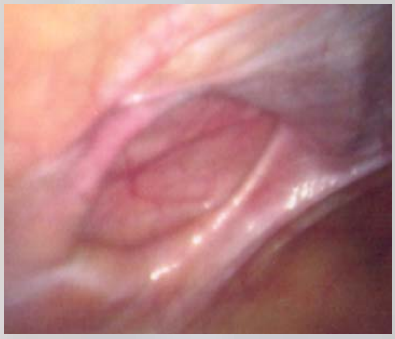
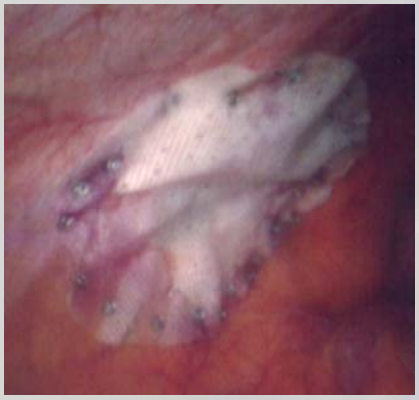
Case Report – SURGIMESH XB in Ventral Hernia Repair

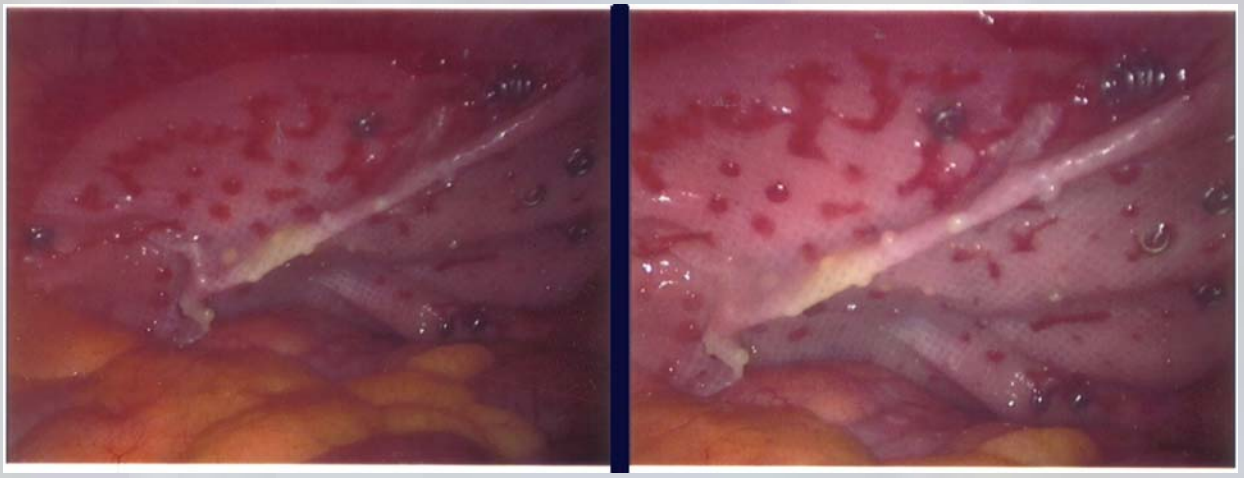
Background: a 54 year old female patient had a ventral hernia repaired laparoscopically at a major military medical institution in June of 2009. Following adhesiolysis and delineation of the ventral defect (image on right), a 15 cm circle of SURGIMESH XB hernia mesh was laparoscopically placed and secured using four permanent transfascial sutures and permanent titanium tacks (image immediately below). The patient had an uneventful recovery and was subsequently scheduled for the laparoscopic gastric bypass approximately two months out.





Re-look Procedure: 75 days post-operatively the patient underwent a laparoscopic gastric bypass procedure. During the procedure intra abdominal images of the incorporated 15 cm circular SURGIMESH XB hernia mesh were captured. The hernia repair was intact with no patient complaints of discomfort, stiffness, bulging or pain. The visceral surface of the SURGIMESH material was adhesion free with a single fold which was felt to have occurred following desufflation in the original procedure. Isolated areas of resolving granulation tissue, not associated with any adhesion formation, were seen on the visceral surface. Firm healing of the edge of the SURGIMESH XB hernia mesh to the peritoneal surface of the abdominal wall was evident.

Follow-up: following laparoscopic gastric bypass the patient continued to do well and recovered from her gastric bypass procedure. The abdominal wall defect remains in tact with no discomfort, stiffness or pain.



SURGIMESH Hernia Mesh: is a light weight, non-woven, microfiber polypropylene mesh which is FDA cleared for the repair of all types of hernia defects. It is thin (nominally 0.5 mm), strong (1.6 times the FDA standard) and very flexible hernia mesh providing superior handling during surgery and comfortable repairs for patients long term[1)]. Experimental evaluation in the porcine abdominal wall model has found SURGIMESH completely incorporated with primarily collagenous tissue at 12 days[2)]. In prospective randomized clinical studies SURGIMESH has been found to reduce groin pain (mesh associated) by 90% and result in lower complication rates as compared to commonly used polypropylene and expanded PTFE inguinal hernia meshes[1)].

References:

1) Paradowski, T, et.al., Polypropylene vs. ePTFE vs. WN mesh for Lichtenstein inguinal hernia repair – a prospective, randomized, double blind pilot study of one-year follow-up, VideoSurg, Vol. 4, p. 6, April 2009
2) Aspide Medical, ITAQ330 Implantation Test Summary, November 2003