

# Parameters affecting outcomes of transumbilical and periumbilical median incisions in ovarian cancer patients

## To the Editor,

With a great deal of interest, we read the article entitled: "Comparison of transumbilical and periumbilical median incisions in ovarian cancer surgery" by Yumru Çeliksoy et al. (1). The authors identified no differences in women in terms of infections, deep surgical site infections, evisceration and incisional hernias when comparing the two groups in their retrospective study.

Incisional hernia is a very common postoperative complication after midline incision. Recently, a retrospective study showed higher incisional hernia rates in patients with body mass index >25 kg/m<sup>2</sup> undergoing transumbilical incision (2). Moreover, in the same study no difference was shown comparing the use of PDS® (Ethicon) or Vicryl® (Ethicon) sutures for the abdominal closure.

We would like to ask the authors whether they identified any differences in infection or in hernia rates in obese, glycemic or diabetic patients. Furthermore, it would be of interest if the type of abdominal closure, such as PDS® or Vicryl® sutures, had an effect on the outcomes.

Last but not least, we would like to enquire about the cosmetic result after periumbilical median incisions as asymmetry might be identified due to slewing of the scalpel blade (3).

Once again, we would like to thank the authors for their excellent study.

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**Author's Response****Dear Editor,**

We appreciate the authors of the letter for carefully reading and commenting on our paper.

We assessed the characteristics, including body mass index and diabetes mellitus, in both groups, and there was no significant difference. However, the absence of a subanalysis of patients who were overweight or obese may have been one of the study's limitations. Further prospective studies are required to answer the question of whether there is a difference between the incision types in obese patients.

To close the fascia, we used a continuous-suture technique with Polydioxanone (PDS) No. 1 slowly absorbable monofilament loop suture in all patients. We agree that a study comparing different types of suture materials for transumbilical incisions would be beneficial.

We observed no disparity in wound satisfaction scores between the two groups, according to the findings of a survey administered to surviving patients. However, when surveying the patients, we did not mention or show the alternative incision type; perhaps the findings would have been different had we done so.

Yours sincerely,

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