Introduction

Ventral hernias occur through the anterior abdominal wall and represent defects in the parietal abdominal wall fascia and muscle through which intra-abdominal or preperitoneal contents can protrude. Ventral hernias may be congenital or acquired. Acquired hernias may develop via slow architectural deterioration of the muscular aponeuroses or they may develop from failed healing of an anterior abdominal wall incision (incisional hernia). Ventral hernia includes incisional hernias, paraumbilical hernia, umbilical hernia, epigastric hernia and spigelian hernia.

The overall incidence of ventral hernia is difficult to estimate. While many etiological factors have been implied in the development of ventral hernia such as obesity, pregnancy, midline or other vertical abdominal incisions, use of absorbable suture, failure of suture to encompass adequate bites of strong tissue, older age, general debility, postoperative increase of abdominal pressure, steroid therapy, chemotherapy, wound infection and many others. Hence a detailed prospective trial is the need of time to resolve the controversies regarding etiology and management of ventral hernias.

Commonly hernias do not require any special investigations to diagnose them. They are mostly clinically diagnosed; rarely need investigations like ultrasound, computerised tomography to confirm the diagnosis.

The principles for ventral hernia repair include dissection and identification of all defects and repair with non-absorbable sutures placed in healthy tissue. Though many different approaches have been described for the repair, no single technique is satisfactory for all ventral hernias resulting in high failure rate and recurrence (20% - 46%). Therefore, the type of repair should be well chosen as well as the materials and should be meticulously performed. With continued improvement of material and operative procedure, there is decreased morbidity and over all recurrence rates. High rate of recurrence compels the surgeons to change the technique used for repair and search for a better suture material and a better technique. Hence for a lasting repair other factors are to be taken into consideration which includes adequate preoperative preparation, anatomical dissection, repair without tension and use of well accepted, non-absorbable, nonirritant implants and effective post-operative management.

Materials and methods

Study design: Prospective Study

Place of study: Department of General Surgery, VSSIMSAR, Burla.

Duration of study: December 2014 to November 2016.

Sample size: A Total 50 cases were studied over the scheduled period.

Pre-operative evaluation: Age, Gender, Height, Weight, BMI (body mass index), H/O Smoking, Hypertension & Diabetes, chronic cough, constipation, previous surgery. Routine blood investigations.