World J Surg (2019) 43:2945–2946
https://doi.org/10.1007/s00268-019-05088-7

LETTER TO THE EDITOR

Letter to Editor: Small and Laterally Placed Incisional Hernias Can Be Safely Managed with an Onlay Repair

Munir Tarazi[1] · Alexander Shaw[1] · Martyn C. Stott[1] · Zia Moinuddin[1] · David Van Dellen[1]

Published online: 16 July 2019
© Société Internationale de Chirurgie 2019

To the Editor,

We read the article by Schrittwieser et al. 'Small and laterally placed incisional hernias can be safely managed with an onlay repair' with interest [1].

Determining the rate of recurrence post incisional hernia repairs is difficult due to a lack of standardised reporting. We commend the authors for their low recurrence rate of 5% for onlay repairs and 4% for sublay repairs, as previous reports have demonstrated recurrence rates in the region of 15% and 7% respectively [2].

This meta-analysis demonstrated superiority of retrorectus mesh placement (sublay repair) over an onlay technique in incisional hernias [2]. Ventral Hernia Working Group Guidelines also advocate fascial closure for all ventral defects where possible [3]. This study reported fascial closure in only 57.8% of onlay repairs and 46.2% in sublay respectively. The authors also report non-inferiority of an onlay technique in small, laterally placed hernias. We would contend that unless an inferior technique can demonstrate statistically significant superiority, it should not be advocated. In our patient cohort, we advocate the achievement of defect and consequently fascial closure if possible.

It is important to note that a higher proportion of patients undergoing a sublay repair were smokers compared to patients undergoing onlay repairs, a difference which was statistically significant. This confounding factor, which has been demonstrated to be significant in predicting repair failure, may have contributed to the non-inferiority of onlay repairs in this study [4, 5].

In addition, subgroup analysis was also not powered for small, laterally placed incisional hernias. This may have contributed to the study not identifying a statistically significant difference between sublay and onlay repairs.

In conclusion, although the authors should be commended on their results, this study should not alter the recommendations to achieve defect closure that can be achieved with a retro-muscular sublay repair technique in small, laterally placed incisional hernias. We feel there is insufficient evidence to support using an inferior technique, which may be associated with an increased risk of recurrence and surgical site infections. An adequately powered randomised control trial comparing onlay and sublay repairs in this subgroup should be designed to ascertain superiority or non-inferiority between both techniques.

✉ Munir Tarazi
munirtarazi@rcsi.ie

Alexander Shaw
alexshaw@doctors.org.uk

Martyn C. Stott
martyn.stott@nhs.net

Zia Moinuddin
zia.moinuddin@mft.nhs.uk

David Van Dellen
david.vandellen@mft.nhs.uk

[1] Department of Renal and Pancreas Transplantation, Manchester Royal Infirmary, Manchester University NHS Foundation Trust, Manchester, UK

References

1. Schittwieser R, Kockerling F, Adolf D, Hukauf M, Gruber-Blum S, Fortelny RH, Petter-Puchner AH (2019) Small and laterally placed incisional hernias can be safely managed with an onlay repair. World J Surg. https://doi.org/10.1007/s00268-019-04980-6
2. Timmermans L, De Goede B, Van Dijk SM, Kleinrensink GJ, Jeekel J, Lange JF (2014) Meta-analysis of sublay versus onlay mesh repair in incisional hernia surgery. Am J Surg 207(6):980–988

3. Breuing K, Butler CE, Ferzoco S et al. (2010) Incisional ventral hernias: review of the literature and recommendations regarding the grading and technique of repair. Surgery 148:544–558
4. D Lindstrom, O Sadr Adozi et al. (2008) Effects of a perioperative smoking cessation intervention on post-operative complications. Ann Surg 248:739−745
5. Moller AM, Villebro N et al (2002) Effect of preoperative smoking intervention on postoperative complications: a randomised clinical trial. Lancet 359:114–117

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.