
Preface

Complex abdominal wall defects have become the new surgical disease; thus, the number of complex abdominal wall reconstructions has increased dramatically. As a considerable number of surgical patients who have sustained major abdominal trauma or catastrophic emergency surgery are treated with the open abdomen technique, the questions of how, when, and with what tools to perform these reconstructions have become serious considerations in the surgical practice.

Most surgeons use native abdominal wall during surgical procedures whenever possible. Evidence suggests, however, that synthetic or biologic mesh needs to be added to large ventral hernia repairs and in particularly complex defects. One particular group of patients that exemplify the word “complex” are those with contaminated wounds, such as enterocutaneous fistulas (ECFs), enteroatmospheric fistulas (EAFs), and/or stoma(s), where synthetic mesh is to be avoided, if at all possible. Most recently, biologic mesh has become the standard in high-risk patients with contaminated and dirty-infected wounds. However, while biologic mesh is currently the most common tissue engineered in this field of surgery in North America, Level I evidence is needed on its indication for use and long-term outcomes. Various techniques for reconstructing the abdominal wall have been described; however, the long-term outcomes for most of these studies are rarely reported.

Complex abdominal wall hernias and complex abdominal wall defects, including stomas or the complications associated with any of the above, are common and challenging for surgeons. The lack of high-quality evidence leaves surgeons without clear guidance regarding the selection of technique or material to be used when treating these serious problems.

The first edition of *Surgery of Complex Abdominal Wall Defects*, written to provide this guidance, was received very well by readers across the world; thus, the decision was made to proceed with the publication of the second edition. As with the first edition, the second edition of this book will cover the surgical anatomy of the abdominal wall; the pathology of abdominal wall defects, such as hernias and enterocutaneous or enteroatmospheric fistulas; and indications for surgical techniques used to reconstruct the abdominal wall from the practical standpoint. In addition, through a number of illustrations, the placement of mesh in the abdominal wall reconstruction and manipulation of patient’s tissue including lateral component release techniques and other tissue transfer techniques are described in detail. The text also covers reconstruction of complex contaminated abdominal wall defects in patients with complex enteric fistulas, stomas, defects created after the excision of previously placed infected prosthetic mesh, and defects associated with acute tissue loss after severe trauma or necrosis of abdominal wall such as necrotizing soft tissue infections. Complex abdominal wall defects in the pediatric population and long-term outcomes and durability of these repairs are also addressed. The second edition of *Surgery of Complex Abdominal Wall Defects* is written by experts in their respective areas from around the world and has been updated thoroughly with new chapters and new approaches. Just like the first edition, my hope is that it will continue to serve as a guide for current practicing surgeons, including general, trauma, acute care, plastic, and reconstructive surgeons.

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Practical Approaches

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