

# The LATITUDE 1 Project

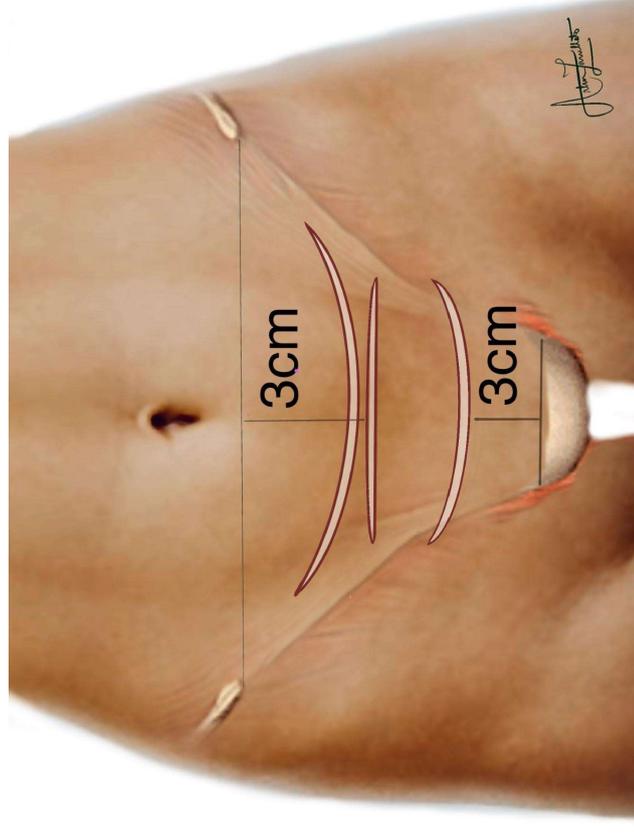


**Latitude**  
Lower Abdominal Transverse  
Incisional Hernia Study



# Background

- Lower Transverse Incisions are commonly used for wide number of procedures
- Most common open incision in the world
- C-sections, Gynaecological procedures and extraction sites
- Incisional hernias occur for all incisions
- Guidance for some procedures using lower transverse incision is not to close posterior sheath
- Noted to cause small bowel obstruction and pelvic pain

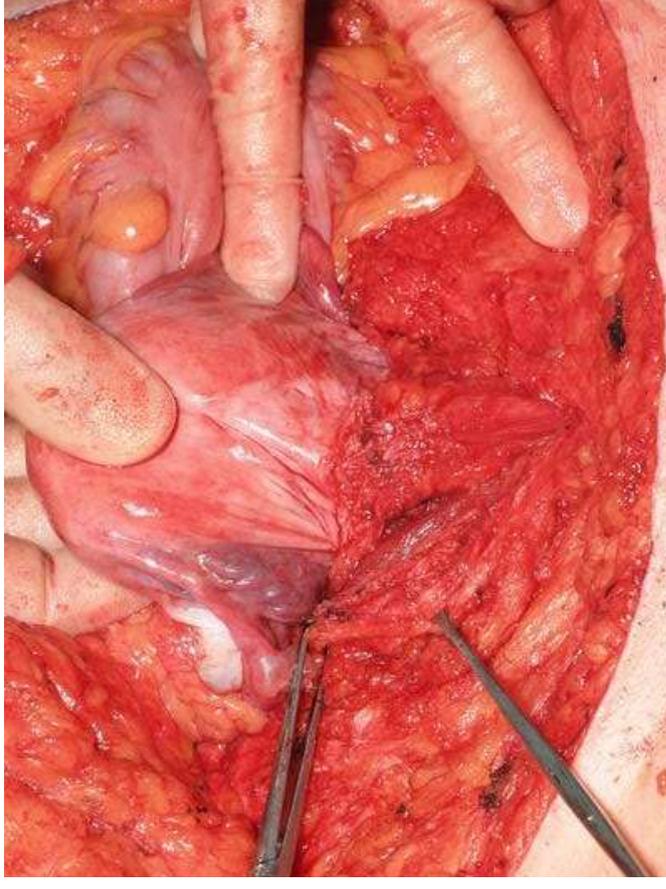


# Lower Abdominal Transverse Incisional/Interparietal Hernias

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- Hernias can form within the layers of abdominal wall
- These often arise as a result of previous surgery or incisions
- Unclear why this happens and how many people this affects

INTERPARIETAL HERNIAS  
By WILLIAM E. LOWER, M.D., AND N. FRED HICKES, M.D.  
OF CLEVELAND, OHIO



# Classification of LATI Hernias

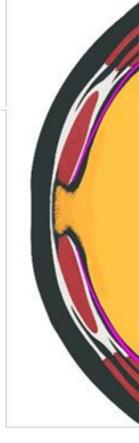
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Zanellato Type	Description
1	Lack of posterior layer but no defect between rectus
2	Defect between rectus abdominis with hernia only between rectus
3	Defect between rectus abdominis with herniation between the anterior rectus fascia and muscle unilaterally
4	Defect between rectus abdominis with herniation between the anterior rectus fascia and muscle bilaterally
As for type 3, but bilateral	
5	Any grade with a small defect in anterior rectus sheath
6	Lateral damage to spigelian line

Type 1



Type 2



Type 3



Type 4



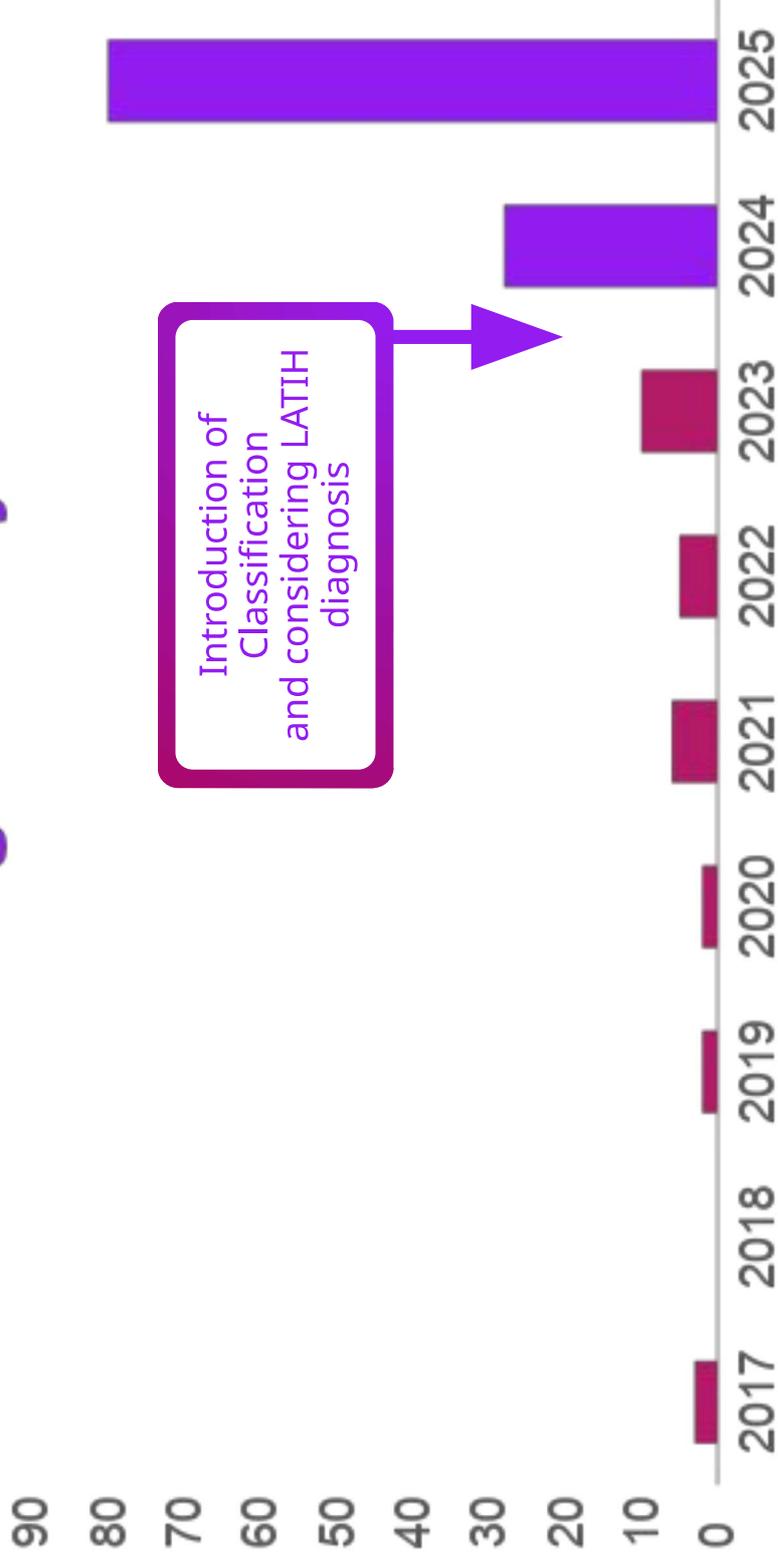
Type 5



Type 6



# LATIH Diagnosis by Year



# What to do about them?

Small case series of 136 patients in Edinburgh

- Symptoms of:
- Pelvic pain 45 (94%)
  - Lumbar back pain 40 (83%)
  - Pain exacerbated on exercise or lifting 35 (72%)
  - Intermittent Stabbing pain 35 (73%)
- Surgical repair – 87% reported improved/better QoL



# Why are they important?

- Even if this is present in only small numbers, the volume of people who have surgery with these incisions is huge.
- 29.7 million C-sections / year – even if incidence is 0.5%, 148,500 LATIH/year. In young people who contribute the most economically.
- 94% of people with symptomatic LATIH had pelvic pain symptoms.
- Preliminary radiological studies suggest LATIHs are present in up to 20% of people.

**This could be a major cause of morbidity in young women that been largely ignored**



# LATITUDE 1

Lower Abdominal Transverse Incisional/Interparietal hernia; A prospective cohort study of people undergoing laparoscopic surgery

A prospective cohort study of people undergoing laparoscopic surgery to assess the prevalence of both symptomatic and asymptomatic LATI hernias



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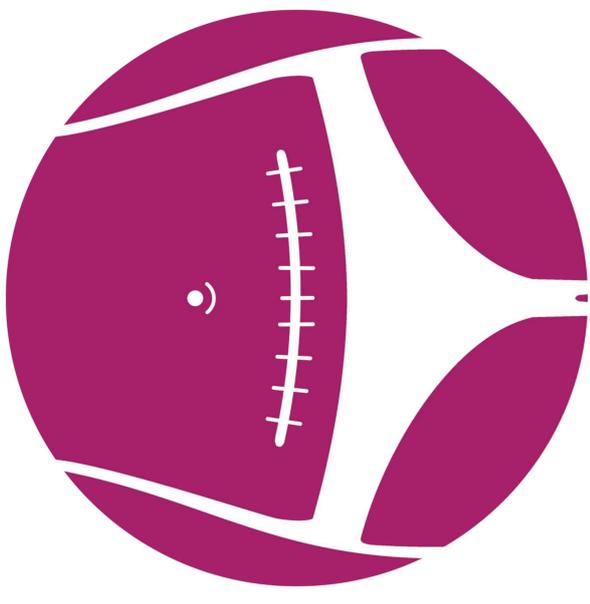
# Objectives

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At present, we don't understand the scale of the problem.

LATITUDE 1 will aim to address using the following objectives:

- Estimate the prevalence of LATI hernias in the general population
- Identify how many people with LATI hernias may be symptomatic
- Define the symptomatology of LATI hernias
- Identify risk factors for LATI hernia formation



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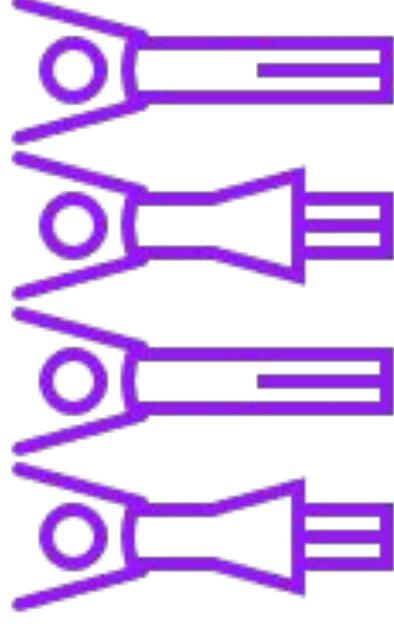
# Design

Patient eligibility:

- Aged 18 years or over
- Having laparoscopic surgery / diagnostic laparoscopy for **any** indication

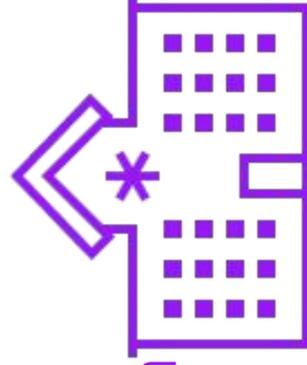
Exclusions:

- Previous incisional hernia repair or significant abdominal wall surgery
- Previous surgery for LATI hernia



# Team Structure

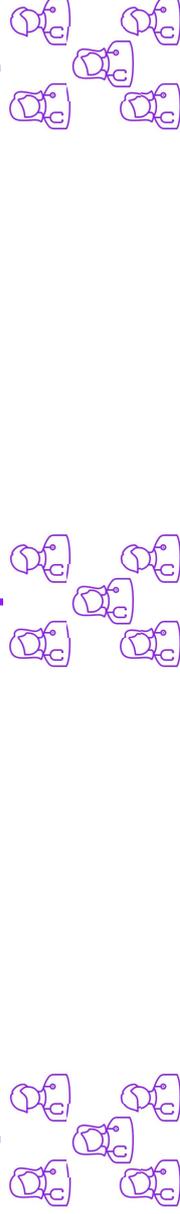
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Multiple, 4 - week data collection periods

Team members must complete LATITUDE Training module on LATIH assessment

Up to 5 people per mini-team per period



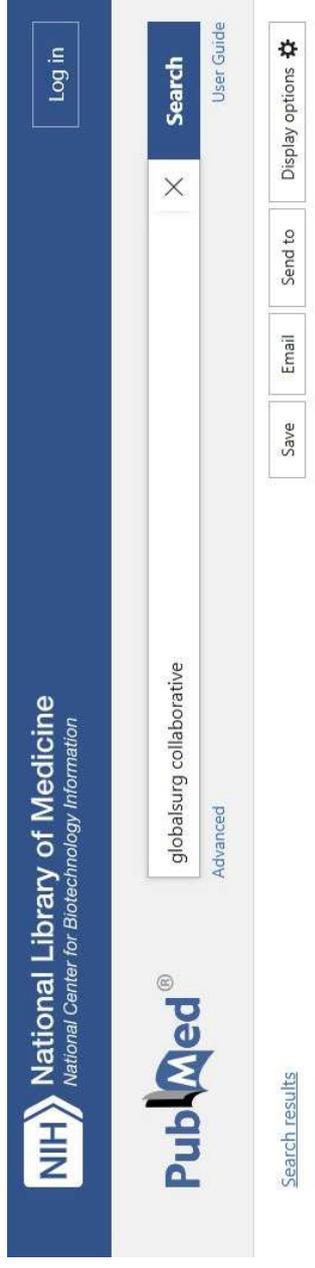
Can have multiple teams and multiple 4-week periods per team



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# Collaborative Authorship

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The screenshot shows the PubMed search interface. At the top, there is a search bar containing the text 'globalsurg collaborative'. To the right of the search bar is a 'Search' button. Below the search bar, the text 'Advanced' is visible. On the left side of the search bar, there are several buttons: 'Save', 'Email', 'Send to', and 'Display options'. At the top right of the search bar area, there is a 'Log in' button. The PubMed logo is visible on the left side of the search bar.

Observational Study > BJS Open. 2019 Feb 28;3(3):403-414. doi: 10.1002/bjs.5.50138.  
eCollection 2019 Jun.

## Global variation in anastomosis and end colostomy formation following left-sided colorectal resection

GlobalSurg Collaborative  
Collaborators — collapse

### Collaborators

**GlobalSurg Collaborative:** James C Glasbey, Adewale O Adisa, Ainhoa Costas-Chavarri, Ahmad U Qureshi, Jean C Allen-Ingabire, Hosni Khairy Salem, Anyomih Theophilus Teddy Kojo, Stephen Tabiri, Dmitri Nepogodiev, Richard J Lilford, Ewen M Harrison, Thomas D Pinkney, Neil Smart, Aneel Bhangu, Azmina Verjee, Emmy Runigamugabo, James Glasbey, Aneel Bhangu,

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# Future

- LATITUDE 1 will allow the scale of the problem to be understood and build a network
- Identify risk factors (modifiable or not) that can be used to find out who is at greatest risk of LATIH
- Undertake trials to prevent and treat LATIH



# Questions ?

Thank you



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