There is no consensus on the best management of the open abdomen that can result from damage control laparotomy whether from trauma or general surgery catastrophies. Initial primary closure of the fascia may not be technically feasible or advisable in the early care of the patient. Delayed abdominal wall reconstruction for the resulting large ventral hernias remains a surgical challenge. The Wittmann Patch™ has been described as a tool for primary closure in the early phase of care [Figure 1]. This case report demonstrates its use in the reconstructive phase.

The use of the Wittmann Patch™ allowed delayed primary closure of the retracted, but normal, fascia of the ventral hernia that ensued following damage control laparotomy. With a contaminated surgical field, prosthetic material is contraindicated, and the large size of the defect made biological material and primary components separation less than optimal.

The Wittmann Patch™ can be used successfully for delayed primary abdominal wall closure in large ventral hernias when prosthetic material is contraindicated.