Complex AWR and enterotomy prevention strategies

ERIC D. KALISH, MD
CHRISTIANA HERNIA CENTER
CHRISTIANA CARE HEALTH SYSTEM, WILMINGTON DELAWARE
About Us

- Private Practice
  - 3 General Surgeons
  - 1 Plastic Surgeon
- Large tertiary care community health system
  - 3 Hospitals
- Hernia Center started 2010
  - Over 800 complex AWRs
Enterotomy Prevention Strategies

1- Pre-operative Imaging
2- Old Operative Notes
3- Incision Planning and Entry
4- Technical Considerations During Case
5- Experience Matters!
Pre-operative Imaging

- CT Scanning
  - Mandatory for complex AWR patients
  - Needs to be recent
  - Evaluate films yourself for areas of potential problems
  - Concept of the mental image of the CT
Old Operative Reports

► Make sense of what was done previously
  ► Apply to operative strategy for current case
  ► Look for areas where there were particular problems
Planning The Incision

- Liberal Use of Alternative Incisions
  - Consider the mid transverse approach
  - Easiest path in may be through hernia sac
- Very difficult access
  - Consider approach of entry off midline
  - Muscle split if needed
    - Re-suture later
    - Covered with mesh anyway
Bowel Prep

- Not supported as routine
  - AHSQC Data
- Case by case basis can be considered
  - History of hostile abdomen?
  - Review of old operative reports
  - Inflammatory bowel disease?
When in doubt......Respect and RESECT

- Mesh removal from bowel
  - Not overly aggressive.....en bloc remove/resect
- Multiple matted loops of small bowel
  - Consider resection
Technical Considerations

► Avoid working in deep holes
  ► “Known to Unknown” dissection
  ► Favor sharp scissor dissection
    ► Avoidance of thermal dissection
► Bowel Serosa Identification
  ► If questionable then “take the next layer with you”
    ► May violate peritoneum but easy to repair the defects
Technical Considerations

- Use of barriers during lateral peritoneal flap dissection/creation
  - Fish
  - “Rosen Blue Towel”
- Lyse all lateral intraabdominal adhesions before peritoneal flap creation
  - Minimizes risk of bowel injury during flap creation
  - Allows for lateral placement of the barrier of choice
Technical Considerations

- Two pairs of trained eyes on the case
  - Our cases are done tandem with 2 attendings experienced in AWR
    - Plastics on each case in our practice
      - Creative approaches and constant dialogue
    - Resident does “appropriate” parts of cases
These Are Uphill Climbs
The End is in Sight