

# To Study The Clinical Profile In Patients of Ventral Hernia In A Rural Tertiary Health Care Center.

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**Abstract---** *The anterior abdominal wall is the site of variety of hernias means erect posture which renders the anterior abdominal wall weak. All most all these hernias protrude through the abdominal wall to form palpable swellings. To study the etiopathogenesis of ventral hernias, To Analyse the pattern of ventral hernias, To study morbidity due to ventral hernia, To study the outcome of different surgical repair procedures. This Prospective study will be conducted in tertiary health care centre with two and half years of study duration of total sample size 60. Interpretations during study for various types of ventral hernias including role of patients sex and age, analyze pattern of hernias, different types of hernias, time gap between surgery and development of incisional hernia at post surgical site, etiopathogenesis for development of ventral hernia, site and size of different hernias, various treatments available for ventral hernias and follow up duration and complications after surgery. Ventral hernia is a common surgical complaint. Treatment options include primary anatomical repair and meshplasty. Meshplasty is standard of care now a days. key words includes Ventral hernias , Incisional hernias, Anatomical repair, Meshplasty*

## I INTRODUCTION:

### I.I. Background/rationale:

The protrusion of any organ (tissue) as a whole or part out of its boundary through an anatomical or acquired weak spot. These hernias are basically classified into two types, depending upon their visibility. a) External hernia is those which are visible from outside, like inguinal, incisional, femoral, epigastric. b) Internal hernia is those which are not visible from outside, they may be present between two adjacent cavities such as abdomen and thorax and they may herniate into a sub compartment of a pre-existing cavity (1-9). Common internal hernias are diaphragmatic hernia or hiatus hernia. Ventral hernia is those hernias which occur along the anterior/ventral wall of abdomen. This is site of a variety of hernias due to means erect posture which renders the anterior abdominal wall weak. Almost all these hernias protrude through the abdominal wall to form palpable swellings. These hernias mainly present as a

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swelling and they rarely go for complications like strangulation, incarceration and present with respective manifestations. Commonly hernias do not require any special investigations to diagnose them. (Clinically diagnosed) rarely they need investigations like computerized topography, ultrasound and herniography to confirm the diagnosis (10-22).

The objectives of this study are to study ventral hernia with respect to the various anatomical sites and various clinical presentations such as swelling, pain and also the various risk factors and complications of different types of ventral hernias. Also to study clinically the various forms of ventral hernias and management protocol adopted at AVBRH

### **I.II. Objectives:**

- To study etiopathogenesis of ventral hernias
- Analyze the pattern of ventral hernias
- To study the morbidity due to ventral hernia
- Radiological (x-ray and USG) evaluation of ventral hernias
- To study the outcome of different surgical repair procedures

## **II METHODS:**

### **II.I. Study design: Prospective study**

The setting for the study will be conducted in Tertiary Health Care Centre at Acharya Vinoba Bhave Rural Hospital attached to Jawaharlal Nehru Medical College which comes under Datta Meghe Institute of Medical Sciences University.

A proforma will be prepared with comparison on certain factors.

- Presenting complaints
- Type of Hernia
- Distribution of various types of hernias
- Common predisposing factors
- Types of incisions that lead to incisional hernias
- Types of surgeries leading to ventral hernias
- Relative distribution of hernias relating among sex and age
- Time gap between presentation of hernias after previous surgery
- Types of ventral hernia management.
- Complications post procedure that include surgical site infections ,wound dehiscence, rejection of mesh.
- Hospital stay
- Follow up

## **II.II. INCLUSION CRITERIA :**

All patients of ventral hernia like epigastric, paraumbilical, umbilical, parastomal, portsite hernia admitted (IPD) for treatment.

## **II.III. EXCLUSION CRITERIA:**

- Groin hernia( inguinal direct,inguinal indirect and femoral hernia).
- patients not willing for clinical and research study.

Study size: 60 Patients.

## **III EXPECTED OUTCOMES/RESULTS:**

We expect outcomes like previous surgical incisions and comorbidities like obesity, post-operative infection and other predisposing factors are the major causes of ventral hernias and mesh repair is superior over the anatomical repair.

## **IV DISCUSSION:**

Our results will show the etiopathogenesis of ventral hernias , pattern of hernias , morbidity due to ventral hernias, radiological confirmation and different treatment options and complications of the ventral hernias. Patients with Groin hernias and patients not willing for clinical and research study are limitations of my study. Interpretations during study for various types of ventral hernias including role of patients age and sex, different types of hernias, comorbidities and predisposing factors, time gap between surgery and development of incisional hernia at post surgical site, etiopathogenesis for development of ventral hernia, site and size of different hernias, various treatment options available for ventral hernias and follow up duration and complications after surgery. Few article about related factors and available local healthcare facilities were reviewed (23-74).

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