







Ventral Umbilical Patch Repair: An Effective Way to Repair Small Ventral Hernias

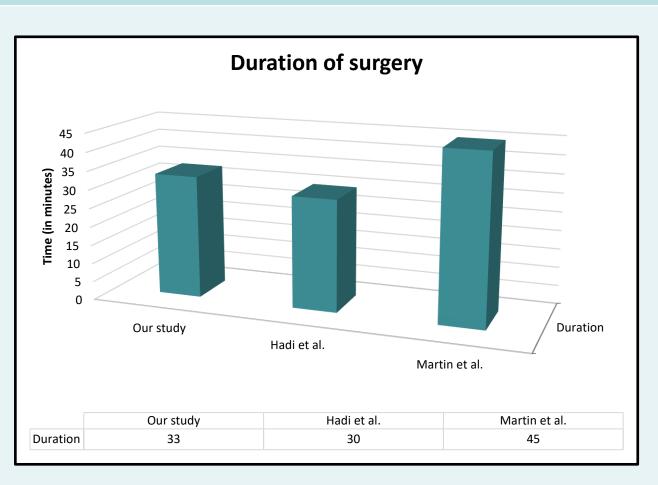
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Introduction Materials and Methods Study Design: Retrospective cohort study. Umbilical hernias account for 6-14% of all abdominal wall hernias in adults. **Duration:** January 2022 - June 2023. Surgical repair is necessary, with various techniques including Onlay, Inlay, Sublay, and Underlay mesh • Participants: 112 patients with umbilical/paraumbilical hernias <3cm. placements. Ventral Umbilical Patch repair is a quick, cost-effective **Procedure:** Infra-umbilical incision, placement of method with minimal postoperative complications and Ventralex™ ST Hernia Patch within the peritoneal rapid recovery. cavity. Anesthesia: General (26.8%), Spinal (58%), Regional (15.2%).

Results

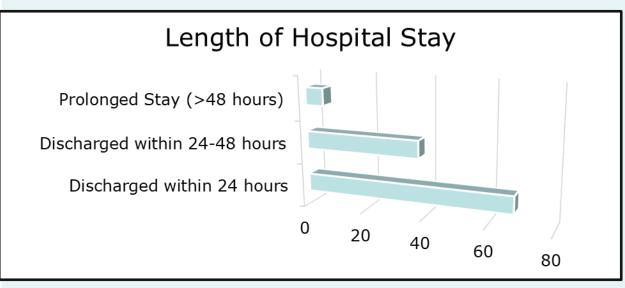
Characteristic	Value
Total Number of Patients	112
Gender Distribution	
- Male	70
- Female	42
Age	
- Mean Age (years)	54.5
- Age Range (years)	30-86
Obesity	
- Number of Obese Patients (BMI > 30)	35
ВМІ	
- Mean BMI (kg/m²)	31

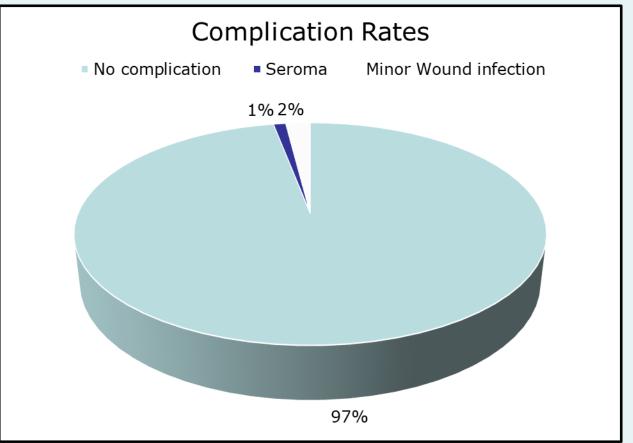


• **Follow-up:** 6 months with regular intervals.

i ostoperative Analgesia		
No Further Analgesia	72	
Moderate Analgesia	40	
Length of Hospital Stay		
Prolonged Stay (>48 hours)		

Postonerative Analgesia





Discussion/Conclusion

Efficacy: Low complication rates, quick recovery, and suitability for day-care surgery.

Comparison: Operative times and complications are favorable compared to other studies.

Cost-Effectiveness: Reduced hospital stay and early resumption of work, beneficial in low- and middle-income countries.

Safety: Effective and safe for small umbilical hernias.

Advantages: Short operative time, minimal analgesia, faster recovery, and no recurrences.

Recommendation: Ideal for day-care surgeries in high-demand healthcare settings.

Key References

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