

A method for reconstructive abdominoplasty in hypogastric hernia comprises the removal of the excess paragenital fat and hernial sac accessing from two boat-shaped incisions bordering the ventral hernia and excess cutaneous-fat apron, the suturing of muscular-aponeurotic defect with implantation of the meshed endoprosthesis and active aspiration draining of the abdominoplasty area. In case of large infraumbilical ventral hernia and extensive fat ventroptosis with displacement of umbilical canal downwards, the latter is dissected beforehand together with adjacent pedunculated round skin flap surrounding the navel ring in the shape of the tulip. In the superior cutaneous-subcutaneous flap, the round hole for this tulip is shaped. The flap is dislocated upwards into the fashioned skin defect and fastened at this new site with separate interrupted sutures. Then the peritoneum is sewed vertically with the edges of rectus abdominal muscles and aponeurotic defect at the site of hernial orifice. Along the line of sutured muscular-aponeurotic defect of hernial orifice, the reinforcing meshed implant is fixed encircling the base of the navel ring. The aspiration drainages are placed near the mesh throughout the abdominoplasty area. The drainages are exteriorized via counterpunctures. Finally, the subcutaneous tissue is connected layer-by-layer and skin sutures are applied providing for active aspiration from the area of surgery.