

Questionnaire for a Delphi consensus for an International Classification of Loss of Domain (LOD) - instructions 1

- Please make sure you have signed the co-authors consent form and email it back to samgparker@nhs.net.
- Please read the study protocol.
- Essentially, the literature contains many different written and volumetric definitions for LOD and these are presented in the following slides.
- Importantly, we are looking for a definition of LOD for ventral hernia, not for inguinal or diaphragmatic hernia.
- Empty slides are available for panelists to add comments or alterations to the definitions.
- When discussing LOD often authors give an anecdotal opinion about when LOD becomes clinically significant. The final slide of this questionnaire asks panelists to choose a threshold value above which LOD becomes clinically significant.
- Please highlight your preferred definitions in **RED**. Then email the presentation back to samgparker@nhs.net.

Preferred written definition for LOD 1

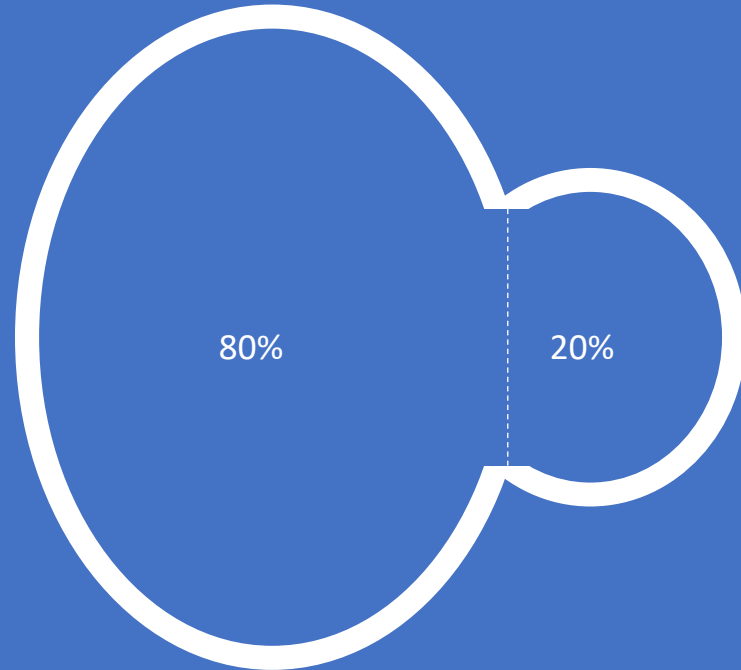
- Chronic large irreducible hernia (highlight if preferred):
 - Large ventral defect with hernia contents set by adhesions and not reducible to the abdominal cavity
- Hernia sac forms a second abdomen (highlight if preferred):
 - Loss of domain implies that a proportion of the abdominal content resides permanently outside its natural compartment, in the hernia sac, which acts as a second abdominal cavity.

Preferred written definition for LOD 2

- Loss of the “right of domain” (highlight if preferred):
 - The hernia contents are held in place by adhesions and cannot be re-integrated into the abdominal cavity (i.e. the herniated organs have lost their "right of domain" in the abdomen).
- Pathophysiological definition (highlight if preferred):
 - Lateral migration of the rectus abdominis muscles in conjunction with flank muscle contraction leads to a progressive decrease in the volume of the abdominal cavity and worsening protrusion of the viscera.

Additional comments/feedback on what extra concepts a formal definition of “loss of domain” should contain?

Preferred volumetric definition for LOD 1

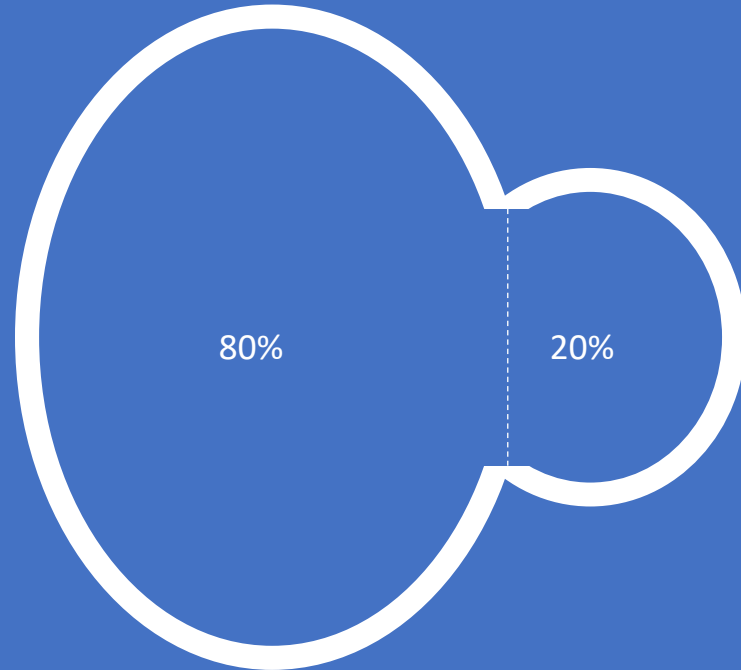


Tanaka method (highlight if preferred):
Loss of domain = 0.25

i.e. = $20/80 = 0.25$

LOD is a ratio of the 'hernia sac volume' (HSV) to 'Abdominal cavity volume' (ACV). $LOD = HSV/ACV$.

Preferred volumetric definition for LOD 2



Sabbagh method (highlight if preferred):
Loss of domain = 20%

LOD is calculated as a % of the 'total peritoneal volume' (TPV).
 $LOD = HSV / (ACV + HSV)$ or $LOD = HSV / TPV$.

Any additional comments on how to define “loss of domain” via volumetric analysis? Do you know of any other commonly used volumetric definition?

Clinical threshold value?

- Authors use different threshold values for when LOD becomes clinically significant.
- Bearing in mind the volumetric definition you have just selected, when do **you** think LOD becomes clinically significant? i.e. the value above which post-operative complications (such as respiratory failure/pneumonia, wound dehiscence) become significantly more likely to occur, and at which point you might consider not operating at all:
- Write your preferred LOD threshold value below in **RED**: