INCISIONAL HERNIA

- BMI ≤35kg/m^2 (≤40kg/m^2 if no comorbidities)
- Non-smoker
- Deemed suitable for repair by operating surgeon

CT SCAN FINDINGS

- Distance between medial aspect of rectus muscles at widest point ≥10cm

OR

- Hernia sac volume: Abdominal cavity volume ≥20%*

YES

NO → **ABDOMINAL WALL RECONSTRUCTION**

Midline fascial closure is unlikely to be achieved by abdominal wall reconstruction (AWR) and component separation techniques (CSTs) alone for this cohort. The risk of not obtaining midline fascial closure and having to bridge a residual defect with mesh would be taken. Mesh bridging is associated with increased risk of hernia recurrence, wound dehiscence and mesh related complications. Surgical repair of incisional hernias is associated with considerable postoperative morbidity, risk of hernia recurrence and costs.

Systematic reviews of cohort studies have demonstrated that botulinum toxin is effective as an adjunct to surgical repair of abdominal hernias to facilitate midline closure.

BOTULINUM TOXIN A INJECTION

- 2-4 weeks before abdominal wall reconstruction
- 300 units in 150ml 0.9% normal saline (total)
- Ultrasound guidance
- Sedation *or* local anaesthetic
- Injections into lateral abdominal wall muscles (based on Smoot description**)

ABDOMINAL WALL RECONSTRUCTION

*Based on formula for volume (V) of ellipsoid, where V = 4/3 x π x r1 x r2 x r3, and r = each of the radii of an ellipsoid

** Smoot D et al. *Pain Medicine* 2011; 12: 1121-1123