potential risk factor for prosthetic infection^{6,11}.

Not every paraumbilical hernia needs mesh repair. The defect of <2 cm can be repaired successfully with suture herniorrhaphy or hernioplasty^{3,7}.

The suture repair technique for paraumbilical hernia is under tissue tension. This surgery technique increases the risk of recurrence and even increases the intraabdominal pressure after surgery⁹. An increase in intraabdominal pressure is associated with postoperative respiratory complications such as pneumonia and respiratory insufficiency. These complications can be one of the risk factors for hernia recurrence in long-term period. The mesh repair technique is a tension-free surgery, which reduces postoperative respiratory complications and recurrence rate⁹. Liver cirrhosis is a risk factor for paraumbilical hernia. Mesh repair surgery is preferred in patients with cirrhosis. The recurrence rate is up to 13.6% after paraumbilical hernia repair in cirrhotic patients⁴.

The complete patient's recovery time after surgery is prolonged using open suture repair technique. Nearly 20.0% of patients undergoing suture repair surgery experience pain or discomfort in the abdomen region 12 months after surgery. Tension-free surgery technique allows the patients to recover faster to normal physical activity after operation⁹. In this retrospective study, 83.6% of patients assessed their condition after surgery as good, 16.4% as satisfactory or poor. These results were in both open suture and open mesh repair technique groups. A lower incidence of postoperative seromas, hematomas, infections and other related complications is observed after laparoscopic paraumbilical hernia repair as compared with open repair surgery. The recurrence rate accounts for 8–10% in this patient group^{12,13}. However, not all paraumbilical hernias need

laparoscopic repair. Laparoscopic hernia repair is an expensive procedure, and paraumbilical hernias, which defect size is <2 cm, can be successfully repaired in open way¹³.

Conclusions

In conclusion there is no significant independent risk factors are found for paraumbilical hernia recurrence. However, base on reviewed literature, higher patient's body mass index and hernia size of >2 cm could be the risk factors for paraumbilical hernia recurrence.

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