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COMPLEX HERNIAS IN MBS PATIENTS

What to do when weight loss stalls during preoperative optimization

Dr. Matías Sepúlveda Hales

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Introduction

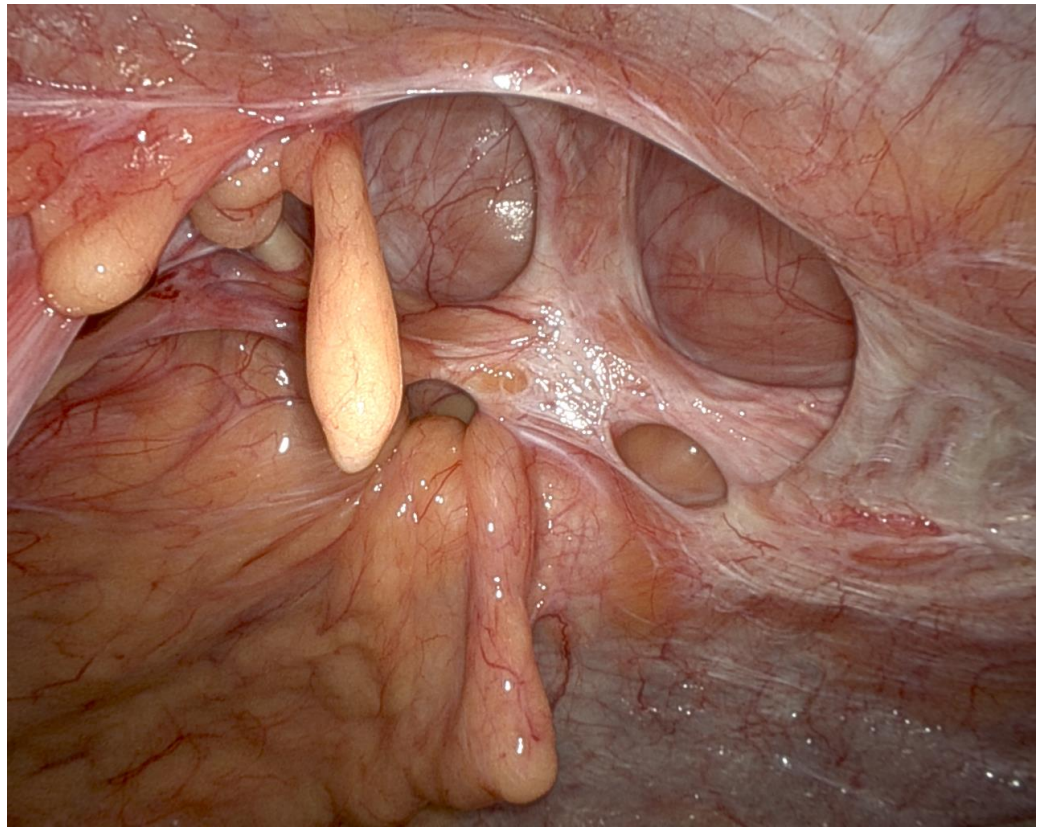
- Repair options for ventral hernias in bariatric patients

1. Staged approach
   - BS-first
   - HR-first

2. Concomitant approach

Introduction

- Ventral hernia repair in bariatric patients remains complex and requires an individualized approach.



Surgery for Obesity and Related Diseases
Volume 20, Issue 2, February 2024, Pages 184-201

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Review article

Hernia repair in the bariatric patient: a systematic review and meta-analysis

Zachary Malaussena B.S. [a], Rahul Mhaskar M.P.H., Ph.D. [a b],

- Systematic review and meta-análisis

- Evaluated the safety and outcomes of different surgical approaches for ventral hernia repair in bariatric patients.

1. BS-first
2. Hernia repair first
3. Concomitant approach

Malaussena Z, Mhaskar R, Richmond N, Diab AF, Sujka J, DuCoin C, Docimo S Jr (2024) Hernia repair in the bariatric patient: a systematic review and meta-analysis. Surg Obes Relat Diseases: Official J Am Soc Bariatr Surg 20(2):184–201.

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Study Inclusion

- *27 studies* .

- *7 comparative* studies: 8,548 staged-approach patients (6,458 BS-first) and 3,528 concomitant-approach patients.

- 7 single-arm staged studies and 13 single-arm concomitant studies were included.

Malaussena Z, Mhaskar R, Richmond N, Diab AF, Sujka J, DuCoin C, Docimo S Jr (2024) Hernia repair in the bariatric patient: a systematic review and meta-analysis. Surg Obes Relat Diseases: Official J Am Soc Bariatr Surg 20(2):184–201.

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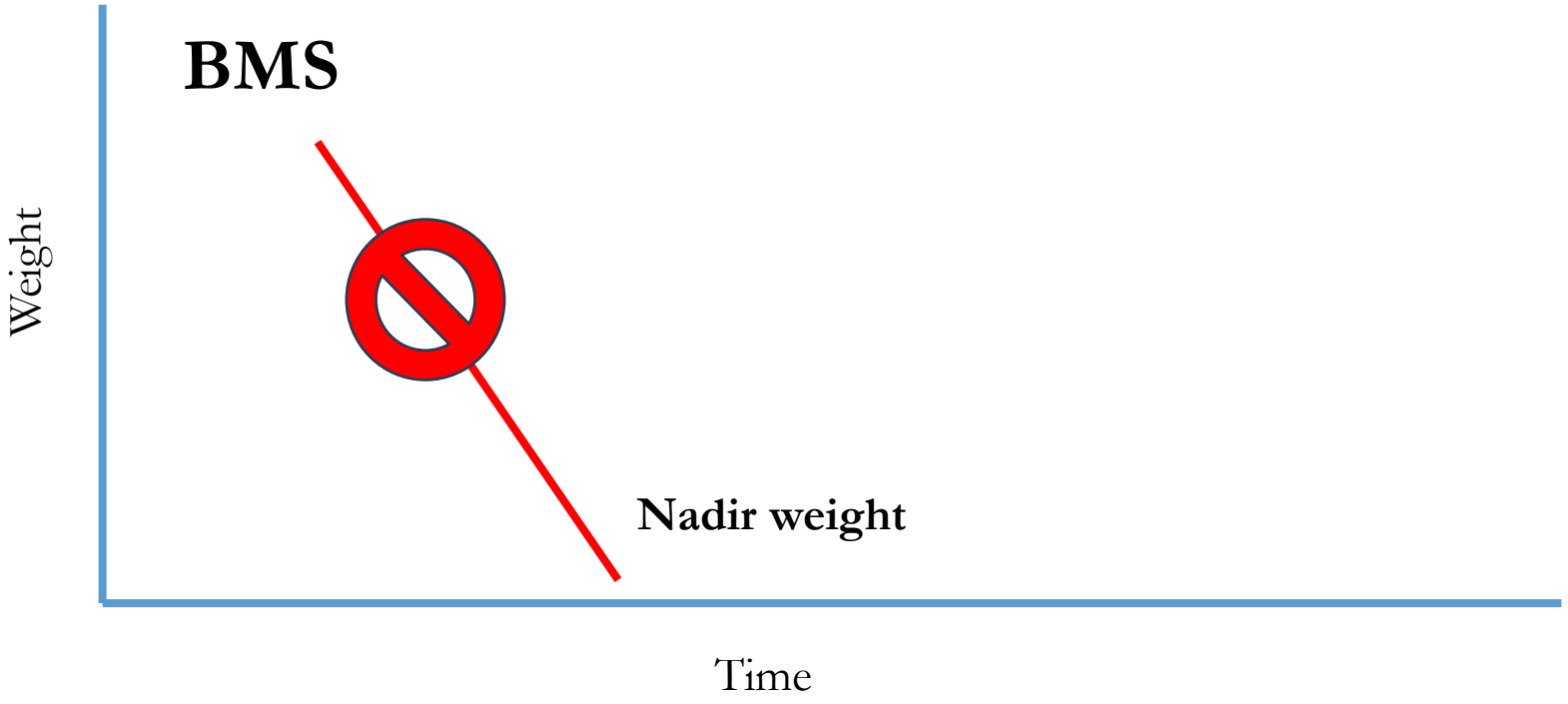
Practical Takeaways

Hernia Type / Condition	Recommended Approach	Advantages
Small hernia, **no mesh**	Concomitant repair	Less SSI, reoperations, seromas
Hernia needing **mesh**	Staged (BS-first) approach	Lower mesh infection, possibly lower recurrence

Malaussena Z, et al (2024) Surg Obes Relat Diseases. 20(2):184–201.

When do we define insufficient weight loss?

- **Insufficient Weight Loss (IWL)**: <50% EWL, BMI >35 at 12–18 months, or <20% total weight loss. Salminen. 2024



Management of abdominal wall hernias in bariatric patients: a narrative review

Gabriela Restrepo-Rodas[1], Juan S. Barajas-Gamboa[1], Jose Luis Guzman Fuentes[1], Claudia Meza Muñoz[1], Suleiman Al-Baqain[1], Ronnal Vargas-Cordova[2], Alfredo Daniel Guerrón[1]

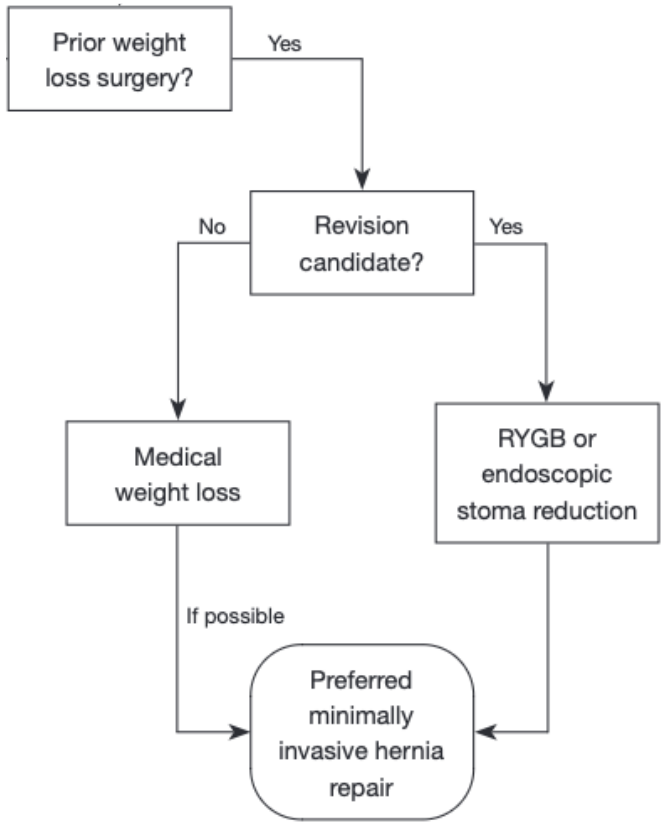
Ann Laparosc Endosc Surg 2024;9:36 | https://dx.doi.org/10.21037/ales-24-11

- Narrative review of publications (2018-2023) (PubMed, Scopus, and Embase)
- Observational/interventional studies, reviews, meta-analyses, and guidelines.
  - Adult patients (BMI >30)

Restrepo-Rodas, *Annals of Laparoscopic and Endoscopic Surgery*, 9, 36.

Figure 1 Management of AWH in obesity. RYGB, Roux-en-Y gastric bypass; SG, sleeve gastrectomy; SADIS, single anastomosis duodenal ileal bypass; BPDDS, bilio-pancreatic diversion and duodenal switch; BMI, body mass index; AWH, abdominal wall hernias.

Restrepo-Rodas, G., Barajas-Gamboa, J. S., Guzman Fuentes, J. L., Meza Muñoz, C., Al-Baqain, S., Vargas-Cordova, R., & Guerrón, A. D. (2024). *Management of abdominal wall hernias in bariatric patients: a narrative review*. *Annals of Laparoscopic and Endoscopic Surgery*, 9, 36.



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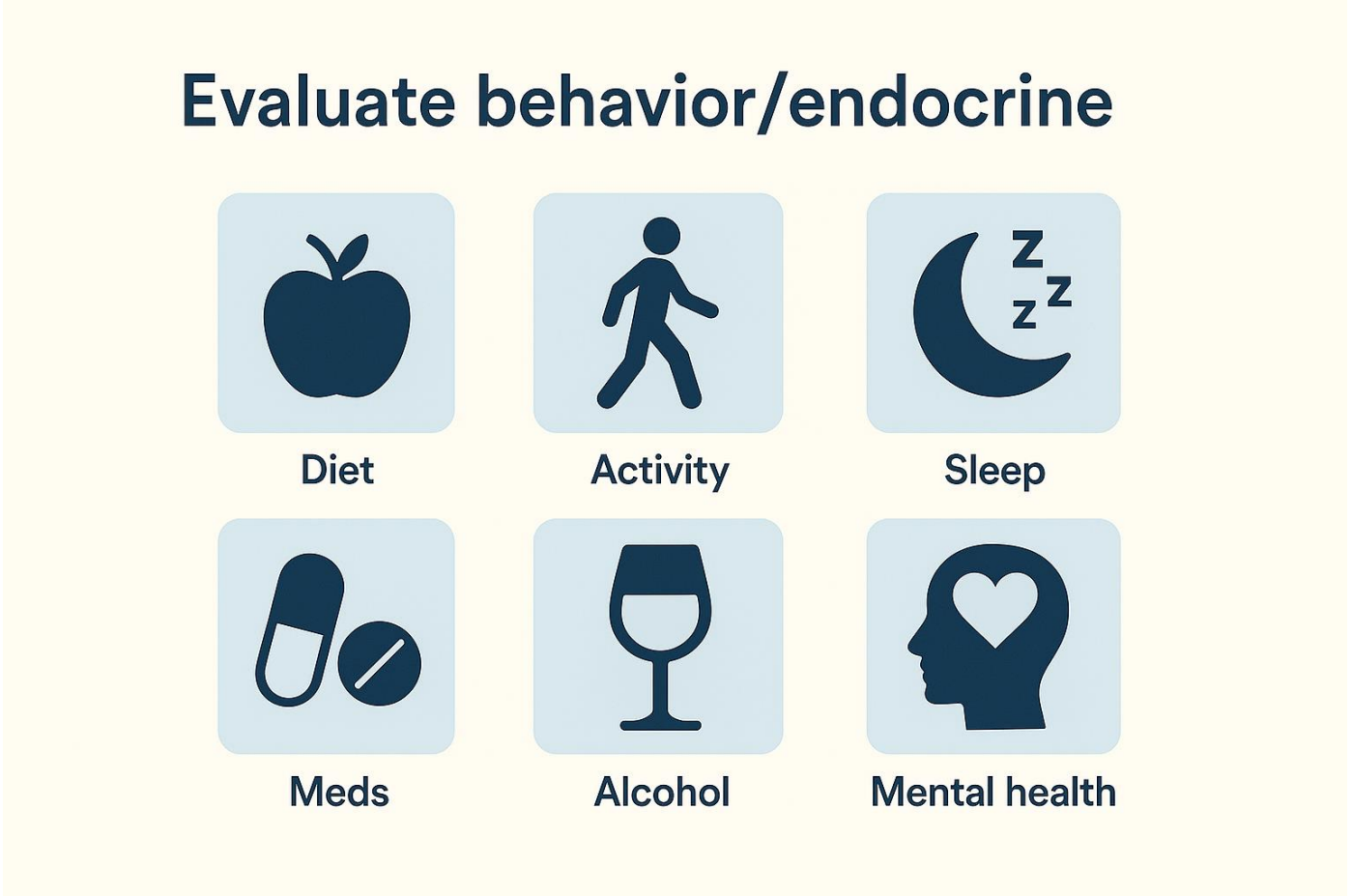
Practical Algorithm

FIRST!



Pharmacotherapy (GLP-1 / GIP-GLP-1)

- **GLP-1RA (liraglutide, semaglutide)** effective and safe for post-bariatric WR at 12 months.
- Weight regain common after discontinuation → implies need for **chronic therapy/maintenance**.
- FDA-approved drugs for preoperative weight loss:
  - **Tirzepatide (Zepbound, 2023)**, **Semaglutide**, **Orlistat**, **Bupropion**, **Topiramate**
- More studies needed to compare medical vs surgical approaches

Practical Algorithm

- **Endoscopic aproach**:
  - Post-RYGB: dilated GJA → consider **TORe**. Diab, A.-R. F. *et al. Obes. Surg.* **35**, 3269–3279 (2025).
  - Post-Sleeve: dilated sleeve or hiatal hernia → consider **r-ESG** or conversion.

Deng J, et al. Obes Surg. 2025 Feb;35(2):582-586.

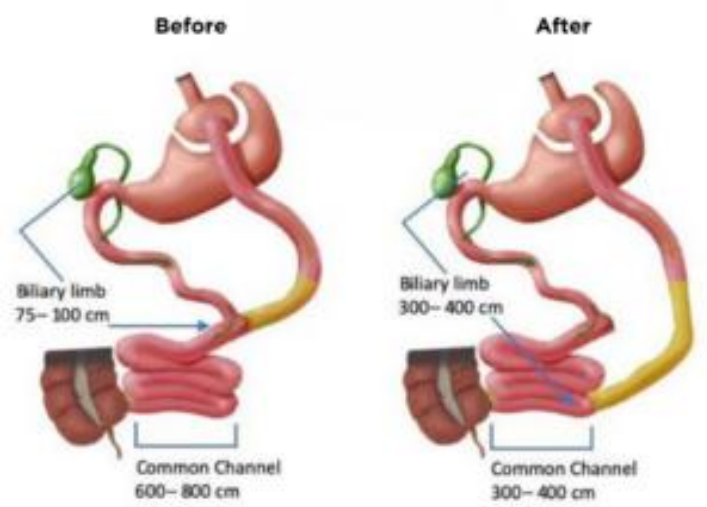
- Multidisciplinary optimization → **GLP-1 ± endoscopy ± revisional** to reach **BMI ≤30–35** and stabilize weight for **3–6 months** pre-op.

Revisional Surgery

- **From Sleeve**:
  - RYGB (especially with reflux), OAGB, SADI-S (higher efficacy, but monitor malabsorption).

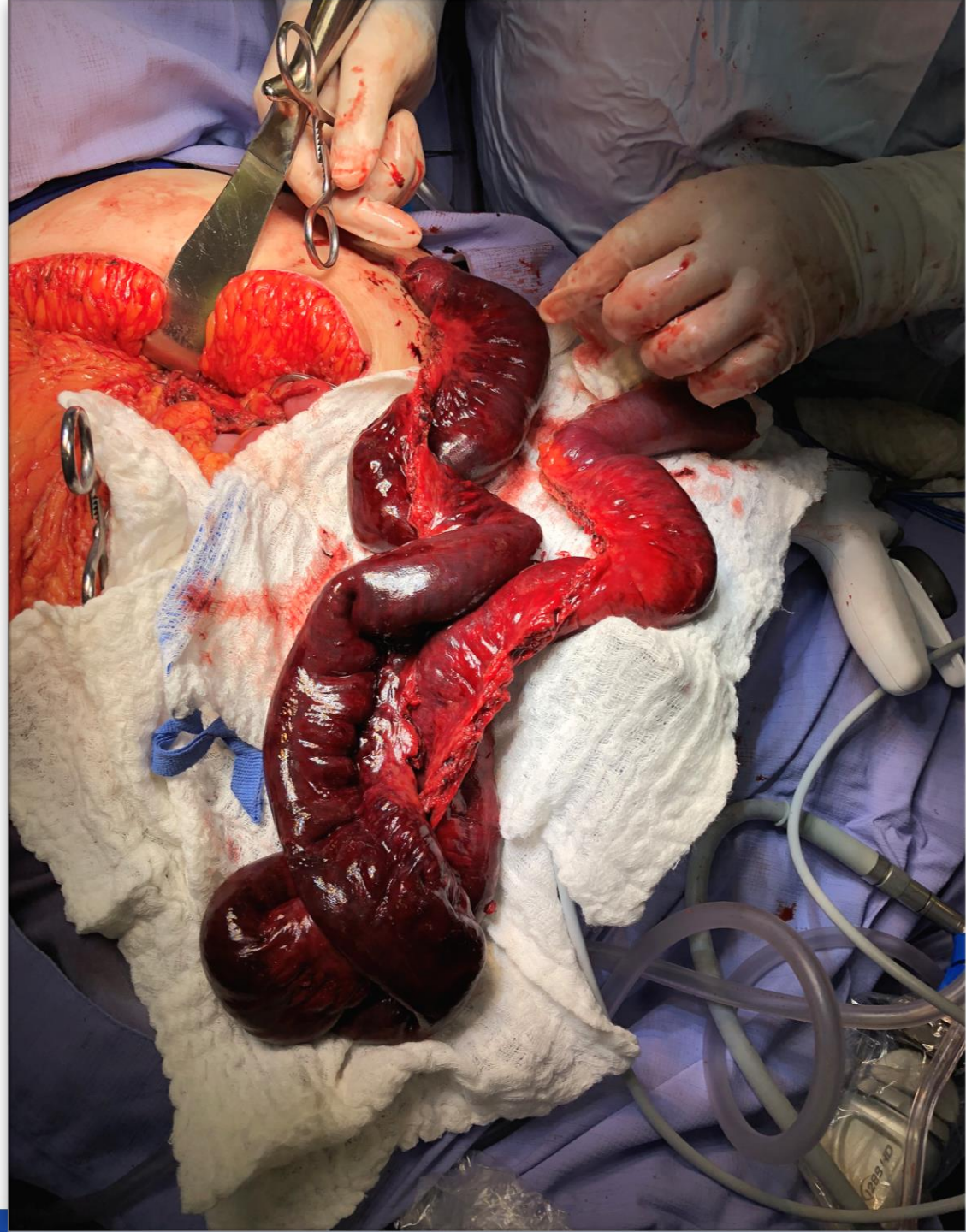
Salman MA, et al. World J Surg. 2024 Sep;48(9):2040-2057.

- **From RYGB**:
  - Distalization: more weight loss, higher nutritional risks, needs close follow-up.



Prevention of IWL

- In big hernias → more effective procedure (intestinal component)
  - SADI-S
  - RYGB
  - BPD-DS
  - etc
- But.. Risk of complications like bowel obstruction



Stepwise Treatment

A. Medical Therapy

- **GLP-1/GIP-GLP-1 (semaglutide, tirzepatide)**: effective bridge to further surgery (hernia or revisional).
- **Important**: weight regain is common if discontinued → plan for **long-term therapy**.

B. Endoscopic Therapy

- **TORe (post-RYGB)**: narrows enlarged GJA, improves dumping and induces additional loss (~10–20% TWL).
- **Revisional ESG (post-Sleeve)**: restores restriction in dilated sleeves; ~10–20% TWL at 12 months.

C. Revisional Surgery

- **From Sleeve**:
  - RYGB (especially with reflux), OAGB, SADI-S (higher efficacy, but monitor malabsorption and complications).
- **From RYGB**:
  - Distalization: more weight loss, higher nutritional risks, needs close follow-up.

What if more weight loss is not achieved?

Management of abdominal wall hernias in bariatric patients: a narrative review

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Ann Laparosc Endosc Surg 2024;9:36 | https://dx.doi.org/10.21037/ales-24-11

Technical Considerations

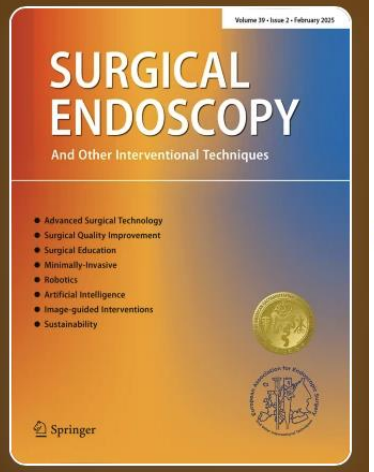
3. Robotic surgery is emerging as an alternative, demonstrating **shorter hospital stays, low recurrence, and prolonged recurrence-free intervals**.

Restrepo-Rodas, G., Barajas-Gamboa, J. S., Guzman Fuentes, J. L., Meza Muñoz, C., Al-Baqain, S., Vargas-Cordova, R., & Guerrón, A. D. (2024). *Management of abdominal wall hernias in bariatric patients: a narrative review*. *Annals of Laparoscopic and Endoscopic Surgery*, 9, 36.

Robotic ventral hernia repair in morbidly obese patients: perioperative and mid-term outcomes

Published: 03 October 2019

Volume 34, pages 3540–3549, (2020) Cite this article



Retrospective (2013 to 2018) from a prospectively database.

The analysis included perioperative outcomes and mid-term follow-up metrics.

Hernia recurrence-free intervals were estimated using Kaplan–Meier analysis .

Gokcal F, D'Ambrosio D, Ferrarese A, Cavalli M, Vitali GC, Morlacchi A, Perrone C, Sartori A. Robotic ventral hernia repair in morbidly obese patients: perioperative and mid-term outcomes. *Surg Endosc*. 2020;34(8):3540–3549.

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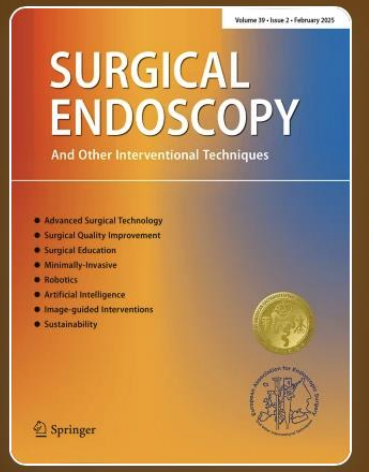

- 50 patients; median BMI: 42.9 kg/m².
- **Pain:** Median pain score on leaving the PACU was 4 (VAS).
- **Length of Stay (LOS):** 0.32 days.

Gokcal F, D'Ambrosio D, Ferrarese A, Cavalli M, Vitali GC, Morlacchi A, Perrone C, Sartori A. Robotic ventral hernia repair in morbidly obese patients: perioperative and mid-term outcomes. *Surg Endosc*. 2020;34(8):3540–3549.

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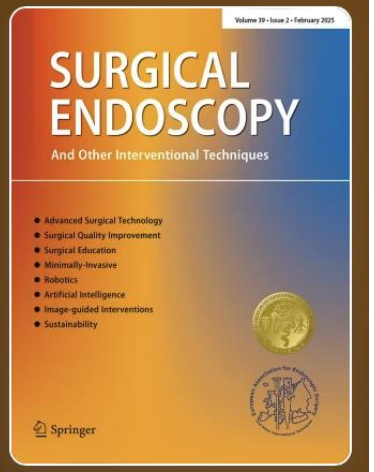

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- **Complications**
  - Discomfort (32%).
  - Minor complications (Clavien–Dindo I–II) 40%
  - Major complications (grades III–IV) 6%.

Table 5 Risk factors for any postoperative complications (multivariate analysis)

Risk factors	*p* value	OR	95% CI	
			Lower	Upper
BMI	0.037	1.172	1.010	1.361
Adhesiolysis	0.005	16.055	2.270	113.574
Intraperitoneal mesh	0.049	4.625	1.006	21.262
Off-console time	0.033	1.139	1.010	1.285

BMI body mass index, *OR* odds ratio, *CI* confident interval

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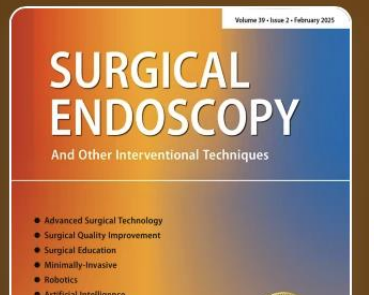

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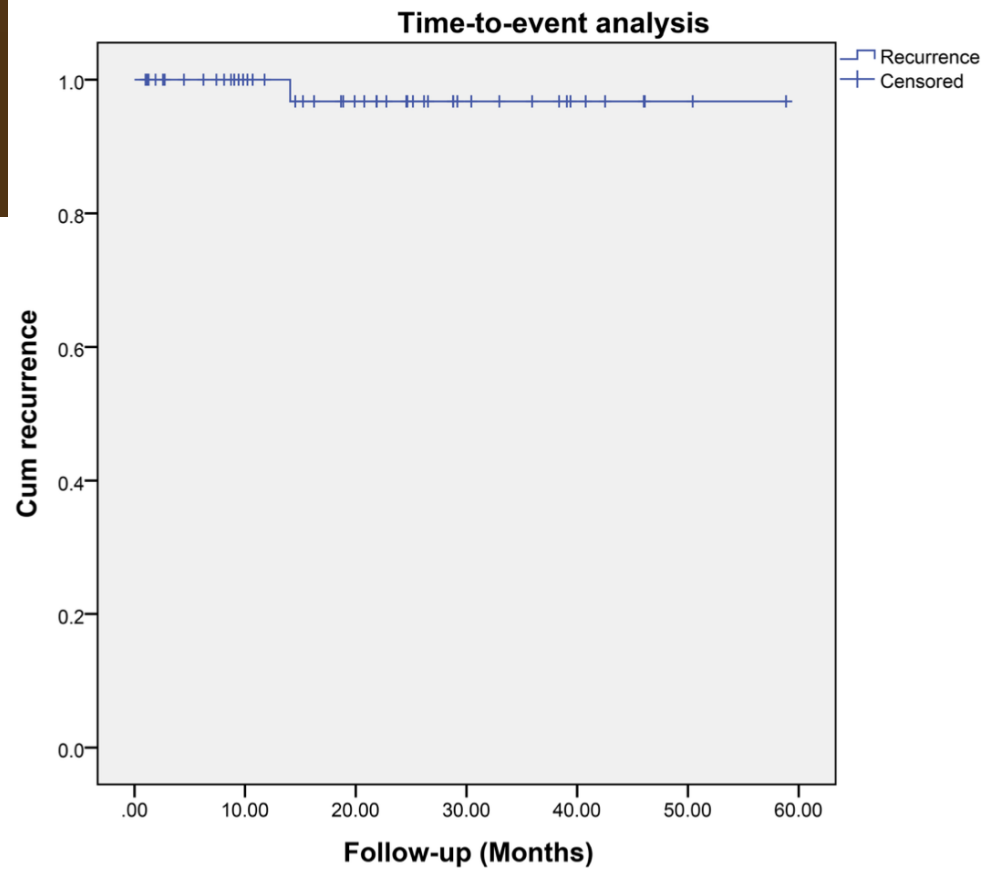
- **Follow-Up** Mean duration was 22.7 months.
  - Hernia recurrence occurred in only 2% of patients, with a mean freedom-from-recurrence interval of 57.4 months (95% CI: 54.6–60.2)



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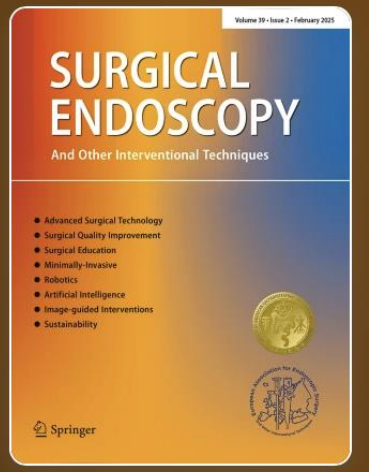

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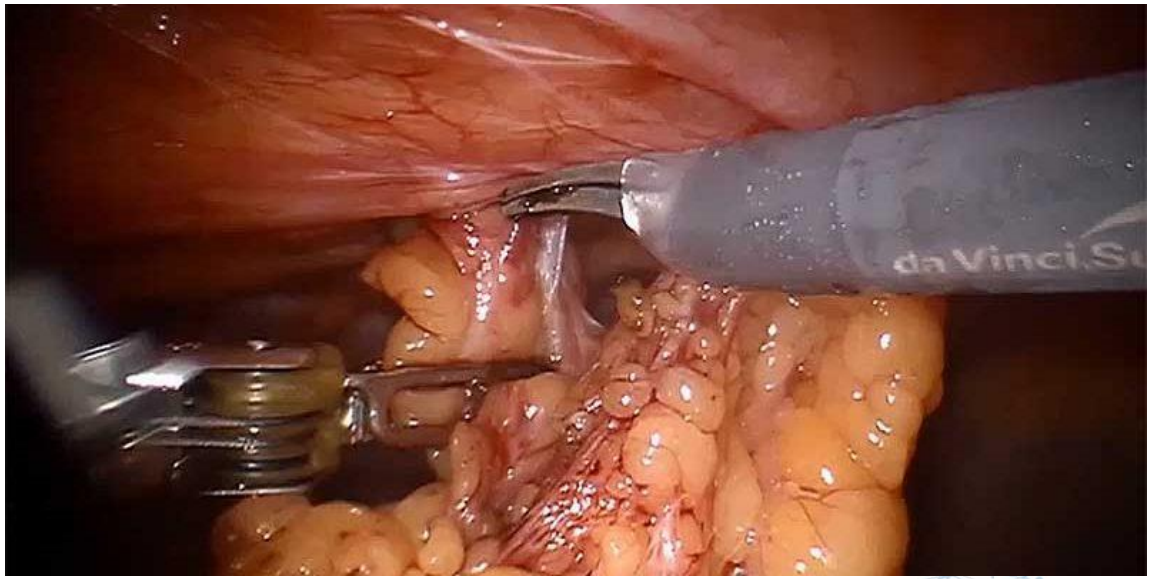
Conclusions

The study concludes that RVHR in morbidly obese patients is both safe and effective, featuring low hernia recurrence rates and a long interval free from recurrence.



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Conclusions

- Obesity should be addressed as a modifiable risk factor in the management of AWH, highlighting the need to incorporate weight control into hernia care.

Conclusions

- **Algorithm**: Behavior → Endocrine → Anatomy (TORe/r-ESG).
- **Medical Therapy**: GLP-1/GIP → effective bridge, but needs maintenance.
- **Endoscopy vs Revisional**: outcomes and risks.
- **Hernia Repair**: BMI target, optimization pathway, GLP-1 role.

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