Surgery Excellence

CHI Health

CHI Health Surgery Center
at Creighton University Medical Center – Bergan Mercy
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Complex Abdominal Wall Reconstruction and Hernia Repair

Expertise, innovation and collaboration are hallmarks of abdominal wall reconstruction program at CHI Health Creighton University Medical Center-Bergan Mercy. Firmly on the forefront of quality outcomes and demonstrable results, our program was approved by the Creighton University Board of Governors more than a decade ago and has since treated more than 2,500 complex abdominal wall defects. Here, state-of-the art care is made possible with the support of primary care physicians and surgeons around the world.

Innovation in Inguinal Hernia Repair

Gregg A. Drabek, MD, FACS

Surgical innovation in the last 20 years has provided advancement in all forms of abdominal hernia repair – everything from a first time inguinal or umbilical hernia to the reconstruction of complex, multiply recurrent incisional hernias that have frustrated both patient and surgeon for generations.

Open, laparoscopic and non-surgical options may be provided to the patient with an inguinal hernia, each with distinct advantages depending upon the circumstances of the hernia, patient preference and the expertise of the surgeon.

"Watchful waiting" has become an accepted standard to manage patients with hernias that are asymptomatic as long as the patient does not have problems that mitigate their normal daily activities. However, some patients will experience symptoms from their hernia that will require surgery.

Tensionless inguinal hernia repair with mesh has become the standard of care for a first-time inguinal hernia. Years of experience with open, tensionless inguinal hernia repair using mesh has resulted in a drastic reduction in recurrence rates at the expense of some unfortunate side effects. The most concerning to the surgeon and patient is the emergence of chronic groin pain. Although the exact cause of this pain remains elusive, a multi-disciplinary approach has been the mainstay of treatment. Generally, with physical therapy providing stretching and exercise regimens, pain control with NSAID's, nerve blocks, steroid injections and encouragement will provide for relief within six months after surgery.

Unfortunately, some patients will develop chronic pain syndromes that may require additional surgeries. Depending on whether the source

of pain is somatic (generated by a muscular or soft tissue source such as a subclinical hernia recurrence) or neurogenic (caused by nerve irritation or entrapment), surgical intervention to remove mesh and mesh plugs, to accomplish neurectomy to resolve the pain or both may be necessary to improve a patient's quality of life.

Inguinal hernia recurrences continue to occur despite advances in tension-less repair. Generally, laparoscopic techniques are employed when open surgery has resulted in recurrence. Laparoscopic surgery allows the surgeon to avoid the operative field created by the open surgery. By entering the preperitoneal space, the surgeon can expose the recurrence through a field less disturbed by the previous surgery providing for less risk for issues such as testicular devascularization and nerve injury. The entire inguinal/pelvic anatomy is better exposed with this preperitoneal approach providing for improved mesh coverage of the recurrent hernia and other at-risk, weakened abdominal wall tissues. This generally results in improved outcomes and better recovery for the recurrent hernia.

Robotic surgery has revolutionized the field of hernia surgery providing the surgeon with improved optics and innovative instrumentation allowing for precision dissection and haptic feedback. This technology is particularly useful for the repair of recurrent inguinal hernias. It has also found use in the management of chronic pain after open surgery by providing excellent exposure to remove painful mesh plugs and for transabdominal neurectomy should it be necessary.

Robotic surgeons have found that there is application for this technology even in first time hernia repairs. This is particularly useful in patients with bilateral inguinal hernias where the laparoscopic and robot assisted approaches have demonstrated superiority to open surgery. Various reports suggest improved results in recurrence, recovery and perioperative narcotic use without impacting cost. There is some argument that the overall cost to society through quicker return to work and less overall cost of postoperative care.

Surgical innovation has benefited the patient with improved outcomes, quicker return to normal activities and less pain.

Meet Our Specialists

To refer a patient to our Abdominal Wall Reconstruction experts, call 402-717-4900.
We offer virtual visits where appropriate, via phone or video.

Robert Fitzgibbons, MD, FACS is the Harry E. Stuckenhoff Professor and Chairman of the department of Surgery at Creighton University School of Medicine in Omaha, Nebraska. For over four decades, his clinical and research efforts have focused on minimally invasive surgery especially as it relates to the management of abdominal wall hernias. He has performed thousands of hernia repairs and has made over 400 national and international presentations primarily on minimally invasive surgery and abdominal wall reconstruction. He is the author of over 300 scholarly publications. He served as the co-editor in Chief of journal "Hernia: The World Journal of Hernias and Abdominal Wall Surgery" for nearly 20 years concluding his term in 2018. He is a past board member of the Society of American Gastrointestinal Endoscopic Surgeons, a Past President of the Society of Laparoendoscopic Surgeons and the American Hernia Society. In addition, he is a member of the American Surgical Association, the Society of Surgeons of the Alimentary Tract, and 21 other societies.

Gregg Drabek, MD, FACS is the medical director of surgical services at CHI Health Clinic and an attending physician and assistant professor in the department of Surgery at Creighton University School of Medicine in Omaha, Nebraska. He has gained extensive experience in hernia repair over the course of his thirty year career in surgery. Dr. Drabek has performed minimally invasive repairs on all types of hernias. His interest grew when he began complex abdominal wall reconstruction ten years ago. In the last three years alone, he has completed over 250 robotic inguinal hernia repairs. He is currently the medical director of surgery and anesthesia for the CHI Health Clinic, a network of 15 acute care hospitals and the university practice plan.