Department of Surgery
2026 Research Day
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Title:
SUBCUTANEOUS ONLAY REPAIR FOR RECURRENCE AFTER OPEN TRANSVERSUS ABDOMINIS MUSCLE RELEASE

Author(s) and Affiliations:
David Roberts[1], Artem Shmelev[1]
[1] Stony Brook Medicine, Department of Plastic and Reconstructive Surgery, Stony Brook, NY, USA

Faculty Mentor(s):
Dr. Artem Shmelev, MD

Background:
There is a paucity of data on the use of the subcutaneous onlay laparoscopic approach (SCOLA) for management of recurrent incisional hernia after transversus abdominis release (TAR), particularly in patients with higher BMI and a hostile abdomen. We present a case of successful repair of a superior recurrence after open TAR using SCOLA.

Methods:
The patient is a 60-year-old woman with obesity (BMI 42) and a complex surgical history, including sleeve gastrectomy, two cesarean sections, and hysterectomy. This resulted in a large M2–4 W3 R1 incisional hernia with frequent recurrent bowel obstructions. She underwent open TAR with abdominoplasty and subsequently developed a symptomatic, bowel-containing superior recurrence with a 4-cm-wide defect. A robotic SCOLA approach was selected to avoid relaparotomy in a hostile abdomen and to reduce wound morbidity. Similar to the classic SCOLA technique, subcutaneous access was established by dissection down to the anterior fascia. Three 8-mm robotic ports were placed along the left midclavicular line. A lipocutaneous flap was developed across the midline, and the incarcerated bowel was reduced. The defect was closed with a permanent barbed suture, and a 20-cm-wide lightweight polypropylene mesh was placed in an onlay position and secured with permanent sutures and fibrin sealant. A subcutaneous drain was placed.

Results (or Preliminary Results):
The patient was discharged on postoperative day 1 (POD1) and had an uncomplicated recovery. She wore an abdominal binder at all times. The drain was maintained for 2 weeks, and she did not develop any seromas. There was no recurrence at 6-month follow-up.

Conclusions (or Preliminary Conclusions):
Symptomatic recurrences after formal abdominal wall reconstruction with TAR are usually addressed with either minimally invasive intraperitoneal underlay mesh (IPUM), open onlay repair, or open redo retromuscular repair. To our knowledge, this case report is the first to describe use of SCOLA to treat such a recurrence in a comorbid patient with a high BMI and a hostile abdomen. Postoperatively, maintaining a subcutaneous drain and an abdominal binder is important to reduce the risk of the otherwise common subcutaneous seroma formation.