

Safety and Efficacy of Non-Woven Polypropylene with Silicone Barrier in Laparoscopic Ventral Hernia Repair

Laparoscopic ventral hernia repair is now accepted as a potentially safer and more durable repair than open techniques. Non-woven polypropylene with a permanent silicone barrier is a new alternative to PTFE and absorbable barriers in mesh herniorraphy.

This is a retrospective review of 144 patients undergoing laparoscopic ventral hernia repair by a single surgeon. Patients chosen for laparoscopic ventral hernia repair in this series tended to have a higher BMI than those chosen for open abdominal wall reconstruction.

All patients underwent laparoscopic repair with Surgimesh XB using margins of greater than 4 cm, a minimum of 4 PTFE transfascial sutures and permanent or absorbable tack fixation.

One hundred forty four (144) patients were reviewed of which 39 patients (27%) had a previous hernia repair. The average defect diameter was 68 cm² and the average mesh size was 201 cm².

There was a 0.7 % recurrence rate (n=1) with a follow-up of 3 to 29 months. The recurrent patient had a relatively large defect (270 cm²) and a BMI greater than 30.

Two patients required mesh removal for infection (1.4%), one secondary to a suture sinus and other secondary to an open adhesiolysis to rectify an interloop bowel adhesion.

Conclusion

The use of non-woven polypropylene mesh, with a permanent synthetic barrier, is a safe and efficacious choice for laparoscopic ventral hernia repair. A recurrence rate of 0.7 %, with a 3 to 29 month follow-up and no adverse mesh related complications, was found.

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