

Value Conundrum In Hernia Repair Examined During Clinical Session With American College of Osteopathic Surgeons in Attendance Responding Positively To Proposed Non-Woven Mesh Solution

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Chicago, IL, Date: October 2, 2014 Value Conundrum In Hernia Repair Examined During Clinical Session With American College of Osteopathic Surgeons in Attendance Responding Positively To Proposed Non-Woven Mesh Solution

During the Annual Clinical Assembly of the American College of Osteopathic Surgeons in Boston invited general surgeons were exposed to a unique value proposition in hernia repair. With the current focus on the growing healthcare expenditures relative to US GDP, surgeons are experiencing pressure to improve patient outcomes using less healthcare resource. In light of this and based upon business and medical literature, the general surgeons in attendance were presented with a new paradigm in achieving the goal of improved patient hernia repair outcomes while consuming less healthcare resource ^{1, 2)}.

Since the 1990's surgeons have recognized that the use of minimally invasive surgical techniques can shorten hospital stays to significantly impact patient hernia treatment costs. Based upon a study by Flum and associates ³⁾, the use of surgical mesh in the majority of hernia repairs substantially reduces the long term rate of recurrence of hernias, thus helping reduce the overall long term cost of treating hernia patients. While reducing recurrence rates, the use of knitted surgical mesh has been associated with increased post-operative complications ⁴⁾. In 2006 Khan and associates found that post-operative complications in general surgery can contribute significantly to overall treatment costs and prolong patient length of stay ⁵⁾, increasing overall treatment costs up to 78% on average in patients experiencing a complication.

In light of this association between knitted mesh usage and post-operative complication, the building experience with non-woven, microfiber mesh was reviewed demonstrating a very low rate of complication and recurrence based upon the peer reviewed experience of Smietanski ⁶⁾ and Yunis ⁷⁾. The collective response of the gathered surgeons, some of which included current users of the non-woven, microfiber mesh, to this new paradigm in mesh hernia repair was gratifyingly very positive. Many in attendance expressed strong interest in gaining experience with the non-woven type mesh in upcoming clinical cases. Additional information on SURGIMESH hernia repair configurations can be found by visiting the www.surgimesh.com web site.

References:

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