PRS GLOBAL OPEN ERRATUM

The "Corset Repair" for Complex Hernia: A Proof-of-concept Report of an Innovative Approach—Erratum

The authors of the December 2020 article titled "The 'Corset Repair' for Complex Hernia: A Proof-of-concept Report of an Innovative Approach" (*Plastic and Reconstructive Surgery Global Open*: December 2020 - Volume 8 - Issue 12 - p 725-733) regret that their initial literature search inadvertently missed the "Carbonell-Bonafé" technique and its variations. The following paragraphs and references should be read between the second and third paragraphs of the DISCUSSION section:

The Carbonell-Bonafé repair, first introduced by Tatay et al. in 2009,[1] has been practiced across Spain and Latin America.[2,3,4] It also involves dissection of the bilateral external obliques (EOs) from the internal obliques (IOs) followed by mesh placement partially beneath the EOs, but our "corset repair" technique again differs in a few important ways. First, the Carbonell Bonafé technique involves fixation of the EOs to the mesh lateral to their native position, whereas the "corset repair" places the EOs either in or medial to their native position. We believe this tightened reconstruction of the abdominal wall, or "corsetting," results in a stronger muscular reinforcement of the repair. Second, the Carbonell-Bonafé technique involves fixation of the EOs both to the mesh, and to the IOs beneath the mesh.[1,4] As with our previous comparison to the technique used by Israeli et al.,[5] this is a very important point of distinction. Though we place the mesh within the same fascial plane used in the Carbonell-Bonafé technique, we affix it only to the EOs above it on either side and *not* to the IOs, allowing the mesh to move and tighten with contraction of the EOs. This is hypothesized to lend a more dynamic, contractile nature to the muscular support provided by the EOs, a key difference between the "corset repair" and other strategies previously described in the literature.

Of note, one institution using the Carbonell-Bonafé technique achieved a recurrence rate of less than 2% with up to 5 years of follow-up.[4] These results show promise for future long-term study of the "corset repair," especially given the aforementioned differences in technique, which we believe could be advantageous.

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