LETTER TO THE EDITORS

A J-Shaped Subcostal Incision Reduces the Incidence of Abdominal Wall Complications in Liver Transplantation

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TO THE EDITORS:

We congratulate Dr. Adani and his colleagues: by performing 54% of their surgeries through a J-shaped incision, they are trying to reduce the trauma induced by accessing the peritoneal cavity in orthotopic liver transplantation, and their surgical expertise is reflected in a low rate of incisional hernias in patients with access through a Mercedes incision (15%).[1]

They are right, of course, that there are more factors than just the incision that contribute to the development of an incisional hernia. Several of these factors, notably ascites necessitating drainage, relaparotomy, and steroid use, were addressed in our study and did not obscure the difference between the 2 studied incisions. However, from our study and the studies mentioned by Dr. Adani and his colleagues[2-4] (although the last 2 studies describe partial hepatectomy rather than orthotopic liver transplantation), it is clear that the incision itself is a strong contributing factor and one of the few factors that can be and therefore should be controlled by the surgeon.

Therefore, we stand by our conclusion that the treatment of incisional hernias starts with prevention, and we conclude that a J-shaped incision should be the incision of choice in liver transplantation. When it is necessary, however, one should not hesitate to convert to a Mercedes incision; this event should not be considered a failure or complication but a wise decision with unfortunately a higher chance of incisional hernia.

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