

321 The Darn Technique for Small (< 2 Cm Diameter) Midline Hernias

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Aim: Primary midline hernias arising in the linea alba are common. While mesh repair has been shown to reduce recurrence rates even in small hernias, many surgeons still use a suture repair for defects of less than 2 cm. The recent European and Americas Hernia Societies Guidelines recommended suture repair only for hernias <1 cm. A darn is a tension-free repair where, in effect, a “mesh” is hand-woven across the defect in situ.

Method: Eligible patients undergoing this repair between 1 January 2008 and 31 December 2017 were identified from a prospective computer-based medical record system and their case notes reviewed. Inclusion criteria were adult patients with a primary midline abdominal wall defect smaller than 2 cm at the widest point measured intra-operatively. Follow up was by telephone. Those who reported possible recurrence or other symptoms in the region of their repair were reviewed in person.

Results: 47 suture-darn repairs were undertaken. Fifteen operations (32%) were performed under local anaesthesia. Forty-one patients were followed up with a mean of 80 ± 35 and median of 87 months after surgery. Six patients (13%) were lost to follow-up. Recurrence was found in two cases (5%) and one patient has since been diagnosed with a new epigastric hernia some 5 cm cranial to the previous repair.

Conclusions: The darn repair for small primary midline hernias is quick and inexpensive with promising long-term results. It can be performed under local anaesthesia. It can serve as an alternative to mesh repair for defects less than 2 cm in maximum dimension.