

# Long Term Superior Outcomes Using SURGIMESH XB in Laparoscopic Ventral Hernia Repair Reported at World Abdominal Wall Hernia Conference By Leading US Hernia Center

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During the 1<sup>st</sup> World Conference on Abdominal Wall Hernia Surgery, which took place from April 25<sup>th</sup> to 29<sup>th</sup> in Milan Italy, long term experience using SURGIMESH<sup>®</sup> XB in laparoscopic ventral hernia repair was reported by Jonathan Yunis, MD of the Center for Hernia Repair in Sarasota Florida. The World Abdominal Wall Surgery Conference was a collaborative effort between the American, European, Asia-Pacific, Australasian and the Afro Middle East Hernia Societies.

Dr. Yunis reported on 204 patients receiving SURGIMESH XB over 4.2 years with an average follow-up of 2.6 years. Ninety seven percent were followed successfully using a combination of in-office and phone follow-up methodology. Ninety five percent of the patients were symptomatic at the time of surgery with 24% having recurrent hernias. The repairs performed were primarily ventral and umbilical hernias involving SURGIMESH XB that ranged in size from 79 cm<sup>2</sup> to 810 cm<sup>2</sup>. The average length of stay for all patients was 1.5 days.

Complications reported in this series were considered by Dr. Yunis to be consistent with the established level of risk inherent with laparoscopic ventral hernia repair procedure itself. Post-operative complications included seroma (18%), erythema (2.5%), hematoma (1.0%), enterotomy (1.0%), intrabowel adhesion (0.5%), infection (2.0%), and recurrence (1.5%). All seromas resolved spontaneously. No adhesion to the SURGIMESH XB was found including the case of intrabowel adhesion. No cases of bowel obstruction or fistula formation due to the SURGIMESH XB were found. Pain present in the area of the hernia was found in 95.1% of patients on day 7 which resolved to only 3.5% of patient at last follow-up.



Figure 1 – Re-look of a circular NW PP surgical mesh approximately 4 years post LVHR for a 4.5 cm hernia defect demonstrating no visceral adhesion and an intact repair – photo courtesy J. Yunis, MD

In comparison to published laparoscopic ventral hernia repair literature from 2003 to 2012 this experience represents some of the best clinical outcomes for a synthetic mesh to date<sup>1-5</sup>. With the current focus in healthcare on the improvement in patient outcomes with reduced cost, the use of a synthetic mesh which minimizes post-operative complication at a reasonable cost to the healthcare facility, can deliver improved value to hernia repair patients. In addition with recent studies indicating a "vicious cycle of complications" taking place with ventral hernia patients<sup>6</sup>, reducing hernia recurrence and complication levels is of primary interest to most hernia surgeons and centers.

## References:

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