Reply To

Citation for published version (APA):

Document status and date:
Published: 01/08/2022

DOI:
10.1016/j.ejvs.2022.06.003

Document Version:
Version created as part of publication process; publisher's layout

Document license:
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Please check the document version of this publication:

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LETTER TO THE EDITOR

Reply To: Incisional Hernias After Open Abdominal Aortic Aneurysm Repair: More Attention Needed at Start and Finish

In a response to our recently published research letter, A. Chaudhuri indicates several important points to frame the interpretation of our results.

Available trials on prophylactic mesh use have focused on midline laparotomy for open surgical repair (OSR) of abdominal aortic aneurysms (AAA). However, alternatives (like a ‘rooftop’ incision) may minimise incisional hernias. The latest guidelines from the European Hernia Society have also proposed a shift away from the midline to minimise incisional hernias after laparotomy. Nevertheless, most respondents to our survey preferred a midline laparotomy (97.0%) for the OSR of AAA. The advantages and feasibility of alternative incisions for OSR of AAA remain to be determined, and should therefore be included in future research on this topic.

In addition, A. Chaudhuri stresses the need for further training in both closure techniques and mesh placement among vascular surgeons, as abdominal wall closure by hernia surgeons is unrealistic outside a study setting. This is in concordance with our findings, as two thirds of the respondents did not believe that placing prophylactic mesh is technically challenging (67.3%) or that it should be performed by an abdominal wall surgeon (65.3%). However, the sublay position of prophylactic mesh could pose fewer mesh related complications compared with the onlay position, and does require some degree of training to correctly place these meshes. These training opportunities are diminishing due to increased use of endovascular repair of AAA and more open AAA repairs being performed as emergency surgery. The emergency setting poses an additional threshold for using prophylactic mesh due to increased operating times, and higher risks of mesh related complications and abdominal compartment syndrome. The latter was illustrated by 18.8% of respondents using prophylactic mesh only in selected patients, with emergency surgery being the main reason not to do so.

REFERENCES


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https://doi.org/10.1016/j.ejvs.2022.06.003

DOI of original article: https://doi.org/10.1016/j.ejvs.2022.05.043