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9-12 September 2025 | Santiago, Chile



SIMULTANEOUSLY LAPAROSCOPIC VENTRAL HERNIA REPAIR AND METABOLIC BARIATRIC SURGERY: CASE SERIES REPORT

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IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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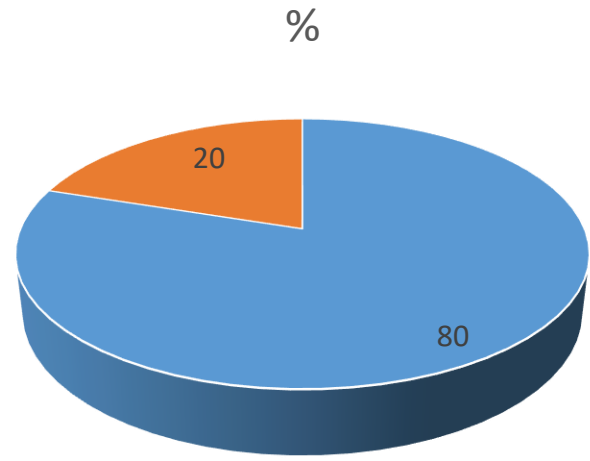


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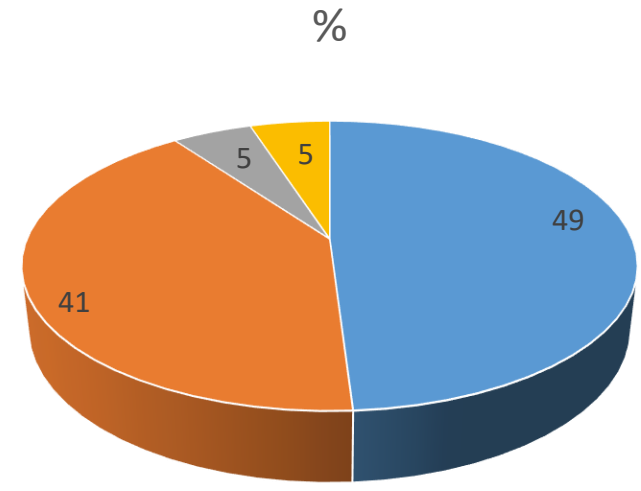
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Nothing to disclose

surgery practice



■ Baiatric S. ■ Other S. ■



■ SG ■ RYGB ■ SADIS ■ Revisions





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Objective

To describe our experience performing bariatric surgery and ventral hernia repair simultaneously, addressing safety and feasibility without increasing perioperative morbidity.

Methods

Retrospective, observational study of patients who underwent laparoscopic ventral hernia repair and simultaneous bariatric surgery in Obesity El Salvador from January 2011 to June 2020. Demographic variables, hernia defect size, comorbidities, surgical time, type of bariatric procedure, hernia repair strategy and postoperative complications were studied. At least one year of postoperative follow-up was required.

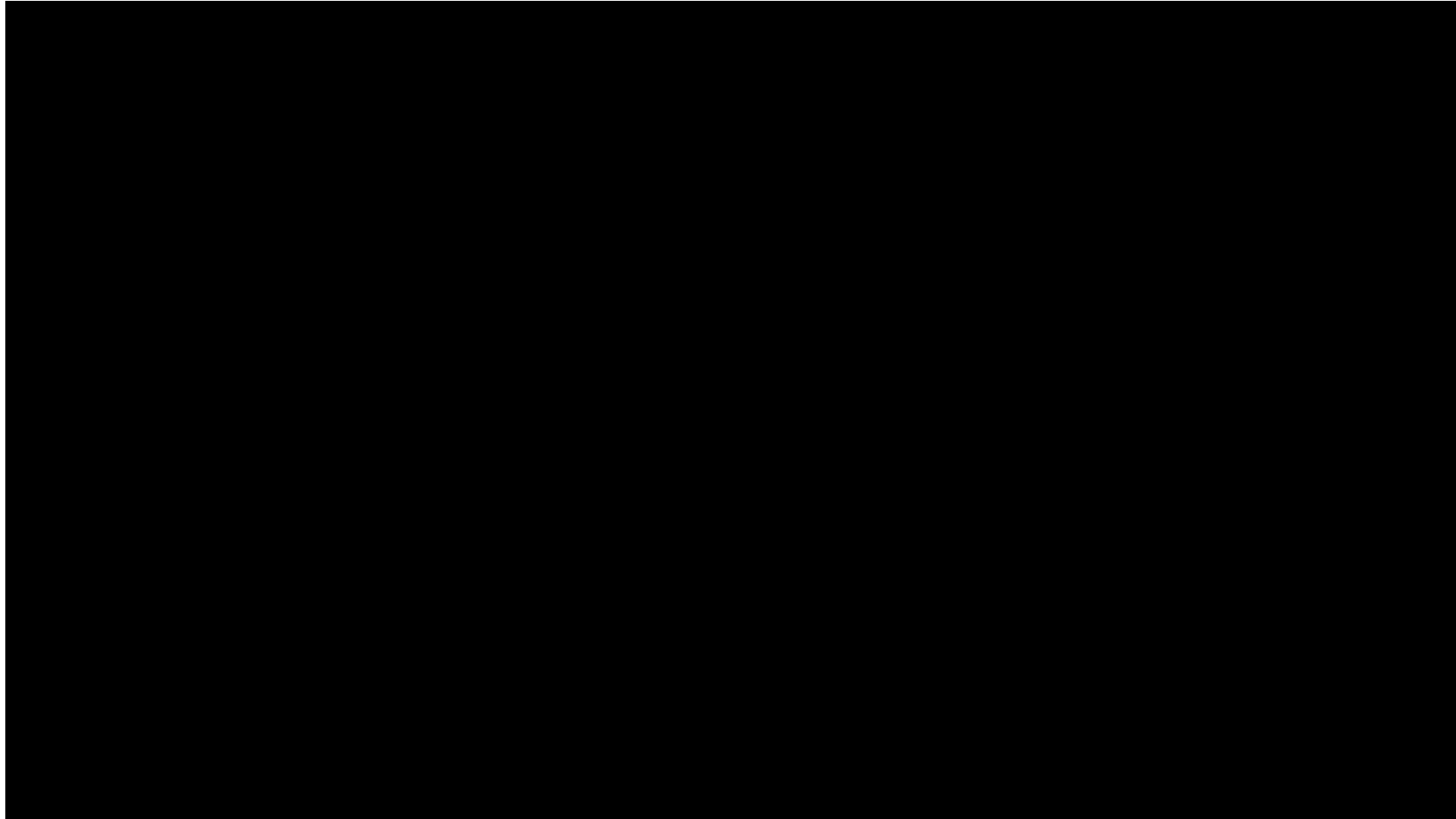


Surgical Technique



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Results



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Variables	N	Percentage	Mean	SD
Age			45.2	9.2
Sex				
Female	3	21.4		
Male	11	78.6		
Preoperative BMI (kg/m²)			45.9	7.0
Type of procedure				
SG + Ventral Hernia Repair	5	35.7		
RYGB + Ventral Hernia Repair	6	42.9		
SADIS + Ventral Hernia Repair	1	7.1		
Revisional Surgery + Ventral Hernia Reapair	2	14.3		
Hernia Repair Technique				
IPOM	14	100		
Operative Time (minutes)			178.6	59.2

Table 1. Demographics and antropometric characteristics of patients. Type of procedure.

Variables	N	Percentage
Recurrence	0	0
Mesh Infection	0	0
Surgical Site Infection	1	7.1
Bleeding (Haematoma)	1	7.1

Table 1. Postoperative complications, 12 months follow up.





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Conclusions

Ventral hernia repair with synthetic mesh simultaneously during a bariatric surgery is feasible, and offers safety in terms of infections, without significant increase of surgical time or increased risk or complications.

Studies with a larger number of cases are necessary to validate these results.





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Final considerations

There is a high rate of bowel obstruction in the postoperative period if the hernia is reduced during the bariatric procedure without a defect close, it can lead to disastrous complications like anastomotic leak.

Leave the small hernia defects without an appropriate repair, during BS, should be at least questionable