

Advances In Abdominal Wall Reconstruction

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The Journal of Abdominal Wall Reconstruction review the reconstructive modalities for the abdominal wall defects, with the special attention to the complex ventral hernias and also the components separation techniques. The description of the recent scientific advances and the emphasis on a multidisciplinary approach to the patient care reflects the current trends and going forward to the use of the bio prosthetic materials.

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The ideal mesh for use in AWR has yet to be discovered, but vast advances have been made in the art of abdominal wall defect repair. Biologic meshes may have an advantage over synthetic mesh in contaminated wounds, but their use may not be cost-effective in all patient populations.

Biologic mesh for abdominal wall reconstruction

Nguyen AT, Baumann DP, Butler CE. Complex Abdominal Wall Defects with Components Separation and Mesh: A Versatile Approach. In: Surgery of Complex Abdominal Wall Defects. Springer, 2013. Baumann DP, Butler CE. Management of the Postoperative Bulge. In: Advances in Abdominal Wall Reconstruction. Quality Medical Publishing, Inc: St. Louis, MO, 2012.

Donald P. Baumann | MD Anderson Cancer Center

The tensor fascia lata flap is generally regarded as one of the more useful regional flaps used in reconstruction of anterior abdominal wall defects that are located in the lower two thirds of the abdomen.6The thickness of the overlying fascia lata provides the much needed strength required for reconstruction in this area and often precludes the need for underlying mesh placement.

Flap Coverage of Anterior Abdominal Wall Defects

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Abdominal wall reconstruction surgery is an advanced surgical procedure that strengthens a weakened or damaged abdominal muscle and restores the normal function of the abdominal wall. It is a procedure recommended for patients with advanced hernias and requires specialized surgical expertise.