Controversies in Hernia Surgery
2nd International Conference
Colchester
13th–14th April 2016
It is a great pleasure to welcome you to the 2nd International Controversies in Hernia Surgery Conference. The 1st conference last year was a resounding success and certainly confirmed that there were plenty of controversies to discuss! We made an early decision to repeat the conference this year with the intention to continue with further conferences in the Spring each year.

We have again attracted a top class faculty from home and abroad, who I know will address all the hot topics of the day and stimulate a lively discussion with you, the audience. As always, all sessions are plenary so there are no difficult decisions to make on what to attend and what to miss.

We are indebted to our industry partners, who have come back to support the conference again. Please make sure that you interact with them during the breaks, lunches and the conference dinner.

So sit back and enjoy the conference!

Mr Aman Bhargava
Programme Director

It is with great pleasure that I welcome you to the 2nd Controversies in Hernia Surgery Conference at Stoke-By-Nayland, Colchester UK.

Management of hernias has become increasingly complex, as Surgeons strive for better outcomes for patients in an environment when scrutiny of outcome data is the norm. The aim of the Conference is to provide healthy debate about evolving techniques and possible innovative methods to enhance patient outcomes with emphasis on a multidisciplinary approach.

We have invited faculty who are National and International experts in hernia surgery to discuss the many complex issues facing surgeons today, and I welcome experts from the UK, EU and USA.

I hope you participate in the healthy discussion and take on board expert knowledge with a view to improving patient care and develop a multidisciplinary to improve outcomes.

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**Programme**

**2nd International Controversies in Hernia Surgery Conference**

**12 April**

19.30 Faculty dinner

13 April - Day one

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<th>Speaker</th>
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<td>08.00</td>
<td>Registration open</td>
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<tr>
<td>08.55</td>
<td>Welcome and opening of the meeting</td>
<td>Roger Motson (UK)</td>
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<tr>
<td>09.00</td>
<td>Symposium 1: What is a hernia / abdominal wall service?</td>
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<tr>
<td>09.00</td>
<td>Are you a specialist or a generalist?</td>
<td>Ian Daniels</td>
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<tr>
<td>09.20</td>
<td>Who needs to be in the team and do we need an MDT?</td>
<td>David Bennett</td>
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<td>09.40</td>
<td>Pre-operative risk stratification - what does CPEX have to offer?</td>
<td>Nicholas Batchelor</td>
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<tr>
<td>10.00</td>
<td>Intra-operative anesthetic considerations</td>
<td>Alex Grice</td>
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<tr>
<td>10.20</td>
<td>Should complex abdominal wall services be centralised?</td>
<td>Paras Jethwa</td>
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<tr>
<td>10.40</td>
<td>Coffee</td>
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**11.10**

How I do it - laparoscopic video session

Chair: Tan Arulampalam

- 11.10 Closure of defect in laparoscopic incisional hernia repair Aman Bhargava
- 11.20 Gluing mesh Aali Sheen
- 11.40 Crural defect closure Paras Jethwa
- 11.50 Minimally invasive component separation Frederik Beverloot
- 12.00 TEP without a balloon Don Menzies

**12.15**

Debate: Parastomal hernia prophylaxis

Chair: Daren Francis and Filip Muyssoms

- 12.15 For Frederik Helgstrand
- 12.25 Against Neil Smart
- 12.35 Discussion Audience
- 12.45 Closing remarks Frederik Helgstrand
- 12.50 Closing remarks Neil Smart
- 12.55 Vote Audience

**13.00**

Lunch

**14.00**

Gore Sponsored Symposium: Open incisional hernia repair

Chair: Farrukh Bajwa and David Lloyd

- 14.00 Avoidance of incisional hernia Hans Jeekel
- 14.20 Posterior release Bruce Ramshaw
- 14.40 Anterior release Paul Rooney
- 15.00 Pfannenstiel and clinical scenarios Erwin Van Geffen
- 15.20 Evolving surgical techniques in complex abdominal reconstruction Pasquale Giordano

**15.45**

Coffee

**16.15**

Symposium 3: Do we really know what we are doing?

Chair: Don Menzies and Dermot O’Riordan

- 16.15 Outcome reporting Filip Muyssoms
- 16.35 Randomised trials - easy to say, difficult to do? Hans Jeekel

**Keynote lecture**

Chair: Aman Bhargava

- 17.00 Open abdomen management with mesh mediated fascial traction Frederik Beverloot

**17.30**

Close of day one

19.30 Reception

20.00 Course Dinner
### Programme

#### 2nd International Controversies in Hernia Surgery Conference

**14 April - Day two**

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<td>08.30</td>
<td>Registration open</td>
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<tr>
<td>09.00</td>
<td>Short Papers</td>
<td>E Limura, P Giordano</td>
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<tr>
<td>09.00</td>
<td>Complex abdominal wall...</td>
<td>Tracy M Noone</td>
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<tr>
<td>09.10</td>
<td>Analysing the rate...</td>
<td>Peter Jones</td>
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<td>09.30</td>
<td>Keynote Lecture</td>
<td>Chris Oppong</td>
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<td>10.45</td>
<td>Symposium 4: Small hernias</td>
<td>Frederik Berrevoet</td>
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<td>10.45</td>
<td>Umbilical and Epigastric</td>
<td>Aali Sheen</td>
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<td>11.00</td>
<td>Spigelian</td>
<td>Bruce Tulloh</td>
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<td>11.30</td>
<td>Symposium 5: Adjuncts to hernia surgery</td>
<td>Johann Renard</td>
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<tr>
<td>11.30</td>
<td>Pneumoperitoneum prior to...</td>
<td>Frederik Berrevoet</td>
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<td>12.00</td>
<td>Can Botox help?</td>
<td>Johann Renard</td>
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<td>12.20</td>
<td>Abdominal binders / support...</td>
<td>David Fevre</td>
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<tr>
<td>13.00</td>
<td>Lunch</td>
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<td>14.00</td>
<td>The hernia MDT</td>
<td>Aman Bhargava</td>
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<td>14.00</td>
<td>Surgeon</td>
<td>David Lloyd</td>
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<td>Anaesethetist</td>
<td>Paul Rooney</td>
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<td>Plastic Surgeon</td>
<td>Alex Grice</td>
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<td>Radiologist</td>
<td>Manu Sood</td>
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<td></td>
<td>Keynote Lecture</td>
<td>Bruce Ramshaw</td>
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<td>15.30</td>
<td>Applying Complex Systems...</td>
<td></td>
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<tr>
<td>16.00</td>
<td>Close</td>
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**Complex abdominal wall reconstruction with biologic implant: a single institution experience**

**Authors:**
E. Limura, P. Giordano

Whipps Cross Hospital, Barts Health NHS Trust

**Introduction**
To present our single institution and surgeon’s complex-abdominal-wall reconstructions (CAWR) with Permacol™ mesh through a non-randomized study.

**Methods**
Data of 51 consecutive patients were prospectively collected between 2003-2015. Patients had a median of 3 comorbidities (range 0-10) and 33% were Centre for Disease Control class II-IV. Indication for surgery was incisional hernia (73%), incisional hernia and enterostomy (11%), para-ostomy and incisional hernia (16%). The median defect size was 625cm². The mean previous repair was 1.3 and 22 (43%) had a mesh in-situ. The median defect size was 625cm². The mean previous repair was 1.3 and 22 (43%) had a mesh in-situ.

**Results**
Among the 56 CAWR procedures, in 22 (39%) bowel resection/ anastomosis was performed. Five were re-operations for recurrence with a second Permacol mesh. At a mean follow-up of 44 months (range, 4-123), 11(22%) had recurrence of whom, 5 had fascial closure. The median of comorbidities was 3 (range: 1-10). In 32 cases where fascial closure was achieved, failure rate was 19%, whereas it was 22% in the 23 without fascial closure. Post-operatively, 4 patients had a failure and 1 died. Wound-related early complications were 22. Late complications were: 7 seroma, 6 enterocutaneous fistulas, 1 bowel adhesions to mesh, 3 chronic sinus, and 2 chronic abdominal pain. One patient died 43 months later for incarcerated hernia. One was lost at follow-up. Median post-operative performance status was 0 (range: 0-3). A satisfaction questionnaire was obtained in 40 patients and 90% of them were satisfied with the outcome.

**Conclusions**
In CAWR, the use of Permacol™ mesh is safe and effective.

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**Outcomes following a Modified Shouldice repair for primary inguinal hernias**

**Authors:**
Sue E. Jones, Peter A Jones

BMI Somerfield Hospital

**Introduction**
Repair of an inguinal hernia is one of the most common operations performed by general surgeons. We reviewed the outcomes of patients who had undergone a modified Shouldice repair by one or other of the two authors.

**Methods**
A review of the post-operative experience and outcomes of 50 consecutive patients who had undergone an open non-mesh repair of a primary inguinal hernia over a 6 month period. After a minimum of 6 months after surgery patients were sent a questionnaire regarding their different outcomes including duration and severity of pain, return to driving and work and any complications.

**Results**
39 results were received from 50 patients. 33 were day cases and 6 remained in hospital for 1 night. Pain scores 0 - 2 (on a scale of 0 - 10) were achieved in 39% in week 1, 60% in week 2, 73% in week 3, 94% in week 4. 1 patient experienced some pain in week 5 and there were no patients with any pain after week 6. Meantime to driving 8.9 days. Meantime to return to work 13 days. Meantime when patients felt ready to return to work 6 days.

**Conclusions**
By avoiding the use of mesh and utilising a tension-free anatomical natural tissue repair based closely on the Shouldice operation excellent outcomes can be achieved and the incidence of chronic post-operative pain reduced. We recommend that training in the Shouldice operation be established as a routine part of all surgical training programmes.
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