

## SURGICAL TREATMENT BY PRE-APONEUROTIC LAPAROSCOPY OF DIASTASIS OF THE RECTUS ABDOMINIS MUSCLES AND INCISIONAL HERNIA

---

***Fernanda Copinski***

Centro Universitário Ingá (UNINGÁ)

***Jordana Luiza Ferreira de Campos***

Médica Residente Hospital Memorial da Uningá (HMU)

***Henrique Marques Dagostin***

Resident Doctor at: Hospital Memorial da Uningá (HMU)

***João Vinícius Ramos Reis***

Centro Universitário Ingá (UNINGÁ)

***Yasmin Morramed Mahmoud Darwiche***

Centro Universitário Ingá (UNINGÁ)

***Deborah Aparecida Petrechen Holovka***

Centro Universitário Ingá (UNINGÁ)

***João Penha de Souza Neto***

Centro Universitário Ingá (UNINGÁ)

***Fellipe de Lírio Marcolin***

Centro Universitário Ingá (UNINGÁ)

***Ana Clara Zagoto Figueiredo***

Centro Universitário Ingá (UNINGÁ)

***Danieli Aparecida Lucion***

Centro Universitário Ingá (UNINGÁ)

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Felipe Meneguetti Caniato**  
General Doctor

**Gabriela Copinski**  
Universidade de Vassouras

**Keywords:** Laparoscopy; Hernia; Diastasis;

## **INTRODUCTION**

Diastasis of the rectus abdominis muscles is obstinate and may be associated with the presence of abdominal wall hernias. Minimally invasive surgery has changed the way the abdominal wall is prepared and dissected. The emergence of cases of incisional hernia and diastasis are related to surgical incisions, generally abdominal. With the advent of laparoscopy, video surgery became one of the alternatives for treating hernias, presenting numerous advantages over the traditional surgical method. Alternatives to pre-aponeurotic techniques have been successfully described and their main advantage is to minimize the incidence of seroma. With the aim of facilitating the treatment of the herniated content, reducing the chance of recurrence, reducing post-operative pain and providing an earlier return to usual activities.

## **OBJECTIVE**

To analyze the current literature on surgical treatment by pre-aponeurotic laparoscopy of diastasis and incisional hernia, aiming to contribute to the knowledge of the principles and care aimed at this method.

## **METHOD**

This is a descriptive bibliographic review of articles selected from databases such as VHL, PubMed, LILACS and SCIELO, in the period between 2016 and 2021.

## **RESULTS**

The correction of abdominal incisional hernias remains one of the most common surgical procedures as it occurs in approximately 11% of laparotomies. The preaponeurotic subcutaneous laparoscopic approach is a safe and effective alternative. The technique is normally performed with a low incision in the lower abdomen associated with dermolipectomy. Seroma is its most frequent complication and recurrence of diastasis of the rectus abdominis muscles is rare, as is the appearance of fibrosis of the subcutaneous tissue. The main advantages are reducing surgical wound complications and aesthetic results. There are generally no intraoperative complications and the operative time lasts an average of 93 minutes. Its evolution and results are quite satisfactory.

## **CONCLUSION**

Diastasis of the rectus abdominis muscles is common to arise from scars from previous surgeries. The treatment is pre-aponeurotic subcutaneous videolaparoscopic surgery, which aims to reduce its main complication, seroma, in addition to improving aesthetics. Finally, as it is a minimally invasive surgery, there is a lower chance of recurrence and the return to activities is faster.