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The predictive value of the hernia score and other preoperative variables associated with ventral incisional hernia: A retrospective observational study

Kristoff Armand E Tan

Chong Hua Hospital, Philippines

Aim: To determine the predictive value of the hernia score in an external dataset and identify other factors associated with the development of VIH (Ventral Incisional Hernia).

Method: This is a retrospective observational study of patients who underwent an abdominal surgery for gastrointestinal malignancy in a tertiary care hospital from 2013-2017. The overall accuracy and predictive value of the hernia score was computed. To increase predictive value, other preoperative and intraoperative variables associated with the development of VIH were identified.

Result: A total of 447 patients were included in this study and 73 (16.3%) of these patients were diagnosed radiographically to have VIH following an abdominal surgery. The hernia score was found to have an overall accuracy of 48.16% and a positive predictive value of 36.6%. Three other perioperative variables, smoking, (odds ratio-13.43), diabetes mellitus (odds ratio-15.86), previous surgery (odds ratio-9.74) were found to be predictive for the occurrence of VIH.

Conclusion: The overall accuracy of the hernia score in predicting VIH in patients who underwent an abdominal operation for gastrointestinal carcinoma is poor smoking, diabetes mellitus and previous surgery are significant predictors for developing VIH and may be included increase predictive value of the hernia score.

## **Biography**

Kristoff Armand E Tan is a v	oung Vascular S	Surgical Registrar in	Australia with an inter	rest in infrainquinal b	vpass surgery, s	surgical education and training.
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tobytanmd@yahoo.com

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