

**Hernioabdominoplastics of postoperative ventral hernia in patients with obesity**  
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**Герниоабдоминопластика послеоперационных вентральных грыж с ожирением**  
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**Abstract:** the article analyzes the results of surgical treatment of 208 patients with postoperative ventral hernias in the surgical departments of the 1st and 2nd Clinic of Samarkand medical institute from 2008 till 2015 years.

**Аннотация:** в статье анализируются результаты хирургического лечения 208 больных с послеоперационными вентральными грыжами в хирургических отделениях 1-й и 2-й клиник Самаркандского медицинского института в 2008-2015 гг.

**Keywords:** hernioabdominoplastics, dermatolipidectomy.

**Ключевые слова:** герниоабдоминопластика, дерматолипидэктомия.

**Introduction:** Postoperative Hernioplastics of ventral hernia (PHVH) with abdominoplastics remains one of the spreading operatic interference of surgery in patients with expressive obesity of skin-fatty lining [4]. The main cause influencing on the process of formation hernia serves in patients accompanying pathology on the form of disturbances of exchange fat. In now a days abdominoplastics as independent operation is enough spreading in plastic surgery and has esthetic and cosmetic meanings [1, 5]. Wide mobilization skin-fatty patches allows to estimate the condition of tissue around defect of aponeurosis, identify additional hernia gate and weak area [1, 4]. Using abdominoplastic in patients with postoperative of ventral hernia and obesity improving current postoperative period, decrease the number of complication and gives better near and further results [5]. The main advantages abdominoplastic is [2]: capability of removing large fatty mass with excessive saggy skin patch, expanded, tough postoperative scar; possibility performing abdominoplastic in epigastric area with creating muscle-aponeurosis corset on significant decreasing circumference of waist in ten centimeter (on other types of abdominoplastic occurs significant excessive of skin in epigastric area which keeps even on imposition of additional deep raphe).

**Materials and methods:** From 2008 till 2015 years in surgical departments 1<sup>st</sup> and 2<sup>nd</sup> clinic of Samarkand medical institute were operated 208 patients with postoperative ventral hernia of abdominoanterior walls. Important factors identifying surgical tactic is localization of hernia, size defect and presence of relapsing in amnesia. According to classification of Chervel J.P. and Rath A.M. [3]. In 152 patients accompanied obesity in several stages. 73 of them patients in the age from 27 to 68 years suffered of obesity III-IV stages and presence of manifestation dermato-fatty lining. From them 69 were women and 3 were men gender. All the patients were carried out anthropometry, including the measure of height, mass of body, computation index of body mass (IBM). Standard criteria for determine obesity–(IBM). IBM identifies in formula: weight divides in quadrate of height: 20-26 – healthy; 26-28-increasing nutrition; 28-31- obesity of I stage; 31-36-obesity of II stage; 36-41-obesity of III stage; More than 41- obesity of IV stage. The patients were separated in two groups. The control group consisted of 29 patients with obesity III-IV stages, they were performed hernia section with plastic autogenous tissue and performed complex operative treatment, including hernia section with abdominoplastic. Carried out general clinic, biochemical examinations, measuring intraabdominal pressure before and after operation. Among 73 (35,1%) patients with obesity III-IV in 61 (83,6%) had extensions down of abdomen form, in 7 (9,6%) - ovoid shape form and in 5 (6,8%) extension of upper abdomen form. Receiving presented allowed to choose optimal operative approach on hernioplastic and abdominoplastic. Operative treatment of control group patients included of plastic hernia defect of autogenous tissue and prosthesis of material indication. On prosthesis plastic transplant fixed according to method of onlay, inlay and sublay. In necessities with aim of increasing capacity of abdominal cavity for prevention of development the syndrome of few abdomen and respiratory failure, the plastic of pre-abdominal walls performed in combination method – in supplementary mobilization of vaginal straight abdomen muscle. The stage of hernia section in patients of main and control group did not distinguished. Particularities of operative treatment in main group patients was included in combination abdominoplastic. The stage of prosthesis hernioplastic with combination of abdominoplastic included the following: After manipulation of operating field on the skin of pre-abdominal walls inserted the picture of type “Anchor”, enclosing hernia pulsion, old postoperative scar and dermo-fatty ruga. After cutting the skin and hypodermatic fatty layer till aponeurosis of excessive ruga on picture removed and discharged hernia sac. The edge of dermo-fatty patches widely steamed into and out. Prosthesis of hernia defect refers on

indications. After completing hernioplasty with abdominoplastic in patients on aponeurosis retained drainage of perforated tube on Redone.

**Results and discussion.** Altogether, among the examinations (n=208) spreading obesity in various degree consisted 73,1% (n=152). On this III-IV stages obesity (IBM from 36 till 60,9) had 35,1% (n=73). There were detected growing of the rate obesity in the ages. The part of the obesity made up 35,1% in women younger than 45 years, 56,3% in patients on the age from 45 to 55 years and in women older age 80,3%. Estimation of effectiveness results treatment of patients in discussing group in the quality of main criteria used of indication rate in hernia recurrence of pulsion, character and gravity of occurring complications. In dynamic examination separate anthropometric indication: mass of body (MB, kg), index of body mass (IBM, kg/m<sup>2</sup>). Also investigated the dynamic of intraabdominal pressure (IAP, mm.rt.st.), laboratorial results, current concomitant pathology and the level of life quality. From 73 treated patients one case (3.4%) finished by fatality result in control group. The cause of death was acute cardiovascular failure. Postoperative period in patients of control groups observed on 9 complications (31,0%), infiltrate in 3, hematoma in 2, seroma in 2, lymphorrhea in 1 and purulence of wound in 1 patient. Bronchopulmonary complication observed in 7 patients, phenomena of heart failure in 5 patients, the last manifestation was in low indication of arterial pressure, acceleration of pulse, dyspnoea. The last complication obviated simultaneously with pulmonologist and cardioresuscitator. In main group complications were in 4 patients (9,1%). (purulence of postoperative wound in 1 patients, infiltrate in the area of postoperative wound in 2, necrosis of edge skin patches in 1 patients. Bronchopulmonary complications observed in 2, heart failure in 1 patients of age 66 years suffering from postinfarction cardiosclerosis. Thus a majority number of complication observed in patients of control group. A few number of cardio-pulmonary and local complications of postoperative were marked in main group patients. On dynamic observations of control group patients the indication of body mass and relative indication of IBM, important changes did not undergo. In patients of control group on dynamic observation, indication, characterized degree of abdomen obesity important changes did not undergo. According to the IBM of patients in main group the indication of abdominal obesity carried out in global changes. This positive said on the further vital perspectives, as far as exactly abdominal type of spreading fatty tissue, in most degree associated with a high risk of cardio-vascular disease and diabetes mellitus II-type, undergo essential changes. On research level of glycemia in control group patients important changes were not detected. After 1 year of postoperative diabetes mellitus II type was detected again in 3 patients and total number such patients consisted of 12 (16,4%).

**Conclusions:** Abdominoplastic is not only cosmetic operation in patients suffering from obesity on excessive fat of deposit of abdominal wall, but also presence of postoperative ventral hernia –technical surgery using, allowing to improve results of hernioplastics. Hernioplastics with abdominoplastics in patients postoperative ventral hernia anterior abdominal cavity suffering from obesity III-IV degree, performing after careful pre-operative preparation as rule improves the quality of life of patients and gives adequate cosmetic effect.

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