Several potential planes for mesh placement when performing a ventral hernia repair (VHR) can affect outcomes of a subsequent abdominal operation (SAO). Placement can include Onlay, Inlay, and Sublay (retromuscular (RM), preperitoneal (PP), or intraperitoneal (IPOM)). Onlay refers to mesh placed in front of the rectus abdominus muscle, and is an open procedure. Inlay refers to mesh placed within the edges of the fascia. Sublay refers to placement behind the muscle and then further specified whether the placement was inside the peritoneal cavity or was preperitoneal. Previous studies show that intraperitoneal mesh (IPOM) placed during a VHR leads to longer operative times in a SAO. Other factors include increased risk of enterotomy, surgical site infection/occurrence (SSI/SSO), and a greater extent of adhesions to mesh.

We evaluated a large cohort of SAO after prior VHR to compare outcomes. We evaluated a large cohort of SAO after prior VHR to compare outcomes.