

VIEWPOINT

Abdominal Core Health—A Needed Field in Surgery

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Most members of the board of governors at the Americas Hernia Society aim to redefine the field of hernia care as abdominal core health, the discipline as abdominal core surgery, and the identity of associated clinicians as abdominal core surgeons. The abdominal core is defined as the circumferential soft tissues of the diaphragm superiorly, the pelvic floor inferiorly, and the abdominal wall and flank anterolaterally, excluding the abdominopelvic viscera (**Figure**). This concept has been described before, as outlined by Wood et al.¹ The field of abdominal core health encompasses the stability and function of the abdominal core and associated quality of life. Maintenance of abdominal core health may include exercise, physical therapy, medical therapy (including compression garment or truss use), alternative medical therapies (including acupuncture or yoga), surgical intervention, and measures to prevent disease (eg, hernia prophylaxis). Disease processes involving abdominal core health include intrinsic diseases of the abdominal wall (eg, hernia, diastasis, athletic pubalgia or core muscle injury, benign tumors, malignant tumors) and extrinsic diseases of the abdominal wall (eg, prosthetic or intervention-associated complications, benign tumors, malignant tumors).

Establishing abdominal core health as a new field would have the potential for sweeping change. The anticipated benefits of this change include (1) reinventing the field to be reflective of the actual care physicians provide to patients; (2) providing a fresh, new, and innovative brand for a discipline of surgery that has historically appealed only to a narrow clinician demographic; (3) increasing the multidisciplinary scope of practitioners who would help care for patients, including general surgeons (and associated subspecialists), plastic surgeons, physical medicine and rehabilitation specialists, exercise physiologists, physical therapists, and those focused on disorders of the pelvic floor; (4) giving clinicians a renewed identity as specialists in abdominal core health and abdominal core surgery, focusing on what unites them for a comprehensive approach to health promotion and not simply disease management; (5) enabling research collaboration focusing on the abdominal core as a holistic entity and integral part of patients' lives; (6) redefining medical education by creating a comprehensive didactic approach to one of the most dynamic and complex areas of the body, the abdominal wall, and not just a focus on hernia; and (7) improving opportunities for philanthropy, research, quality improvement, and device surveillance by taking an area with largely negative connotations of disease (hernia) and transforming it into a field with a positive connotation of health (abdominal core health).

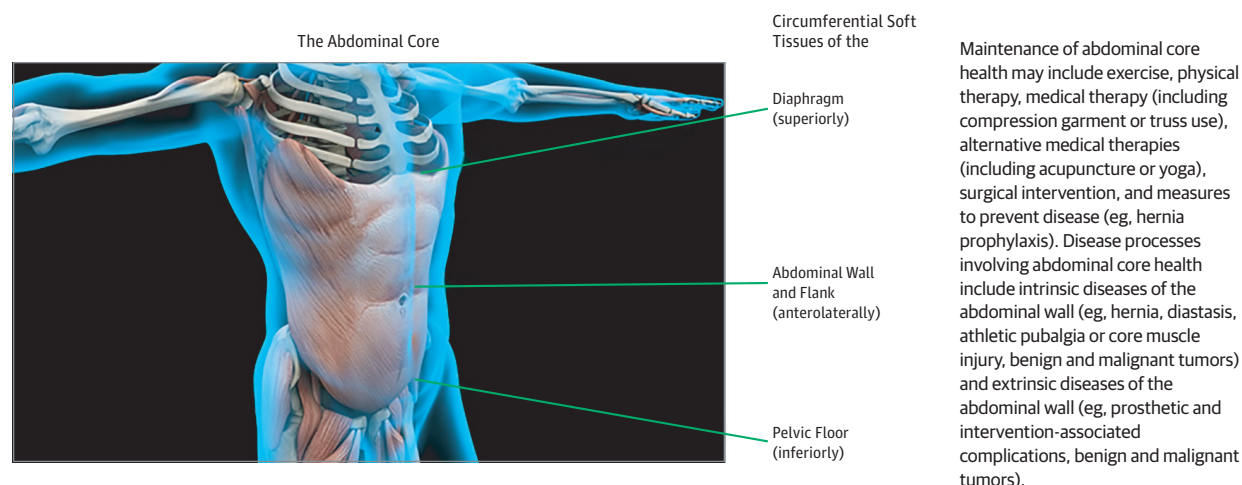
As a professional organization, the Americas Hernia Society will (1) encourage the adoption of the concept of abdominal core health for surgeons, allied health

professionals, and other professional societies by incorporating these terms in branding and messaging; (2) establish the website <http://www.abdominalcorehealth.org> for additional information and resources pertaining to this transformational change; (3) reach out to patients, patient advocacy groups, and industry partners to include them in the development of the field; (4) develop abdominal core health educational tracks for trainees; (5) identify opportunities for research collaboration promoting the holistic concept of abdominal core health; and (6) work with regulatory colleagues to establish a postmarket surveillance system for abdominal core health-associated implanted devices. We believe these specific points enacted by the Americas Hernia Society will begin to address the clinical, educational, research, and regulatory gaps in the field of abdominal core health. Because the idea of abdominal core health expands well beyond the concept of hernia, a larger framework of thought is needed to address these areas in the field.

A very exciting opportunity awaits all who care for patients with hernias. Specialists of the abdominal wall have historically defined themselves as hernia surgeons. They are called on to improve the quality of life of many patients with hernias, often spanning many surgical disciplines, given the high rate of incisional hernia formation after surgical intervention.² Many patients require complex abdominal wall reconstruction to reestablish their function and well being. In addition, surgeons who focus on abdominal wall disease care for patients with an array of problems that do not include hernia. These include rectus diastasis, athletic pubalgia or core muscle injury, benign and malignant tumors, fistulae, chronic infections, and chronic pain. These surgeons have led the way in prophylactic efforts to minimize hernia formation after laparotomy and stoma creation.^{3,4} Yet such clinicians restrict their identities to only one aspect of the field. This would be the equivalent of colorectal surgeons defining themselves as diverticulitis surgeons or vascular surgeons describing themselves as peripheral vascular disease surgeons. The opportunity that awaits surgeons is to redefine who they are to accurately reflect what they actually do for patients in a more accurate, comprehensive fashion.

Clinician identity should not be limited to only a subset of anterior abdominal wall problems or defined by a disease state. This oversimplifies the complexities of the anterior abdominal wall and its interconnections to the diaphragm, pelvic floor, flank, back, or spine. Patients are less concerned about the academic and professional silos that clinicians have artificially created and more interested in making sure their body—their abdominal core—works well, to improve their health. Core strength, function, and balance are becoming increasingly critical aspects of care for the aging US population. Incorporating

Figure. The Concept of Abdominal Core Health and Its Scope



porating these concepts in an overall effort to maintain health and focus on disease or injury prevention in this population reaches far beyond the treatment of hernia. Here is an opportunity to redefine the field in a more positive light by focusing on health and not disease.

This type of transformative change in surgery has precedents. Many colleagues were previously known as obesity surgeons and are

now metabolic surgeons. Similarly, many have been known as trauma surgeons and are now known as acute care surgeons. We invite all those who care for patients with abdominal wall diseases to embrace the transition recognizing abdominal core health and abdominal core surgery. Clinicians have the unique opportunity to lead this change together and capture what surgeons do, to reinvigorate the field.

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