

The Potential Downside of More Widespread Fellowship Training in AWR/Hernia

David Krpata, MD



Disclosures

- None



Undeniable

- Additional education is good
- We need specialized training for *complex* abdominal wall reconstruction
- Widespread:
 - Widely diffused or prevalent



Why Shouldn't We Have More Widespread Fellowship Training in AWR/Hernia?



David Krpata, MD





WidESPREAD
Pharm

Trends in general surgeon operative practice patterns in a modern cohort

Drew Goldberg ^{a b}  , James Sharpe ^a, Emna Bakillah ^{a b}, Sarah Landau ^{a b}, Solomiya Syvyk ^a, Chris Wirtalla ^a, Rachel Kelz ^{a b}

The American Journal of Surgery

Volume 239, January 2025, 116017

Table 4. Most common procedure, by setting across all states.

Inpatient		Outpatient	
All States			
Procedure Group	Percentage	Procedure Group	Percentage
Cholecystectomy	21.83	Cholecystectomy	19.79
Colectomy	17.09	Skin and Soft Tissue	12.20
Sleeve Gastrectomy	10.53	Inguinal Hernia Repair, Open	9.68
Appendectomy	8.40	Inguinal Hernia Repair, Laparoscopic	9.35
Ventral Hernia Repair	5.96	Ventral Hernia Repair, Open	8.49
Total	63.80	Total	59.51

What's the point of a Fellowship?

- To gain an advanced skill set for a specific reason after developing a foundation of knowledge and/or experience.



<https://www.fellowshipcouncil.org/designation-descriptions-and-criteria/>

Fellows must complete procedure requirements with the following category minimum.

100 total core procedures minimum

- 30 Inguinal Hernia Repairs
 - 15 of these must be done via an MIS approach (Laparoscopic or Robotic)
 - 10 of these must be recurrent hernias
- 30 Ventral/Incisional Hernia Repairs (3-10 cm width or length)
 - These could be performed via a variety of techniques including onlays, retrorectus, IPOM.
 - 15 of these must be performed as MIS extraperitoneal
- 25 Ventral/Incisional Hernia Repairs (>10cm width or length)
 - These can be either External Oblique releases or Transversus Abdominis releases or preperitoneal via any approach
- 15 Atypical hernia cases
 - These include operations for groin pain, repair of parastomal hernias, surgery for infected mesh including potential management of hernia recurrence concomitantly, hernias in the setting of an enteric fistula, subxiphoid, flank, suprapubic hernias.
- In addition to the 100 core cases, fellows must complete the following additional requirements:
 - 5 clinic evaluations for groin pain
 - Completion of the FC Hernia Curriculum which is currently under development
 - Documentation of competence in at least 5/8 FC Hernia EPAs.

Defined Category Minimums and Credit Role for General Surgery
Review Committee for Surgery

Category	Minimum
Skin, Soft Tissue	25
Breast	40
Mastectomy	5
Axilla	5
Head and Neck	25
Alimentary Tract	180
Esophagus	5
Stomach	15
Small Intestine	25
Large Intestine	40
Appendix	40
Anorectal	20
Abdominal	250
Biliary	85
Hernia	85
Liver	5
Pancreas	5
Vascular	50
Access	10
Anastomosis, Repair, or Endarterectomy	10
Endocrine	15
Thyroid or Parathyroid	10
Operative Trauma	10
Non-Operative Trauma	40
Resuscitations as Team Leader	10
Thoracic Surgery	20
Thoracotomy	5
Pediatric Surgery	20
Plastic Surgery	10
Surgical Critical Care	40
Laparoscopic Basic	100
Endoscopy	85
Upper Endoscopy	35
Colonoscopy	50
Laparoscopic Complex	75
Total Major Cases	850
Chief Year Major Cases	200
Teaching Assistant Cases	25

<https://www.fellowshipcouncil.org/designation-descriptions-and-criteria/>

Fellows must complete procedure requirements with the following category minimum.

100 total core procedures minimum

- 30 Inguinal Hernia Repairs
 - 15 of these must be done via an MIS approach (Laparoscopic or Robotic)
 - 10 of these must be recurrent hernias
- 30 Ventral/Incisional Hernia Repairs (3-10 cm width or length)
 - These could be performed via a variety of techniques including onlays, retrorectus, IPOM.
 - 15 of these must be performed as MIS extraperitoneal
- 25 Ventral/Incisional Hernia Repairs (>10cm width or length)
 - These can be either External Oblique releases or Transversus Abdominis releases or preperitoneal via any approach
- 15 Atypical hernia cases
 - These include operations for groin pain, repair of parastomal hernias, surgery for infected mesh including potential management of hernia recurrence concomitantly, hernias in the setting of an enteric fistula, subxiphoid, flank, suprapubic hernias.
- In addition to the 100 core cases, fellows must complete the following additional requirements:
 - 5 clinic evaluations for groin pain
 - Completion of the FC Hernia Curriculum which is currently under development
 - Documentation of competence in at least 5/8 FC Hernia EPAs.

Advanced Skills in Hernia Surgery

- 15 Atypical hernia cases
 - These include operations for groin pain, repair of parastomal hernias, surgery for infected mesh including potential management of hernia recurrence concomitantly, hernias in the setting of an enteric fistula, subxiphoid, flank, suprapubic hernias.

Solution

- Widespread reform of General Surgery Residency training to focus on the foundational skills required to repair >90% of hernias.



<https://www.fellowshipcouncil.org/designation-descriptions-and-criteria/>

Fellows must complete procedure requirements with the following category minimum.

100 total core procedures minimum

- 30 Inguinal Hernia Repairs
 - 15 of these must be done via an MIS approach (Laparoscopic or Robotic)
 - 10 of these must be recurrent hernias
- 30 Ventral/Incisional Hernia Repairs (3-10 cm width or length)
 - These could be performed via a variety of techniques including onlays, retrorectus, IPOM.
 - 15 of these must be performed as MIS extraperitoneal
- 25 Ventral/Incisional Hernia Repairs (>10cm width or length)
 - These can be either External Oblique releases or Transversus Abdominis releases or preperitoneal via any approach
- 15 Atypical hernia cases
 - These include operations for groin pain, repair of parastomal hernias, surgery for infected mesh including potential management of hernia recurrence concomitantly, hernias in the setting of an enteric fistula, subxiphoid, flank, suprapubic hernias.
- In addition to the 100 core cases, fellows must complete the following additional requirements:
 - 5 clinic evaluations for groin pain
 - Completion of the FC Hernia Curriculum which is currently under development
 - Documentation of competence in at least 5/8 FC Hernia EPAs.

Have we complicated the routine?

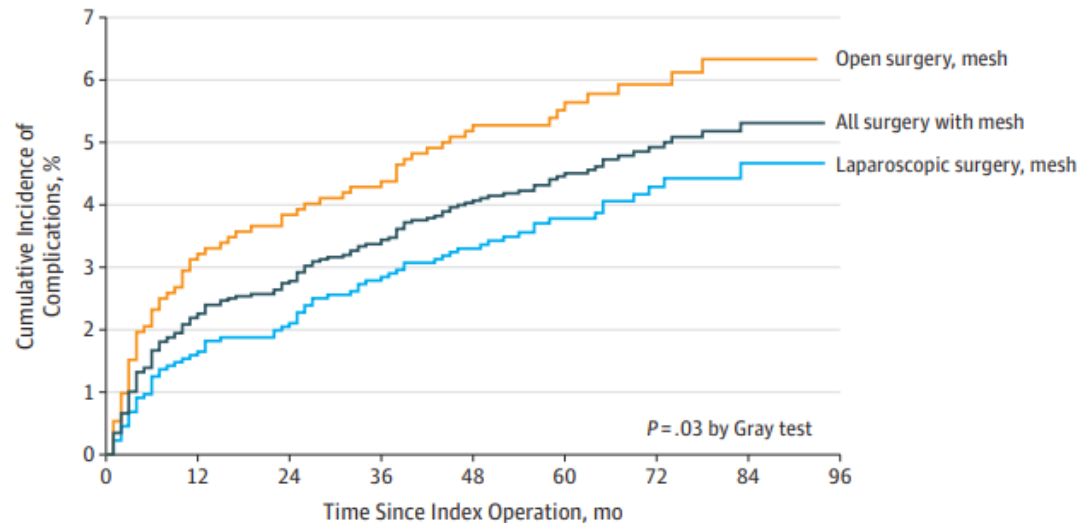
- What is the right repair for a 4-7 cm hernia?
 - IPOM
 - ETEP
- Is intraperitoneal mesh truly unsafe?



Long-term Recurrence and Complications Associated With Elective Incisional Hernia Repair

Dunia Kokotovic, MB; Thue Bisgaard, MD, DMSc; Frederik Helgstrand, MD, DMSc

Figure 2. Cumulative Incidence of Mesh-Related Complications Treated by Surgical Intervention After Index Incisional Hernia Repair



No. at risk	0	12	24	36	48	60	72	84	96
Laparoscopic mesh	1757	1620	1532	1455	1332	942	578	260	
Open mesh	1119	1000	942	880	790	556	370	211	
All mesh	2876	2620	2474	2335	2122	1498	948	471	

Cumulative risk of long-term complications after index repair for all incisional hernias with mesh and according to surgical technique for hernia repair (laparoscopic mesh or open mesh). $P = .03$. Complications included are those requiring surgical intervention. Median follow-up: laparoscopic mesh repair, 61 (interquartile range [IQR], 48-78) months; open mesh repair, 59 (IQR, 44-80) months.



ORIGINAL ARTICLE



Robotic eTEP versus IPOM evaluation: the REVEAL multicenter randomized clinical trial

Clayton C. Petro¹ · Katherine C. Montelione¹ · Samuel J. Zolin¹ · David B. Renton² · Jonathan P. Yunis³ · Michael P. Meara² · Adele Costanzo¹ · Kayla Diaz² · Kristen McKenzie³ · Melanie Wilber³ · Tamela Fonseca³ · Chao Tu⁴ · Molly A. Olson⁵ · David M. Krpata¹ · Lucas R. Beffa¹ · Ben K. Poulouse² · Michael J. Rosen¹ · Ajita S. Prabhu¹

Comparing procedural costs and early clinical outcomes of robotic extended totally extraperitoneal (eTEP) with intraperitoneal onlay mesh (IPOM) repair for midline ventral hernias

Tariq Saleh¹ · Andrew Kastenmeier¹ · Kathleen Lak¹ · Rana Higgins¹ · Matthew Goldblatt¹ · Wen Hui Tan¹

Have we complicated the routine?

- What is the right repair for a 4-7 cm hernia?
 - IPOM
 - ETEP
- Is intraperitoneal mesh truly unsafe?



Alienates General Surgeons

Summary

- Hernia is the domain of the general surgeon
- We should refocus our efforts to improve hernia education in residency training
- Fellowship training in AWR should be complex
- Reconsider techniques that take routine and make it complex



Thank You!

