Chirurgia (Bucur). 2020; 115(2):140-147
http://dx.doi.org/10.21614/chirurgia.115.2.140

What are the Specifics of Abdominal Wall Surgery in Cirrhotic Patients

David Moszkowicz[1], Marc-Antoine Allard[2], Marius Anastasiu[3]
[1]Department of Digestive Surgery, Louis-Mourier Hospital, DMU ESPRIT - GHU AP-HP. Nord, University of Paris, France
[2]Department of Surgery, Paul-Brousse Hospital, Assistance Publique Hôpitaux de Paris (APHP), Centre Hépato-Biliaire,
Villejuif, France, Département Hospitalo-Universitaire Hepatinov, Villejuif, France; INSERM, Unit 1193, Villejuif, France
[3]General Surgery Department, County Hospital Buzau, Romania

Abstract
The risk of developing an abdominal wall hernia is high in the cirrhotic patient, due to the association of ascites, hypoalbuminemia and amyotrophy in connection with undernutrition frequently associated with cirrhosis. Thus, almost 20% of cirrhotic patients develop an umbilical hernia. Parietal surgery is more at risk in cirrhotic patients and its indications must be discussed on a case-by-case basis. The objective of this work was to review the entire literature on wall surgery in order to best define the surgical indications and the specifics of their management. The bibliographic research was done on Pubmed® over the period from January 1995 to December 2019, using French and English as publication languages. The keywords retained were "hernia" [Mesh] and "liver cirrhosis" [Mesh]. In an elective situation, preoperative ascites control is recommended. A parietal prosthesis can be used, even in the case of uninfected ascites, preferably in the retromuscular position. Laparoscopy should be used with caution, due to the bleeding risk. No recommendation can be made on the use of prophylactic intra-abdominal drainage. The literature data do not allow the trans-jugular route porto-
systemic shunt recommendation, nor the use of a peritoneal-vesical pump to decrease the volume of ascites before parietal surgery in cirrhotic patients.
Key words: cirrhosis, hernia repair, incisional hernia, mortality, surgery