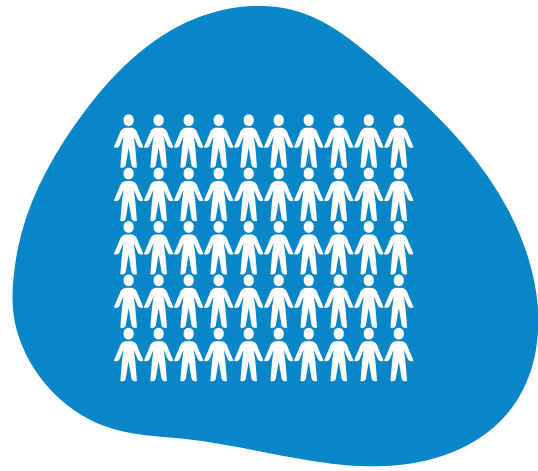


Intraoperative fascial traction (IFT) for the treatment of large ventral hernias

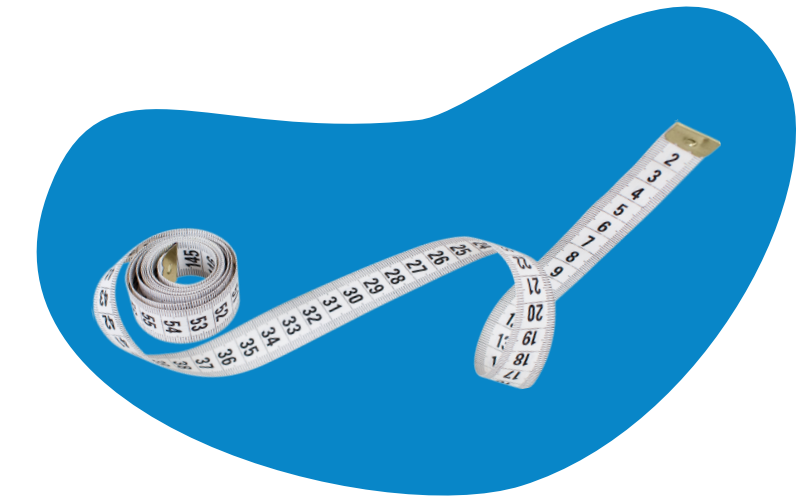


50 patients

The study evaluated 50 patients from 11 specialised centres.

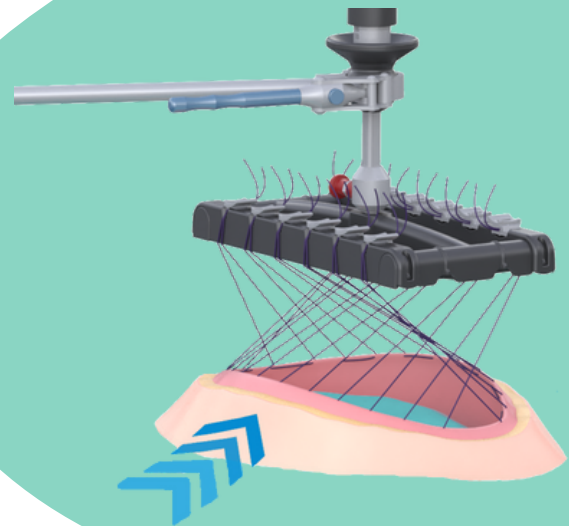
Conclusion

The described IFT method is a new procedure for abdominal wall closure in large ventral hernias. The presented results demonstrate a high **effectiveness**, a **good clinical practicability** and a **low complication rate** for IFT.



Mean defect size 16,1 cm

Fascial distances measured preoperatively ranged from 8 cm to 44 cm (mean 16,1 cm), with most patients (94%) having a fascial distance greater than 10 cm (W3).

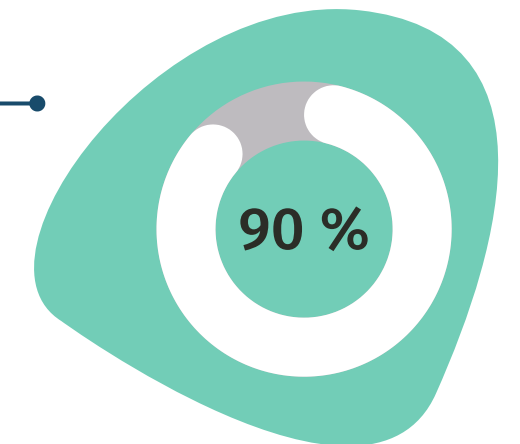


10,2 cm reduction in fascial distance

The mean reduction in fascial distance achieved was significant, averaging 10.2 ± 0.7 cm. A reduction in fascial distance of at least 50% was achieved in three quarters of the patients, and in half of the treated patients the reduction in fascial distance amounted to even more than 70%.

90% closure rate

The closure rate achieved by IFT was 90% (45/50). Hernia closure was performed in all cases with a mesh augmentation in a sublay position.



Low complication rates

Postoperative complications occurred in 6 patients (12%). 3 recovered without surgical treatment. A reoperation (subcutaneous NPWT) was required in 3 patients (6%).