

# Hernia

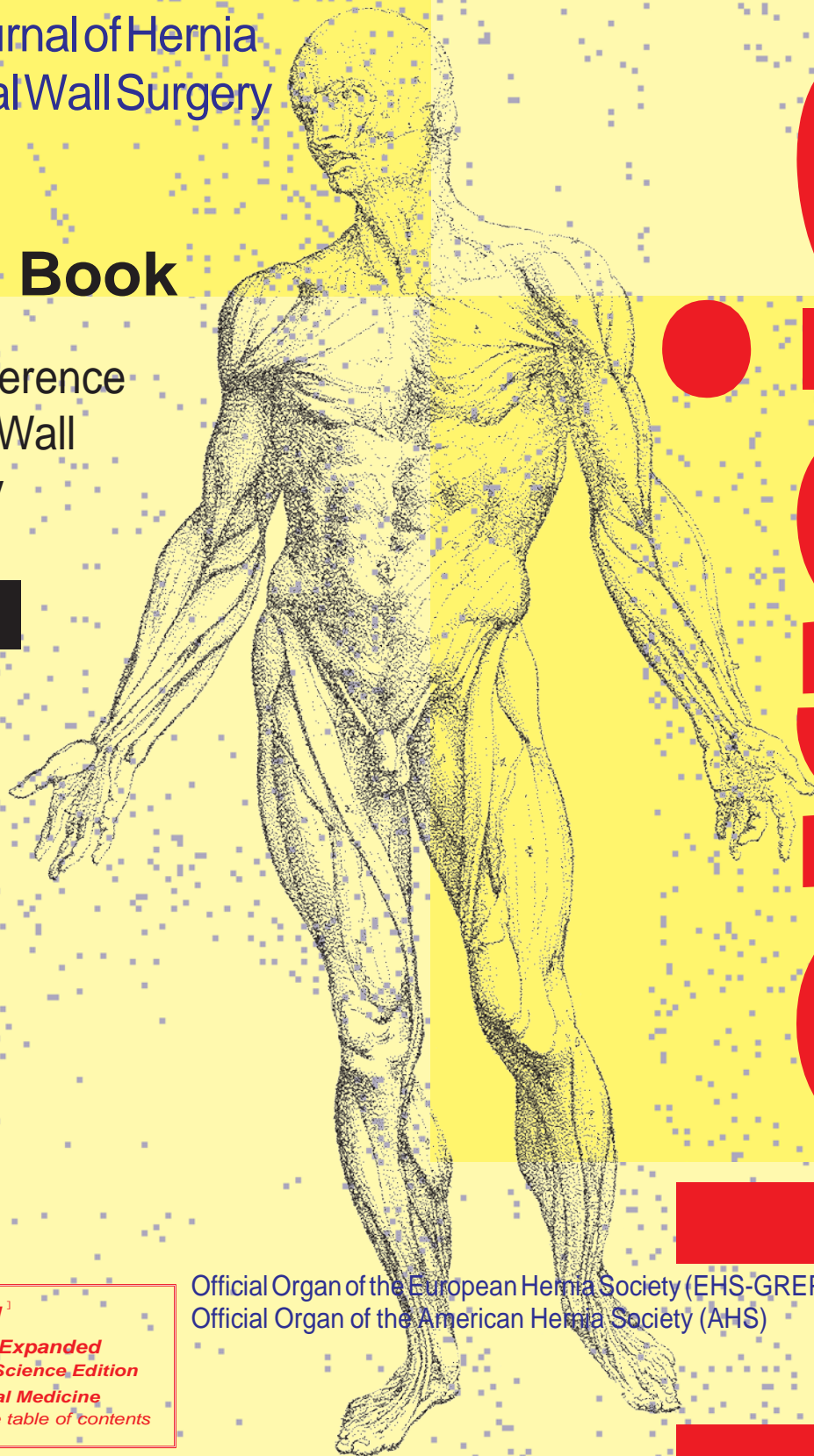
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## Abstract Book

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- <sup>1</sup> See complete list below the table of contents

Official Organ of the European Hernia Society (EHS-GREPA)  
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## Topic: **INCISIONAL HERNIA - “Easy case” as daily case: open vs lap, where the mesh, which fixation...in center midline cases**

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### **LAPAROSCOPIC VENTRAL HERNIA REPAIR WITH NON-WOVEN POLYPROPYLENE MATRIX MESH**

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Laparoscopic ventral hernia repair (LVHR) is a well-established approach for the repair of abdominal wall hernias in selected patients due to reductions in postoperative morbidity, length of stay, cost, and infection. Less well established is the choice of barrier mesh necessary in completing LVHR which has been primarily based upon knitted mesh constructions with resorbable barriers. This clinical series examines the clinical performance of a new approach in barrier mesh which utilizes a non-woven polypropylene tissue incorporation matrix integrated with a permanent, elastomeric adhesion barrier.

From February 2009 to March 2013 two hundred four (204) patients had their ventral hernias repaired laparoscopically using the non-woven permanent barrier mesh with an average length of stay of 1.5 days. Hernia defect size ranged from 13 cm<sup>2</sup> to 256 cm<sup>2</sup> with barrier mesh size ranging from 79 cm<sup>2</sup> to 810 cm<sup>2</sup>. Ninety seven percent of patients were followed from 4 months to 4.2 years using a combination of in office examination and telephone follow-up. Complications included seroma (18.1%), erythema (2.5%), hematoma (1.0%) and enterotomy (1.0%). At most recent follow-up, repair associated pain for any cause was found in only 7 patients (3.5%). Longer term, 0.5% of patients required revision for intra-bowel adhesion, 2.0% of patients had their repair revised due to infection and 1.5% of patients developed a recurrence.

Complications occurring in this series were consistent with the established level of risk inherent to the operation itself. There were no recurrences based on any mechanical failure of the mid-weight, non-woven matrix barrier mesh. No patients had any mesh related complications due to adhesions or small bowel obstruction. Non-woven polypropylene matrix mesh with a permanent silicone barrier appears to be a durable, comfortable, and reliable adhesion barrier mesh option in laparoscopic ventral hernia repair.

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