

AB022. PP-1 Rate of trocar site hernia after laparoscopic sleeve gastrectomy

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Background: Laparoscopic sleeve gastrectomy (LSG) is the most commonly used bariatric surgical method. One of the complications seen after LSG is Trocar Site Hernia (TSH). The rate of TSH detected radiologically after LSG has been reported to be 19%. Failure to adequately expose fascia defect due to the thick abdominal wall, limitation of instrument movement due to excessive subcutaneous fatty tissue, are the accused reasons for increased TSH among obese population. In this study, we aimed to determine TSH ratio and its causes after LSG.

Methods: The patients who underwent LSG between January 2016 and June 2017 and trocar sites were closed by using Carter-Thomason Suture Passer were first evaluated by phone calls. Demographic characteristics and postoperative weight loss were recorded in patients who agreed to participate in the study and all were invited to a physical exam. At the control, hernia examination was performed by a general surgeon who was trained in ultrasonographic hernia detection in the radiology clinic. The detected TSHs were divided into two groups as symptomatic and asymptomatic. The data obtained were evaluated with SPSS 23 program. P value below 0.05 was considered significant.

Results: Sixty-one patients were included in the study. The mean time from LSG was 32 (min 24, max 43) months. Totally 7 (11.4%) TSHs were detected in 61 patients, symptomatic in two and asymptomatic in 5 patients. BMI

above 30 kg/m² and age over 40 years at control were found to be a significant factor for TSH occurrence (P<0.05). Repair of fascia defects with Carter-Thomason Suture Passer during LSG reduces the frequency of TSH (11.4% vs. 19%).

Conclusions: Advanced age and inadequate weight loss are factors that increase the rate of TSH after LSG. Carter-Thomason Suture Passer might reduce the TSH rate among morbidly obese patients.

Keywords: Obesity surgery; sleeve gastrectomy; Trocar Site Hernia (TSH)

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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