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Original article

Initial Results of the National Registry of Incisional Hernia[☆]



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ABSTRACT

Introduction: The aim of this study was to use the data from the National Registry of Incisional Hernia (EVEREG) to determine the reality of the treatment of this condition in Spain.

Methods: EVEREG is an online prospective database which has been functioning since July 2012; operations for incisional hernia are anonymously recorded.

Results: Up to March 2015, 4501 hernias from 95 of the 113 participating hospitals were registered. The mean age of the patients was 62.7, and 56.5% were women, with a mean BMI of 30.2 kg/m²; 29.8% presented a high surgical risk (ASA III–V). A total of 93.7% were scheduled surgeries, 88.3% open surgery and 22.2% were recurrent incisional hernias. There were 66.9% hernias after a midline laparotomy, and 81.4% of a transverse diameter of less than 10 cm. A mesh was used in 96.2% of cases. Postoperative stay was 5.3 days and 29.1% presented a complication, with a mortality of 0.8%. After a median follow-up of 7.7 months a high rate of recurrence was detected (20.7% per year), especially in hernias that were operated on after a previous repair (18.1% primary vs. 30.6% recurrent; P=.004).

Conclusion: The EVEREG registry is a useful tool to know the current situation of incisional hernia treatment. Analysis of the data shows several points that could be improved: a low rate of follow-up and high recurrence rate.

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Resultados iniciales del Registro Español de Hernia Incisional

R E S U M E N

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Introducción: El objetivo de este estudio fue analizar los datos recopilados en el Registro Nacional de Hernia Incisional (EVEREG) para conocer la situación actual del tratamiento de esta dolencia en España.

Métodos: EVEREG es una base de datos prospectiva *online* en la que, desde julio de 2012, se registraron de forma anónima los datos de las hernias incisionales intervenidas en España. **Resultados:** Hasta marzo de 2015, se han registrado 4.501 hernias en 95 de los 113 hospitales inscritos. La edad media de los casos fue de 62,7 años, un 56,5% mujeres, con un IMC medio de 30,2 kg/m² y un 29,8% de ellos con riesgo quirúrgico elevado (ASA III-V). Un 93,7% de las intervenciones fueron electivas, el 88,3% por cirugía abierta y el 22,2% fueron hernias recurrentes. El 66,9% correspondían a una hernia tras laparotomía media, en el 81,4% el diámetro transversal fue menor de 10 cm. Se empleó una prótesis en el 96,2% de los casos. La estancia postoperatoria fue de 5,3 días, con complicaciones en el 29,1% y con una mortalidad del 0,8%. Tras una mediana de seguimiento de 7,7 meses se ha detectado un elevado índice de recurrencias (20,7% al año), sobre todo en hernias intervenidas tras una reparación previa (18,1% primarias vs 30,6% recidivadas; $p = 0,004$).

Conclusión: El registro EVEREG es una herramienta útil para conocer la situación actual del tratamiento de la hernia incisional. El análisis de los datos señala como principales elementos susceptibles de mejora el bajo índice de seguimiento y la elevada tasa de recurrencias.

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Introduction

National abdominal wall defect registries began in Sweden in 1992,¹ taking advantage of the diffusion of information systems. Nilsson² in Sweden and Bay-Nielsen³ in Denmark published very interesting initial results in inguinal hernias.

Due to their prevalence, clinical and economic repercussions, and the lack of agreement in their treatment and results, incisional hernias are an important pathology to be audited by means of a registry.

The first attempts at establishing national incisional hernia registries also emerged from the Nordic countries,⁴ where a multicenter study at 40 hospitals detected wide heterogeneity in treatments and results. The authors came to just one conclusion: the need for improvement. Therefore, a national registry was created.

Meanwhile, in Denmark, the Danish Ventral Hernia Database was established in 2006. Its initial published studies^{5,6} confirmed the lack of a consensus strategy in the treatment of ventral hernia as well as relevant postoperative morbidity rates. This led to the establishment of improvement processes and the promotion of national conferences to discuss the results and reduce the variability in the processes.

Other European registries include: Herniamed⁷ in Germany, which registers cases with all types of hernias; Club Hernie in France⁸ (<http://www.club-hernie.com/>), with all types of patients treated by a participating group of hospitals and surgeons; and, then there are the registries of the Netherlands and Belgium, which are still in early stages.

In 2011, the European Registry of Abdominal wall HerniaS (EuraHS)⁹ was created under the auspices of the European Hernia Society (EHS). This online European registry of

ventral hernias is a unique and quite interesting initiative that unfortunately has not been met with successful participation.

The Spanish Registry of Incisional Hernias (known as EVEREG) was started in Catalonia in 2012. The initiative quickly extended to the rest of the country in January 2013, with the participation of the Abdominal Wall and Sutures Division of the Spanish Association of Surgeons.

The objective of the present study is to analyze the data collected in the aforementioned registry since its inception in July 2012 until March 2015 and, based on the results, to determine the current treatment status of this prevalent condition and to detect those areas susceptible to improvement where unified action strategies should be applied.

Methods

This study provides an observational descriptive analysis of the data obtained from EVEREG since its inception until March 2015.

The central database (PostgreSQL version 8.4) used has been designed from a computerized data entry platform called OpenClinica, which is accessible through the Internet (<http://www.evereg.es/>). On this site, is possible to anonymously record all cases of incisional hernias that have been treated surgically at the participating medical centers. The study protocol has been approved by the Ethics Committees at all the participating hospitals, and the regulations of the Organic Law on Data Protection and Patient Autonomy have been followed.

Inclusion criteria were: hernias that had appeared after laparotomy; and, recurrences after previous incisional or ventral hernia repair.

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