

INTRODUCTION

Optimal technique and mesh selection are still debated for complex ventral hernias.

There is limited data on the use of biosynthetic meshes in high-risk patients.

OBJECTIVES

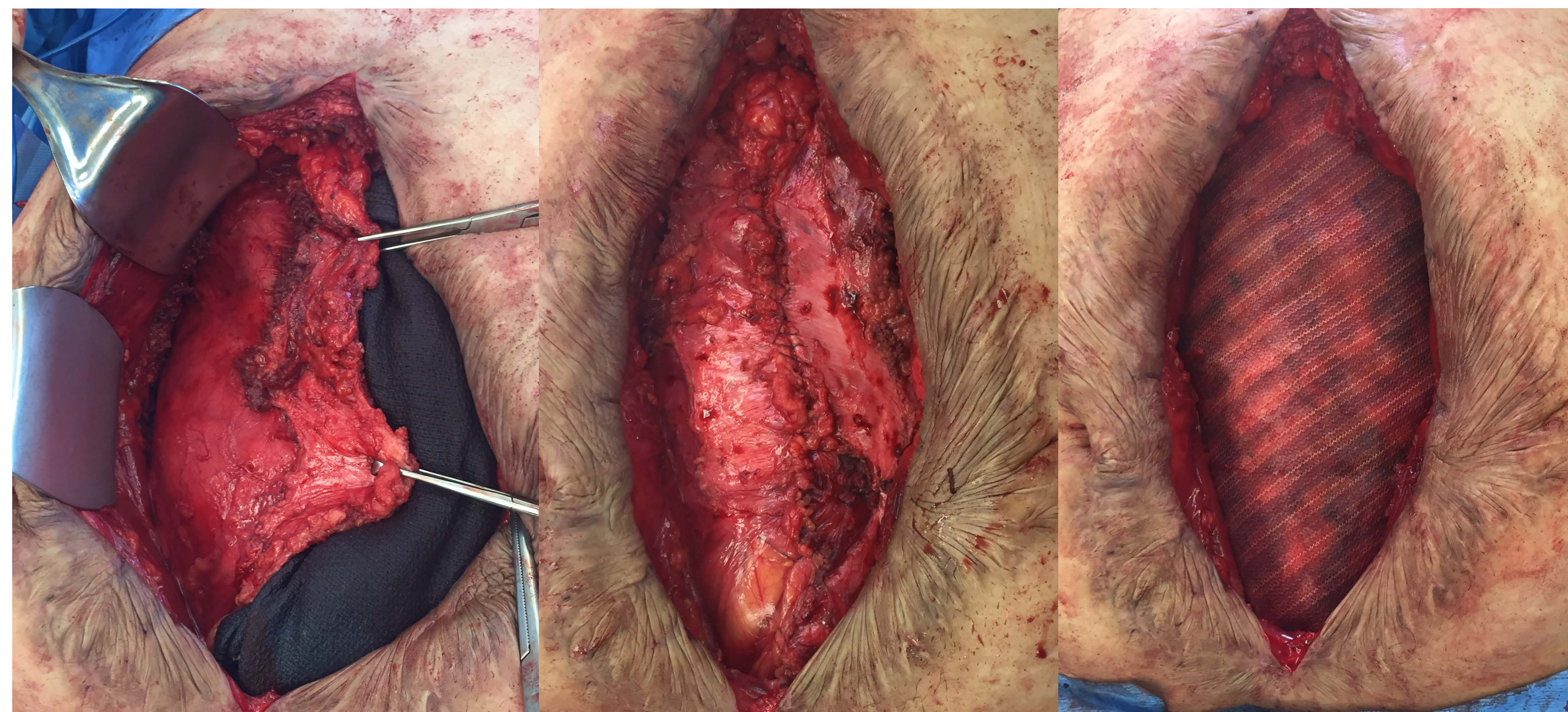
We sought to evaluate our early experience and hypothesized favorable outcomes.



MATERIALS & METHODS

A retrospective review was conducted following IRB approval for ventral hernia repairs using a single biosynthetic mesh between January 2015 - November 2017.

Patient and hernia details were characterized. Outcomes were evaluated.



RESULTS

Patient Demographics- There were n=21 ventral hernia repairs identified. Male were n=10, and females n=11. Mean BMI was 35 ± 7.4 kg/m² and age was 47 ± 13 yrs. Comorbid conditions were: DM 33%, CAD HTN 38%. The majority, 52% had ASA scores of 3.

Hernia Characteristics: Grade 3 hernias were 80%, the remainder were grade 2. The mean defect size was $533 \text{ cm}^2 \pm 500$.

Repair for prior open abdomens were 42%, recurrent hernias 19%, incisional 14%, incarcerated 10%, parastomal 5%, primary ventral 5%.

Retromuscular mesh placement was performed in all abdominal cases; (TAR 62%, Rives-Stopppa 33%, Paraesophageal 5%)

Surgical site occurrences were in 19%, (SSI 9%, seroma 9%).

Overall hospital LOS was 5 ± 3 days. Ileus occurred in 19%. There was one post-operative death due to a fatal arrhythmia. There were no hernia recurrences.

CONCLUSIONS

Complex hernia repairs using a biosynthetic mesh were conducted in a small cohort of high-risk patients.

These data demonstrate good outcomes with limited morbidity and low mortality. There were no recurrences documented.

