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Official Organ of the European Hernia Society (EHS-GREPA)
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P-462**Laparoscopic ventral hernia repair using a non-woven randomly oriented polypropylene microfiber mesh**

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Advanced Hernia Solutions

The use of mesh designed for laparoscopic ventral hernia repair has become a standard component of the operation. Mesh has been designed from expanded PTFE and/or knitted polypropylene or polyester fibers with either permanent microporous or absorbable barriers to protect the viscera. A new non-woven hernia mesh using randomly oriented polypropylene microfibers with a silicone barrier is now available. The random orientation of mesh fibers has shown improved tissue integration and biocompatibility.

A prospective group of 52 patients who underwent 53 laparoscopic ventral hernia repairs with the non-woven polypropylene barrier mesh were analyzed at 6–30 months after their laparoscopic ventral hernia repair. There were 34 females and 19 males with an average age of 58.9 years old (range 21–85). The average BMI was 36.3 (range 21.4–62.4). Twenty-two patients (41.5 %) had recurrent hernias and averaged 3.6 prior repairs (range 1–7). The average hernia size was 86.1 cm² (range 1–400) and average mesh size was 509.8 cm² (range 144–936).

The average OR time was 105.4 min (range 38–418) and the average length of stay was 2.7 days (range 0–13). There was one death from an aspiration event occurring on POD #4. There were no intraoperative complications; however one patient had a prolonged ileus with a 13 day hospital stay. One reoperation occurred on a patient who developed a LLQ hernia 1 year after repair of a RLQ hernia. This patient also had chronic suture site pain after the first operation which resolved after removal of the offending suture during the second operation. There were no infections or non-woven mesh related complications.

The use of the novel, non-woven polypropylene barrier mesh resulted in improved outcomes for laparoscopic ventral hernia repair. The random microfiber orientation in the non-woven mesh, producing improved tissue integration and biocompatibility, is likely to have contributed to these outcomes.

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