AHS Practice Advisory
Synoptic Operative Note: Ventral Hernia
July 2026

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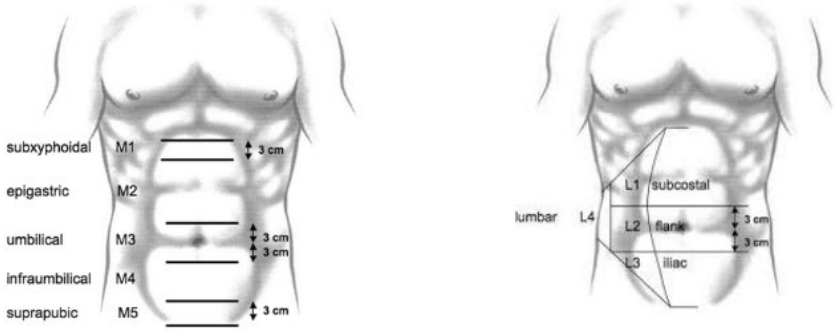
In the context of surgical documentation, concise language for hernia surgery serves as a helpful tool for effective communication among healthcare professionals. A synoptic operative checklist is a brief, structured documentation tool designed to capture key standardized data elements relevant to quality, outcomes, communication, and research. It is not intended to replace the full narrative operative report but instead to ensure consistent documentation of high-yield technical details and quality metrics. This structured format encompasses details such as the precise anatomic location, hernia type diagnosed, and surgical technique utilized. By summarizing these elements into a succinct format, the operative findings facilitate seamless continuity of care and enable comprehensive understanding of the surgical procedure among multidisciplinary teams. This clarity not only aids in immediate postoperative management but also supports long-term follow-up and decision-making processes.
Elements that must be included for billing/coding purposes include the largest hernia dimension, incarceration, location, recurrence, and removal of mesh. The purpose of this document is for clear and detailed clinical communication, rather than billing or medical legal purposes. The following synoptic report serves as a suggested template for various hernia repairs/approaches. Integration of the synoptic checklist into operative note templates can be facilitated by use of templated auto-texts or dot-phrases.

Synoptic Checklist:

- **Hernia type:** [Check-list: umbilical, epigastric, ventral, lumbar, flank, parastomal, spigelian, recurrent Y/N, reducible Y/N, strangulated Y/N, obstructed Y/N, incisional Y/N
- **Location:**
  - EHS Classification: [Check-list: EHS Classification]



- **Hernia Defect Dimensions:** ___ cm (craniocaudal) x ____ cm (transverse)
- **Approach:** [Check list: Open, Laparoscopic, Robotic, Hybrid, Conversion to Open]
  - [If Laparoscopic or Robotic] Access: [transabdominal, totally extraperitoneal, totally preperitoneal]
- **Myofascial Release:** [Drop-down: Yes, No]
  - [If Yes] Type: [Multiple Selection: Retrorectus, PRSR, TAR, External Oblique Release]
  - [If Yes, for each] Laterality: [Drop-down: Right, Left, Bilateral]
- **Fascial Closure:** [Drop-down: Yes, No, Partial]
- **Mesh Details (may add more than one):**
  - Mesh Location: [Check-list: Onlay, Retromuscular,Preperitoneal,Intraperitoneal, Inlay, None, keyhole, sugarbaker]
  - Mesh Size: ___ cm (transverse) x ____ cm (cranial-caudal)
  - Mesh Brand and Name: _____
  - Mesh Fixation Method: [Checklist: sutures, tacks, glue, permanent, absorbable, none]
- **CDC Wound Classification:** [Drop-down: I, II, III, IV]

Recommendations for Narrative Operative Note

In addition to the synoptic checklist above, *essential elements to include in the narrative operative report include:*

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Indications for Surgery:

- **Urgency of Surgery:** [Urgent/Emergent, Elective]
- **Prior Hernia Repairs:** ___ (number)
    - Prior Mesh Location: [Onlay, Retrorectus/Retromuscular, Preperitoneal, Underlay,Bridged Inlay]
    - Prior Mesh type
    - Prior Component Separation: [Yes, No]
        - [If Yes] Type: [Retrorectus, TAR, EOR]
- **Use of Preoperative Adjunct Procedures:** [botox, PPP]

Procedure Description:

- Approach: [Open, Laparoscopic, Robotic, Hybrid]
    - [If Laparoscopic/Robotic] Number of Ports: ___
    - [If Laparoscopic/Robotic] Port Locations: ___
    - [If Laparoscopic/Robotic] Access (transabdominal, totally extraperitoneal, totally preperitoneal)
    - Concurrent Procedures:
    - [e.g., Bowel resection, Colostomy revision, enterotomy, Lysis of adhesions (___ min), muscle plication, GB, Hyst, IHR]
- Fascial Closure
    - suture type (Absorbable/nonabsorbable/barbed/mesh suture) and size
    - running/interrupted/figure of eight/etc
    - size of bridged defect
- Prosthetic/ Mesh Implanted:
    - Type
    - Shape and size (including final dimensions if altered)
    - Location of Mesh placement: Onlay, retrorectus, preperitoneal, sublay
    - fixation technique
- Component separation
    - Type, laterality. Include details regarding exact muscle that was divided, where this was begun in relation to anatomic landmarks, superior and inferior extent of release.
- Previous Mesh: [location, type if noted, left in situ, partial explant, complete explant]
- Use of antibiotic irrigation, hemostatic agents
- Use of sterile closing tray if performed
- Soft Tissue Reconstruction (Y/N)
    - Plication of diastasis
    - Panniculectomy - transverse or vertical or fleur de lis
    - Skin advancement flaps
    - Pedicled flap
    - Free flap
    - Skin graft
- Skin Closure (Y/N)
- Staples
- Suture
- Wound vac
- Incisional vac
- Delayed
- Drain Placement: [Number and Type and Location]