



XXVIII IFSO World Congress

8 - 12 September 2025 | Santiago, Chile

Reconstruction and Ventral Hernia repairs in the Post-Bariatric patient

J. Alejandro Conejero, MD FACS
Chief, Plastic Surgery Residency Program
Finis Terrae University
Made Clinic
Santiago, Chile





UFT Medical School





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- No disclosures

Post bariatric Abdominal Wall defect



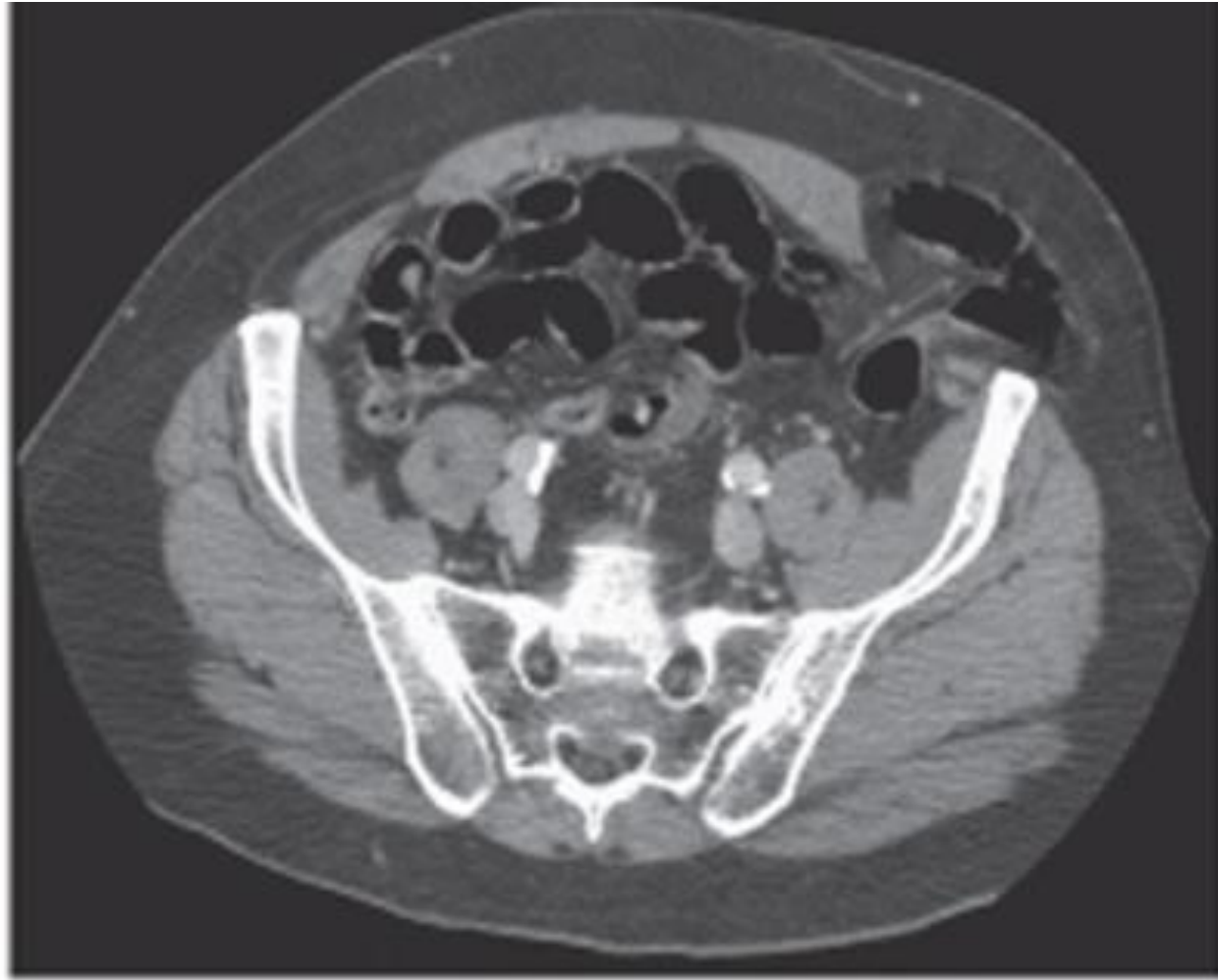
Loss of domain



Laparostomy



Paramedian defects



Introduction

- Obese patients: Linea Alba widening, visceral fat, intraabdominal pressure → Abdominal wall hernia
- Risk of AWR increases with BMI > 30 kg/m²
- Patient evaluation
 - Preoperative status
 - Symptomatology
 - Type of procedure

VHR and Obesity

- Determine patient's preoperative functional status
- Evaluate modifiable factors, comorbidities, lifestyle adjustment and nutritional status.
- Prehabilitation: Fewer complications, less postoperative time, reduced postoperative stay
- Consider repair if: symptomatic, skin changes, incarceration or strangulation.

AWHR before BS

- Sizable defects
- Loss of domain
- Extensive adhesions
- Compromised skin quality
- Incarcerated hernia

- **Component separation alone or combined with mesh reinforcement**

Moskowitz et al 2021

- 2039 patients VHR before BS.
- 3388 patients concomitant VHR+BS
- 6260 patients VHR after BS.

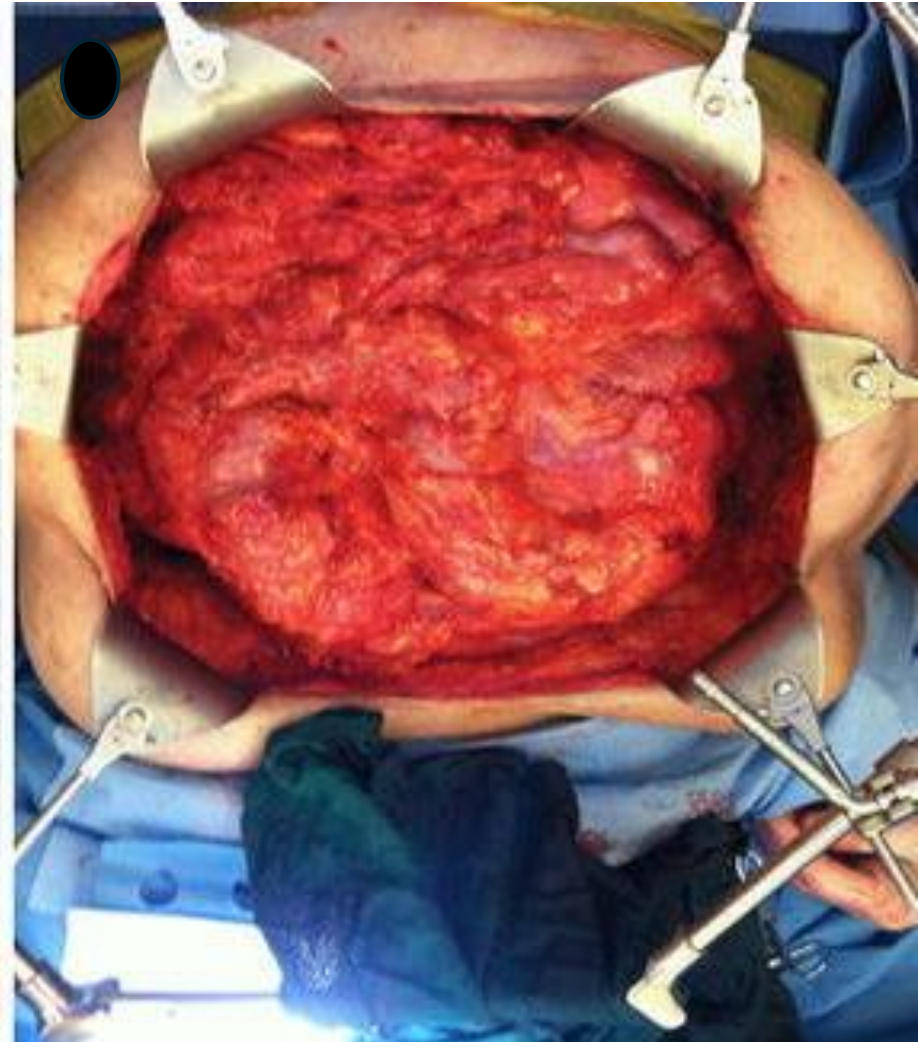
- Recurrence is higher at 10 years when VHR before BS.
- 36.2% Recurrence

Ventral Hernia Repair and Obesity: Results from a Nationwide Register Study in France According to the Timeframes of Hernia Repair and Bariatric Surgery

Which technique is best?

- Primary repair
- ***Open Ventral Hernia Repair (VHR)?***
 - Simple onlay vs inlay
 - ***Rives Stoppa***
 - ***Component separation***
- Laparoscopic repair
- Combined with Bariatric surgery

Repair with mesh



Inlay + Onlay + VAC → High recurrence

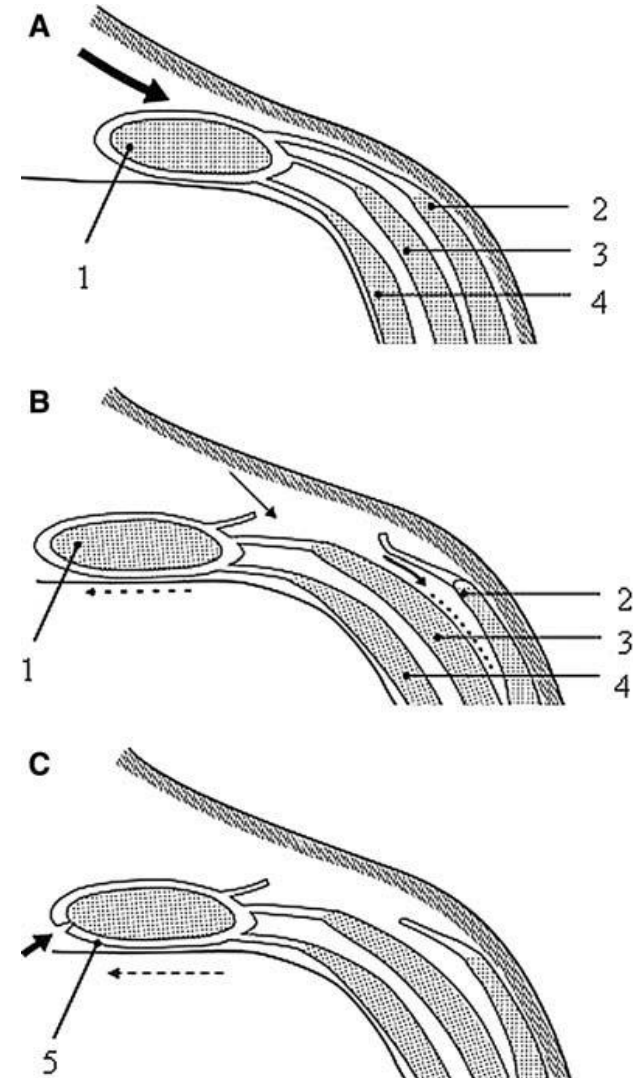


Component separation technique 1990

"Components separation" method for closure of abdominal-wall defects: an anatomic and clinical study

O M Ramirez¹, E Ruas, A L Dellon

Plastic and
Reconstructive Surgery®
Journal of the American Society of Plastic Surgeons



Component separation technique

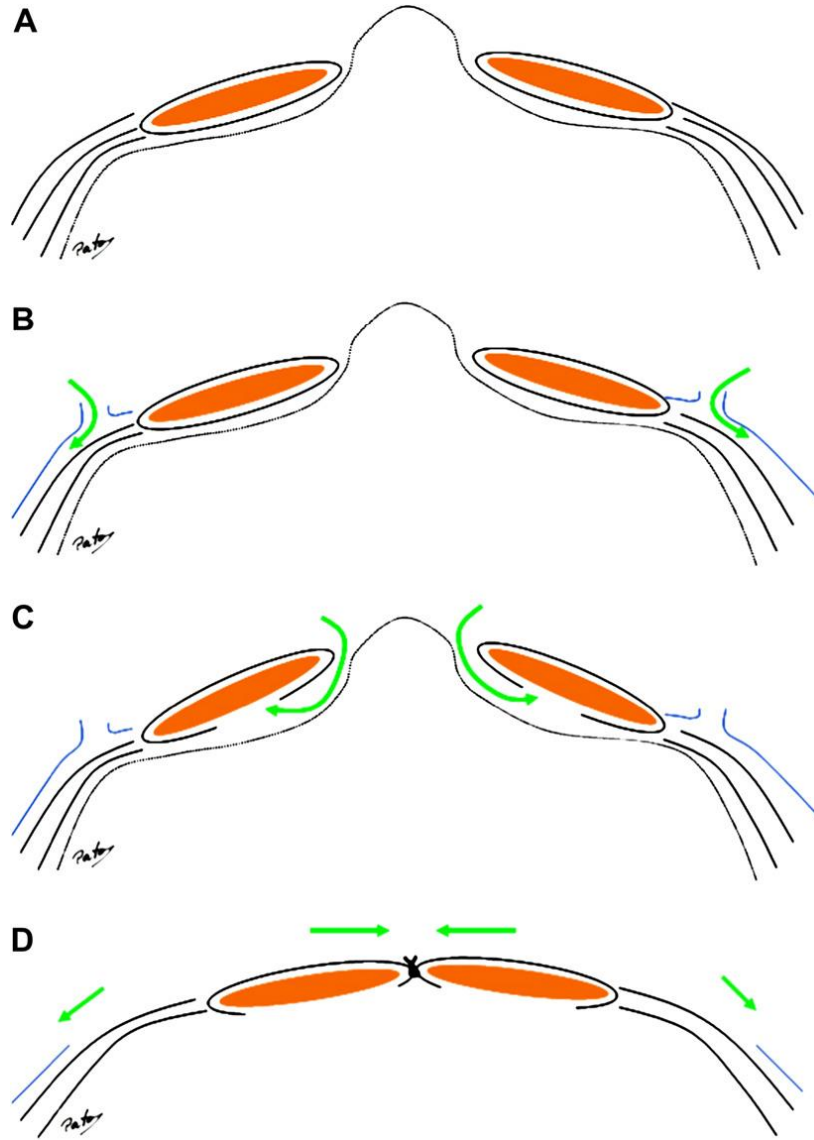
- Retrospective review 2007
- 30 patients BMI > 35
- Anterior component separation. No mesh
 - Mean defect width 12 cm (3-55)
 - 12 had undergone previous repairs
- Additional procedures
 - Gastric bypass (RYGB): 6 (20%)
 - Small bowel resection: 6 (20%)
 - Panniculectomy: 16 (53%)

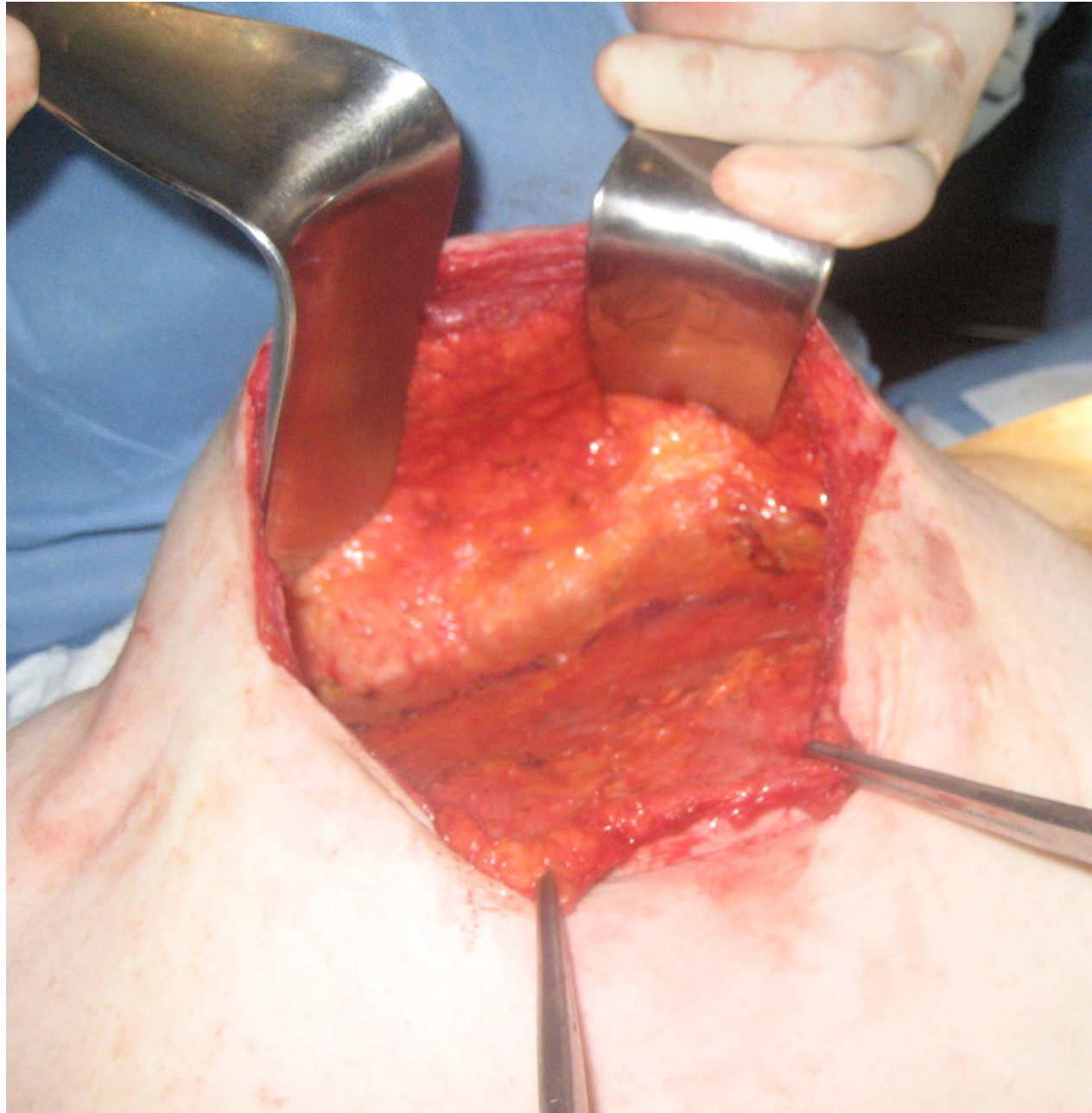
JAMA Surgery

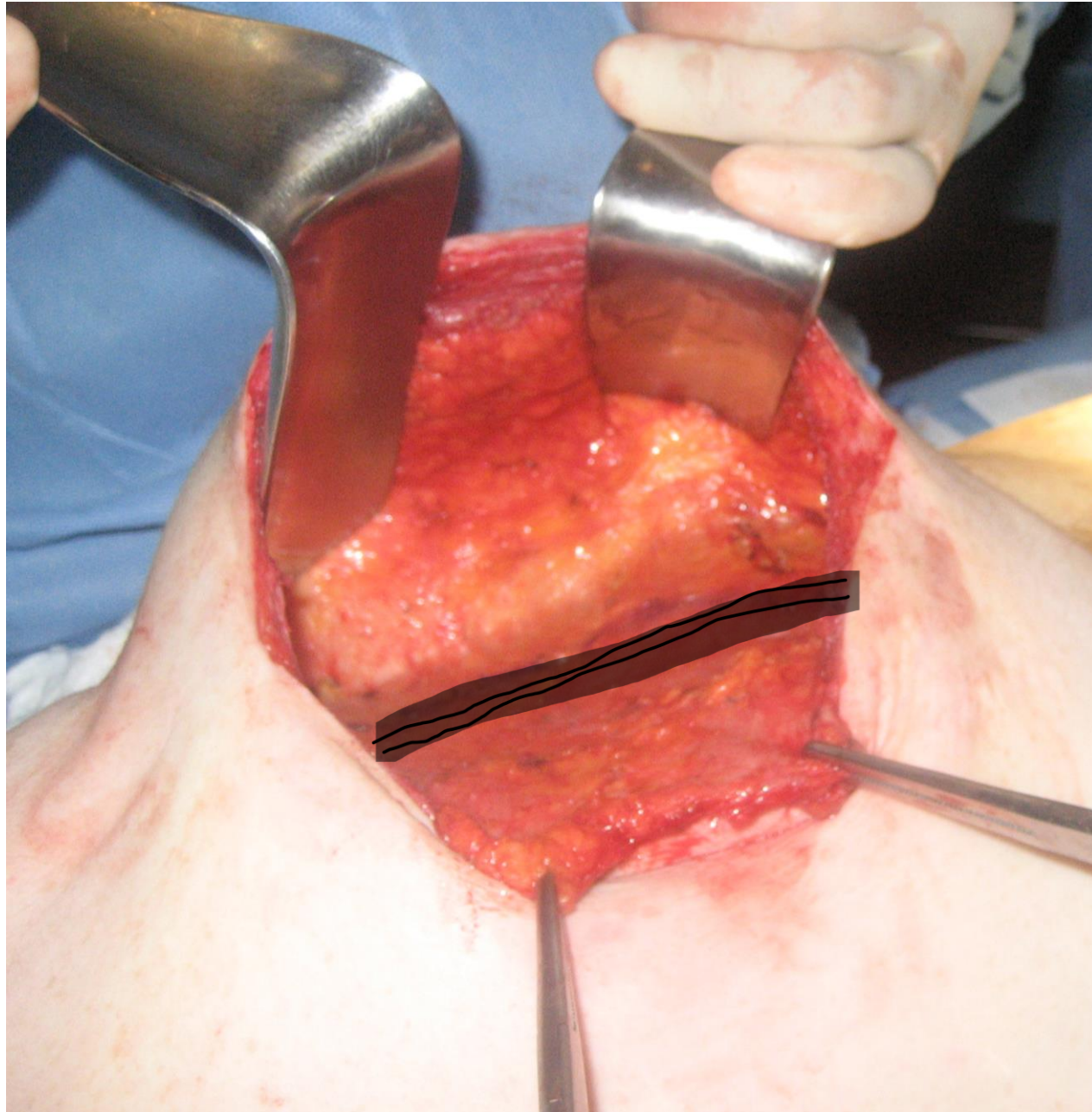
**Autologous Tissue Reconstruction of Ventral Hernias
in Morbidly Obese Patients**

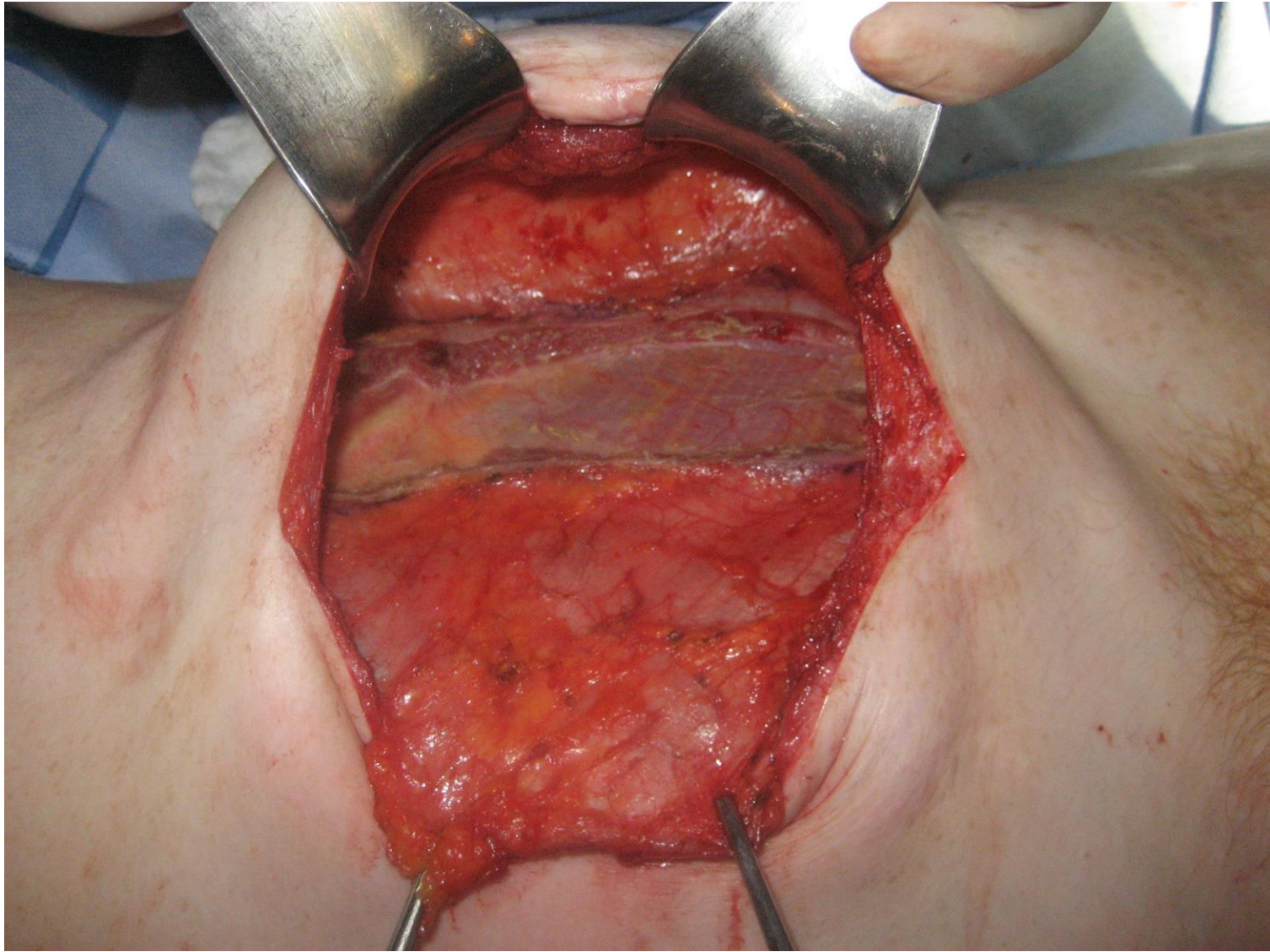
Edward I. Chang, MD; Robert D. Foster, MD; Scott L. Hansen, MD ; [et al](#)

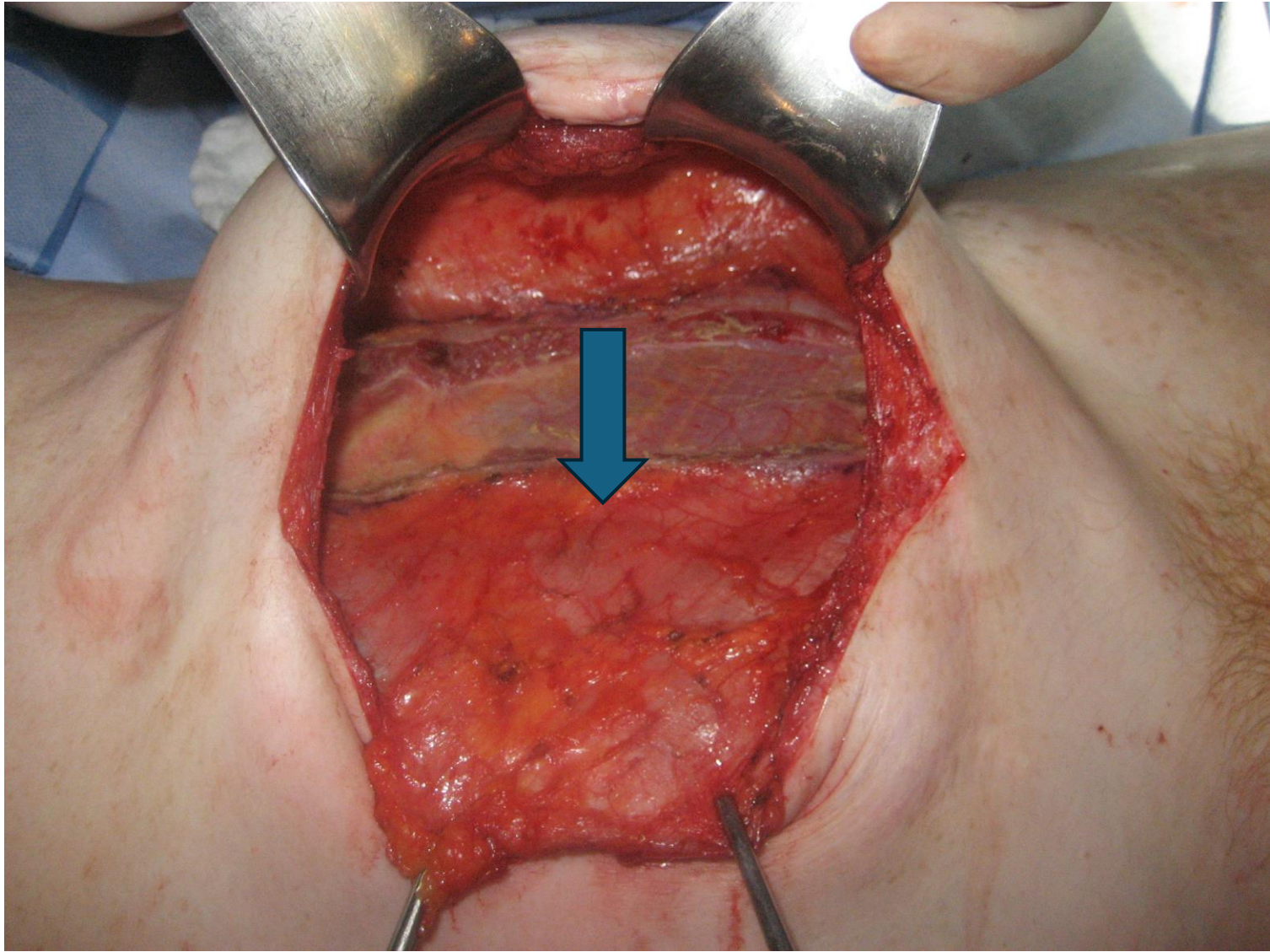
Component separation technique





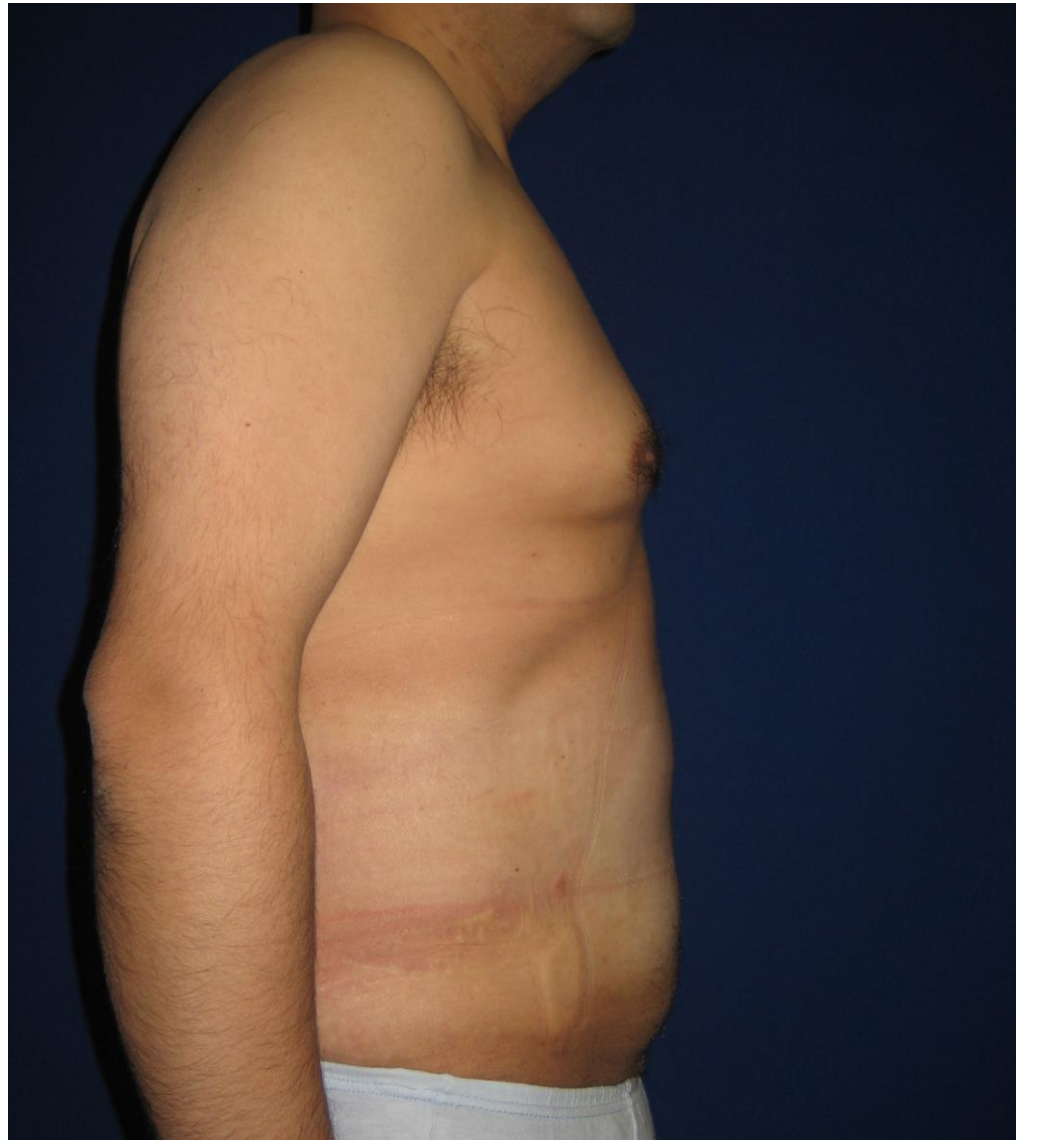
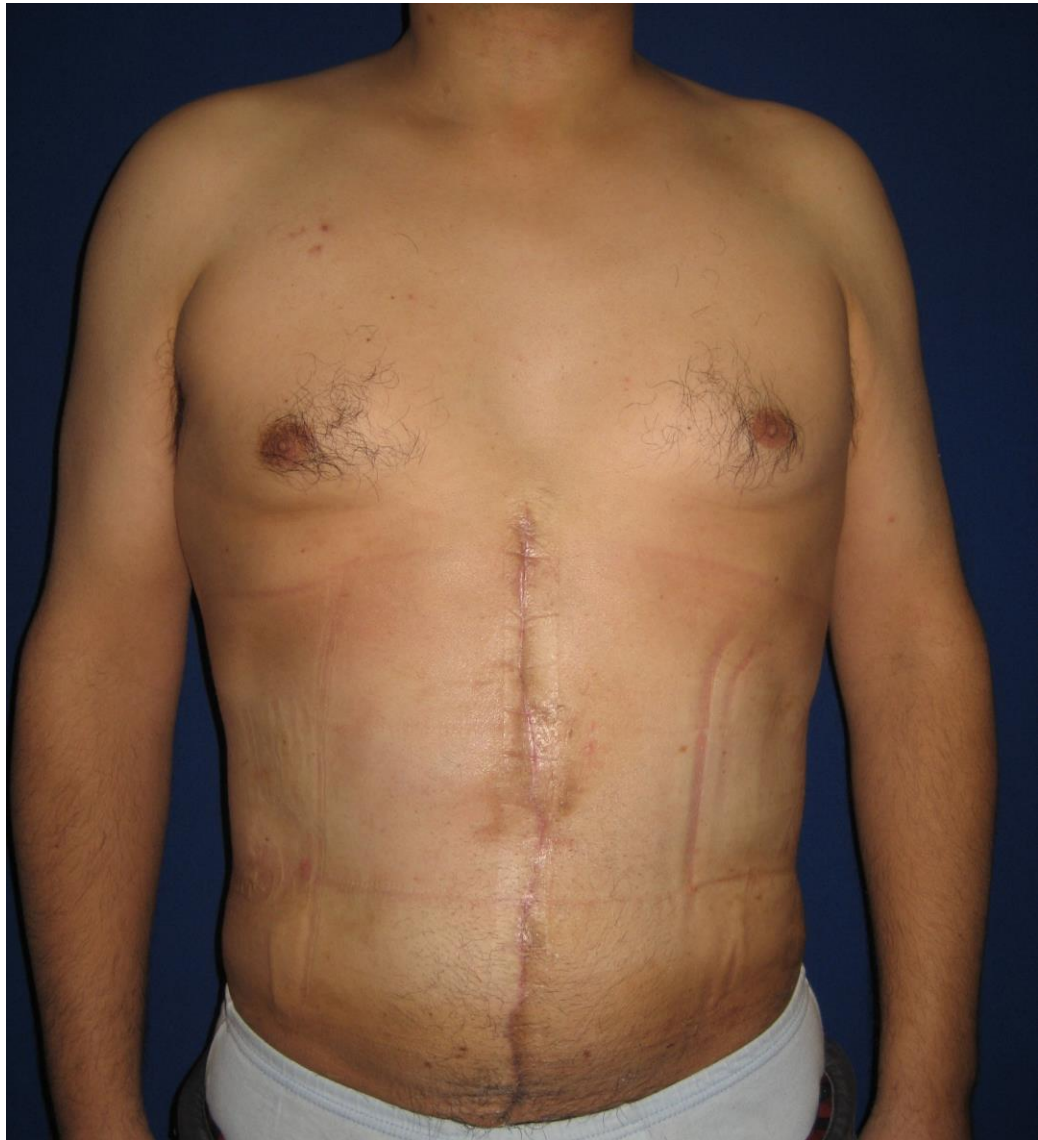












Component separation technique

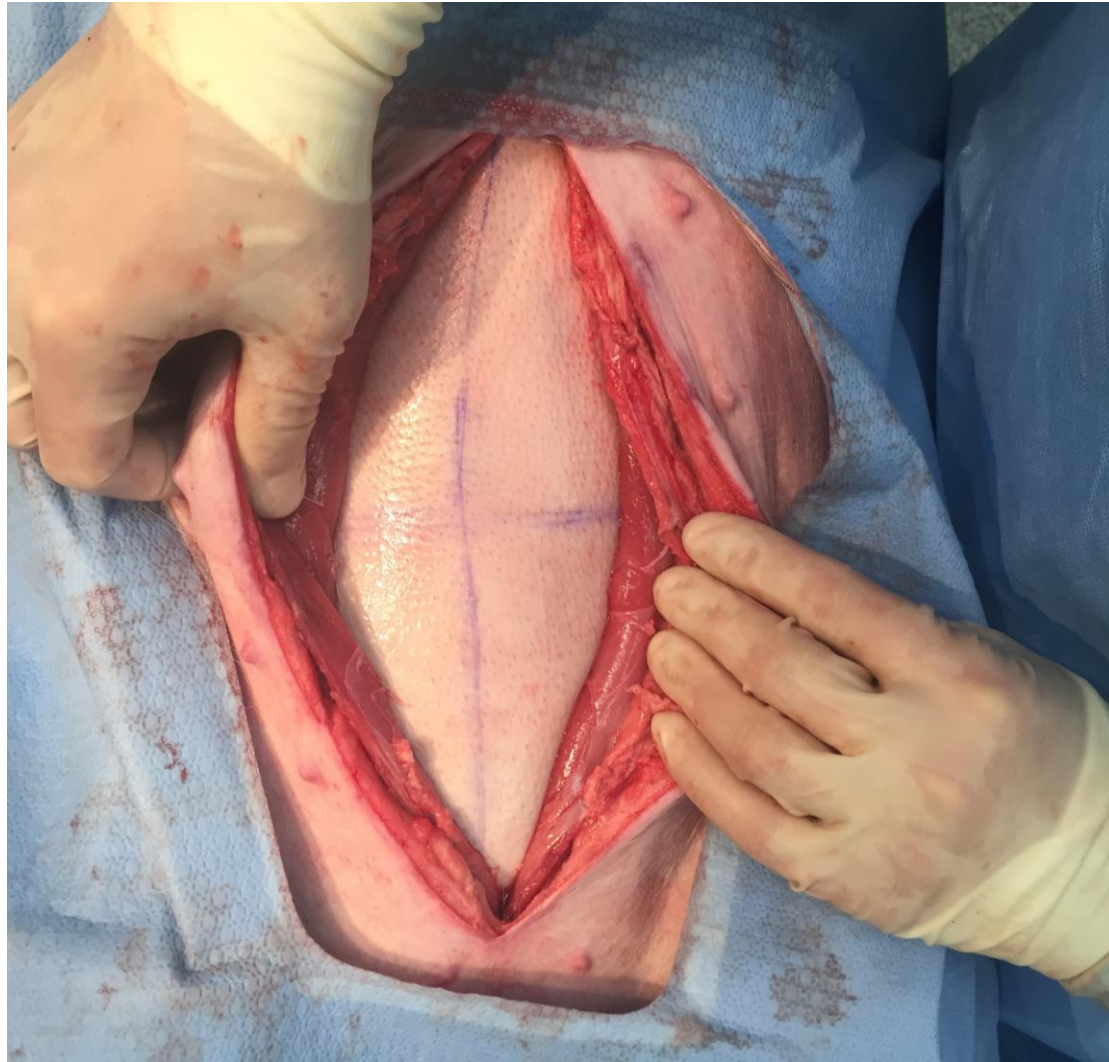
- 44 month follow up
- 3% Recurrence
- Conclusions
 - Component separation is safe
 - Panniculectomy does not improve outcome
 - Comorbidities do not compromise results
 - Effective technique

JAMA Surgery

**Autologous Tissue Reconstruction of Ventral Hernias
in Morbidly Obese Patients**

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Rives Stoppa technique



Rives Stoppa

- Retropective review 2008
- 90 pts, BMI > 30
 - Mean BMI =40
- Retromuscular repair (Stoppa)
- Synthetic mesh sublay
- Outcomes
 - Morbidity 8%
 - Mortality 1.1%
- Follow up 50 months: Recurrence 5.5%



IN THIS ISSUE

INVITED COMMENTARY

Allyship in surgery: Moving beyond awareness into action
Hannah A. Friddy and David A. Spain

FEATURED ARTICLE

A qualitative study of micro and macroaggression experienced by Black surgical trainees through an anonymous reporting
St. Mark's Hospital, London

INVITED COMMENTARY

Invited commentary: Always be grateful: Gender construct and systemic challenges facing women surgeons
Vandana L. Chitambar and Rebecca A. Zagary

FEATURED ARTICLE

Women in surgery: The social construction of gender in surgical practice
Jillian Schneidman et al

INVITED COMMENTARY

Moving away from sometimes wrong, never in doubt: 360 degree feedback is an essential tool
Anushka Anand and Siddhu P. Gangopuram

FEATURED ARTICLE

Using 360-degree feedback to identify actionable strategies to improve surgical trainees' non-technical skills
Shalene J. Soeling et al

INVITED COMMENTARY

Fragmented but not necessarily flawed
Conry A. Houchens et al

FEATURED ARTICLE

Impact of fragmented care on retroperitoneal sarcomas
Denise L. Wong et al

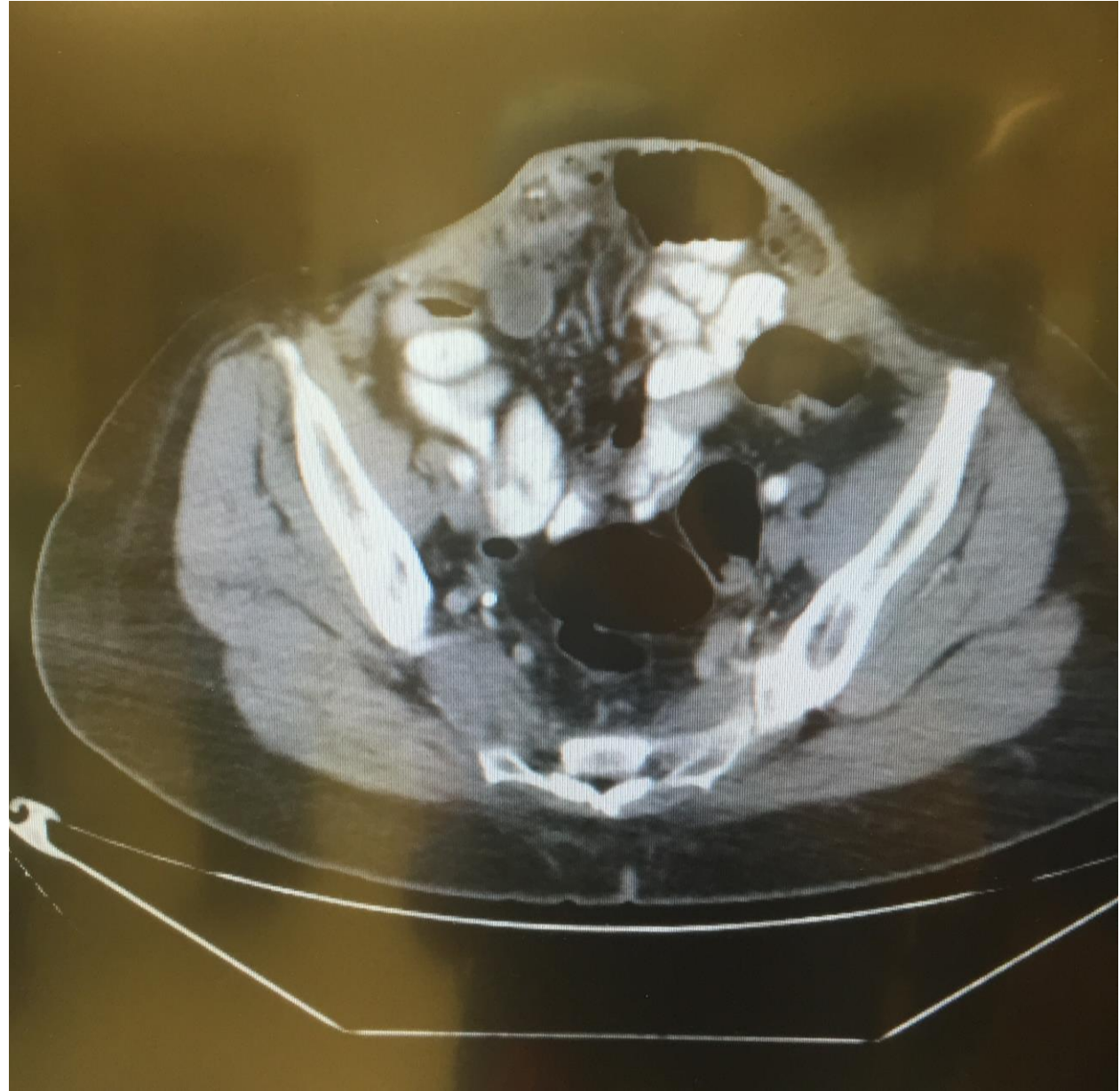
Rives Stoppa Meta-análisis 2022

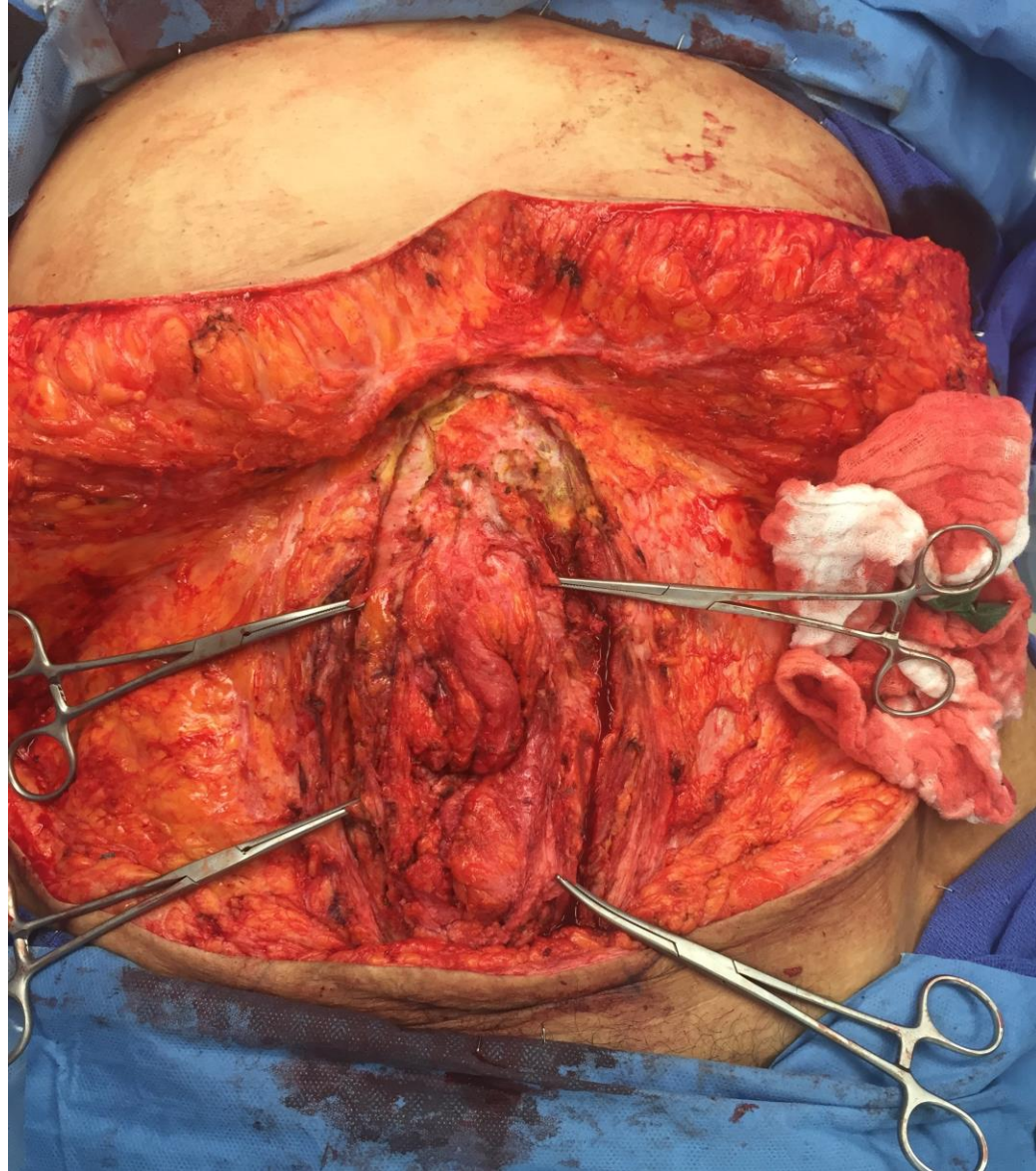
- Favourable postoperative and long term outcomes.
- Medium sized defects.
- Superior to onlay mesh repair.
- Recurrence and reintervention infrequent.

Favorable Outcomes After Retro-Rectus (Rives-Stoppa) Mesh Repair as Treatment for Noncomplex Ventral Abdominal Wall Hernia, a Systematic Review and Meta-analysis

Hartog, Floris P. J. den MD*; Sneiders, Dimitri MD, PhD*; Darwish, Es F. MD*; Yurtkap, Yağmur MD, PhD*; Menon, Anand G. MD, PhD†; Muysoms, Filip E. MD, PhD‡; Kleinrensink, Gert-Jan PhD§; Bouvy, Nicole D. MD, PhD¶; Jeekel, Johannes MD, PhD§; Lange, Johan F. MD, PhD*











Separation components technique + Fascial flap

Giant ventral hernia treatment with components separation technique and aponeurotic turn over flap



Kenneth Guler G.^{1,2}, Juan Pablo Camacho M.^{1,2}, Rodrigo Subiabre F.^{1,2},
Karina Vargas V.^{1,2} y Wilfredo Calderón O.^{1,2}

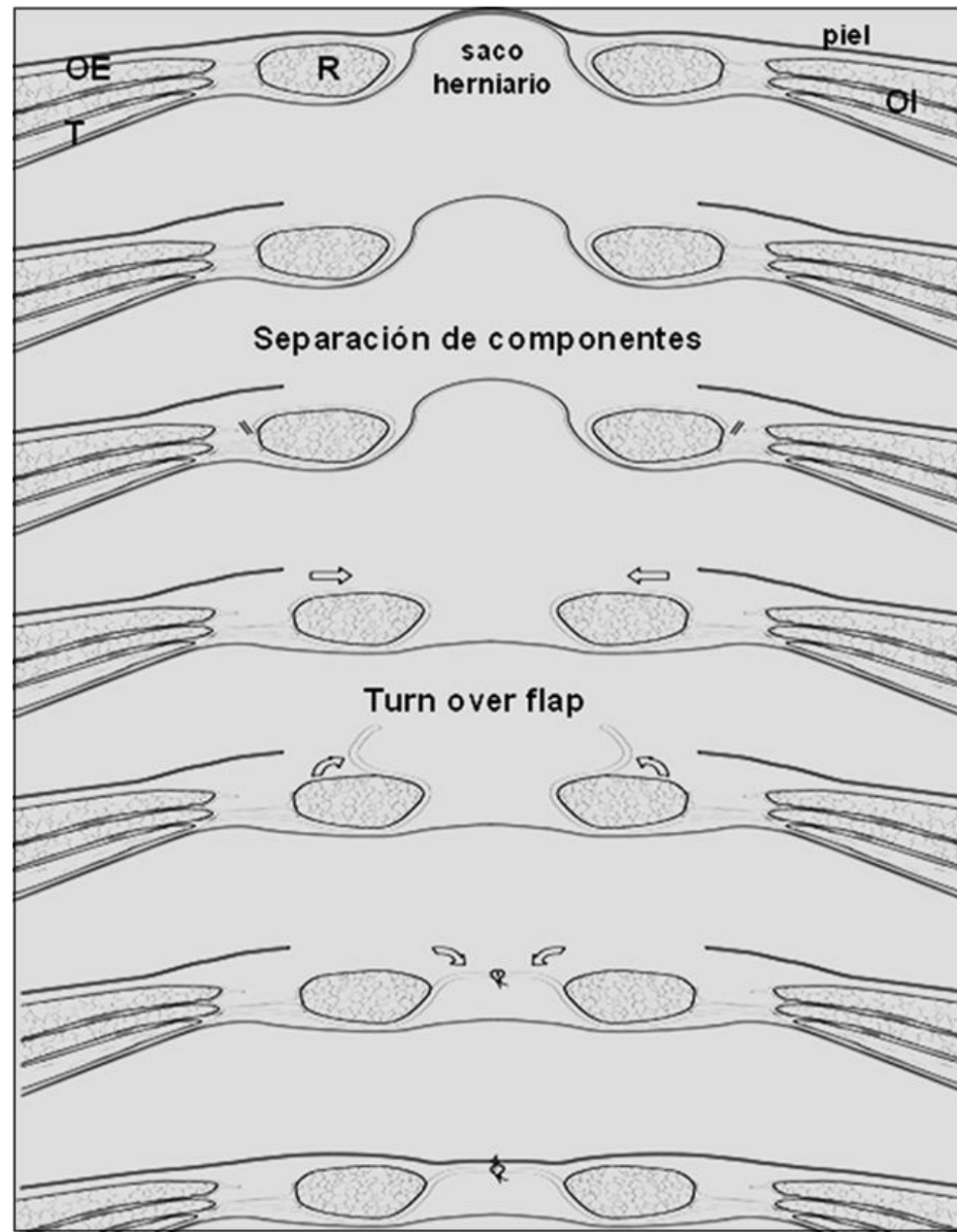


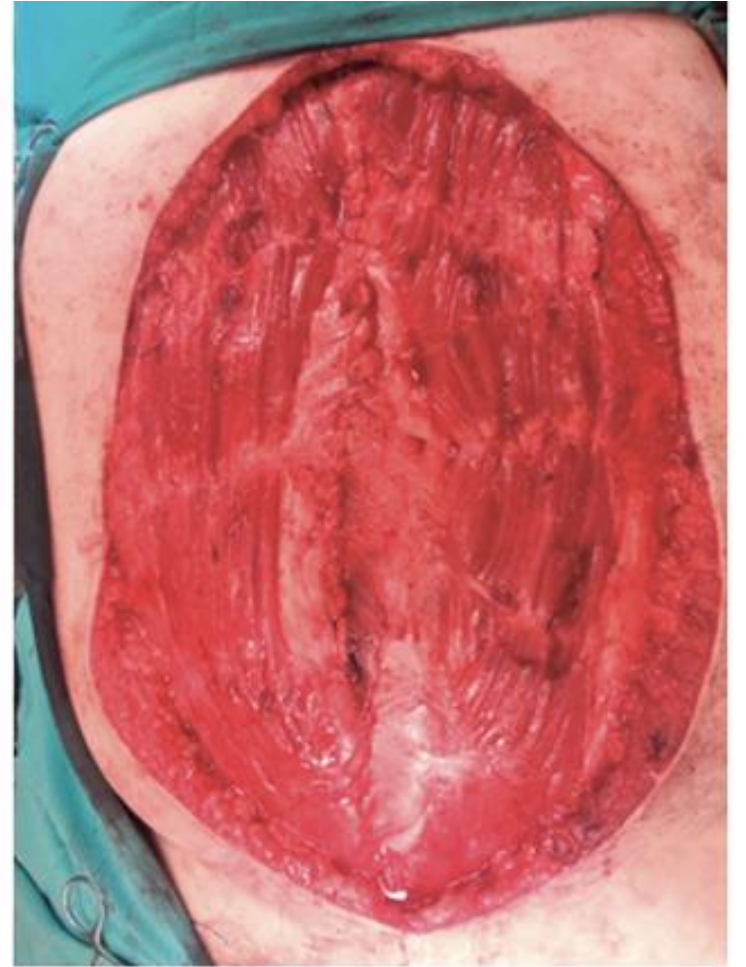
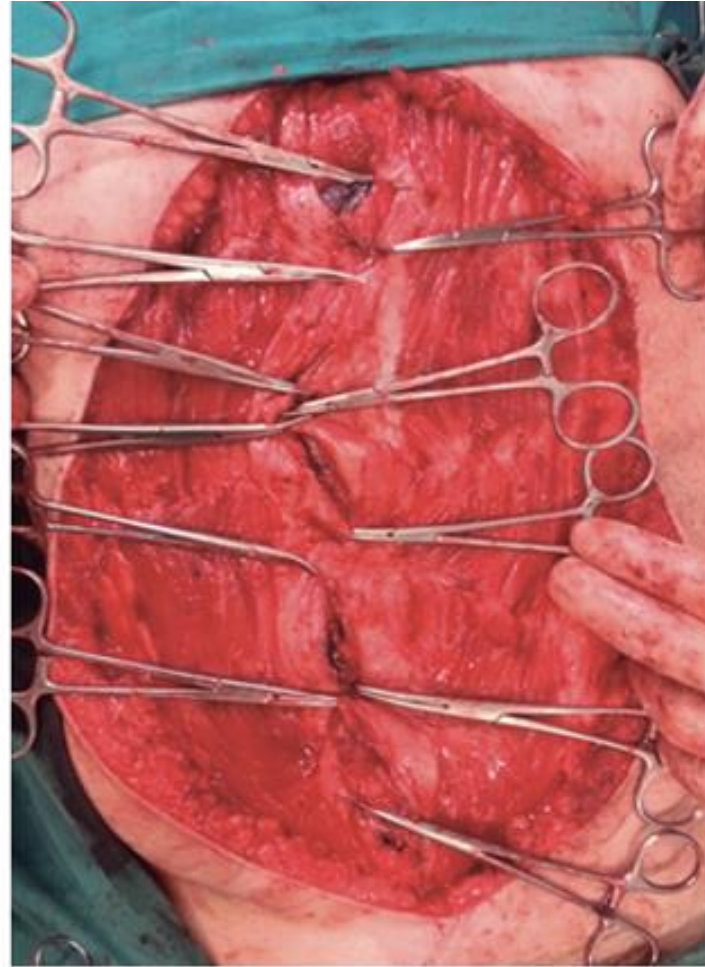
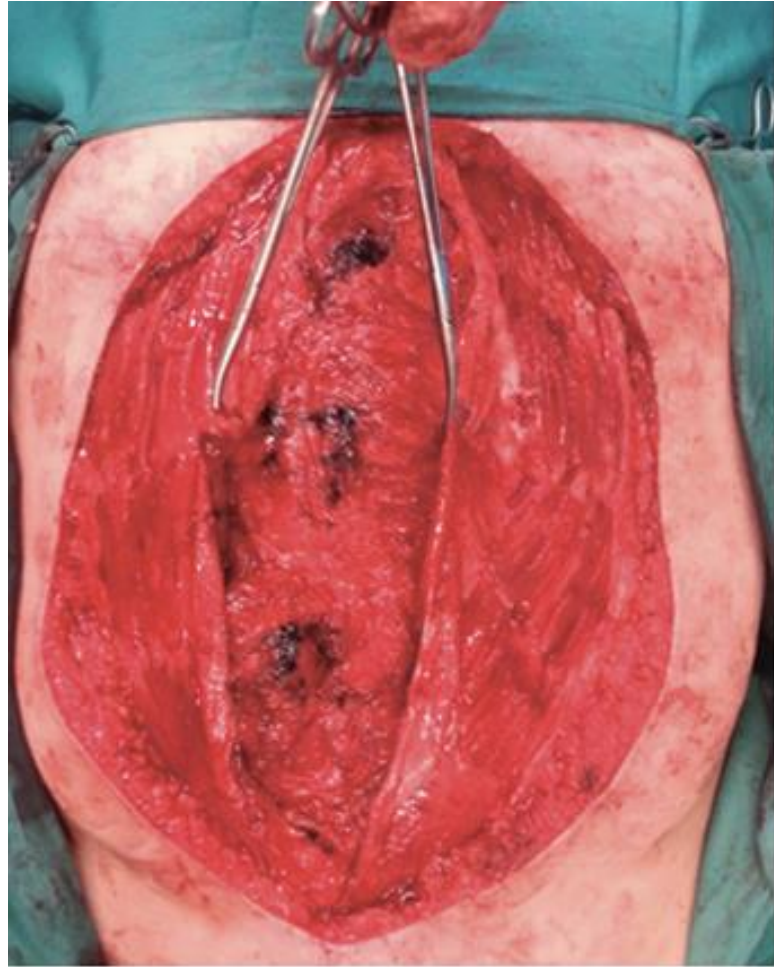
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Local flaps

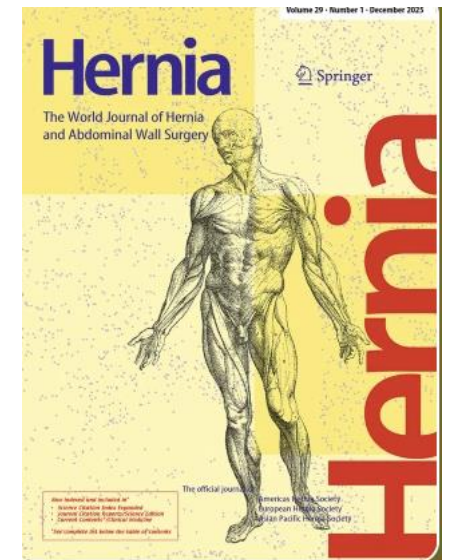


Use of Botox in Ventral Hernia Repair 2023

- Advance of lateral musculature on average 4.11 cm per side.
- Low rate of SSI (Surgical Site Infection)
- Low rate of recurrence

Systematic review and meta-analysis of the pre-operative application of botulinum toxin for ventral hernia repair

Review | Published: 17 June 2023



Botox

- 300 IU Botox (3 vials)
 - 1 month preop
 - Inject each muscle at 3 sites per side
 - US assistance
 - 9 injection total per side
-
- Mix in 120 ml Saline
 - Approx 60 ml per side (150 IU Botox)



Conclusions

- Obesity is a risk factor for hernia repair failure
- Staged repair improves outcome
- Use of preoperative Botox (under US)
- Consider Rives Stoppa in selected patients (médium size, non complex AWH)
- Component separation techniques gold standard

