Medtronic provides the following synopsis of a clinical publication involving Symbotex™ composite mesh.

**TITLE** “Robotic Repair of Ventral Hernias: Preliminary Findings of a Case Series of 106 Consecutive Cases”

**AUTHORS** Kudsi OY, Paluvoi N, Bhurtel P, et al.


**INTRODUCTION**

Robotically-assisted ventral hernia repair is considered a new approach in the minimally invasive arena. There is a paucity of literature surrounding the safety and feasibility of robotically-assisted ventral hernia repair. The objective of our study is to evaluate the safety and feasibility of robotically-assisted ventral hernia repair and evaluate early outcomes.

**PURPOSE OF THE STUDY**

To evaluate safety, feasibility, and early outcomes of robotically-assisted ventral hernia repair.

**METHODS**

- Retrospective review of data on 106 consecutive robotically-assisted ventral hernia repairs, using the Si daVinci™ (Intuitive), performed by a single surgeon at a single center
- Fascial defect closure (if possible) and underlay mesh placement with 3 – 5 cm mesh overlap was performed
- Synthetic composite meshes were used, including Symbotex™ composite mesh (Medtronic) for 85 cases; Proceed™* surgical mesh (Ethicon) for n=3 cases; and Phasix™* mesh (Bard) for n=1 case

**RESULTS**

- Records on 106 patients with a mean age of 54 years (27–84), a mean BMI of 33 kg/m2 (22–48), and a mean fascial defect size of 4.3 cm (2–25) were reviewed
- Procedures included: n=60 primary ventral hernia repairs; n=45 incisional hernia repairs; n=1 posterior component separation; closure of the fascial defect was not achieved in 7 cases
- The mean operative time was 85.7 minutes (35–335) with a mean 61 minutes (20–300) of robot use, mean hospital stay was 0.20 days (0–5), and follow-up time was a median 6 months (1–24)
- Rate of post-operative adverse events was 6% (n = 7), which included one case each of surgical site infection, ileus, hematoma, small bowel obstruction and seroma
- Two (1.8%) incisional hernia repair patients experienced recurrence (neither patient had fascial defect closure at the time of initial repair):
  - One symptomatic recurrence of an incisional hernia from a Cesarian operation occurred in a patient with BMI 48 kg/m2; recurrence was at 6 months follow-up (The mesh had not been fixed to the Cooper’s ligament due to a technical error)
  - One recurrence of a subcostal incisional hernia occurred at 5 months post-repair

**CONCLUSION**

This retrospective review of consecutive patients suggests that robotically-assisted minimally invasive hernia repair can be achieved with few recurrences, low infection rates, and low rates of adverse events.

Results are inclusive of all mesh products used in the study and not distinguishable by mesh

---

© 2017 Medtronic. All rights reserved. Medtronic, Medtronic logo and Further, Together are trademarks of Medtronic. ™*
Third party brands are trademarks of their respective owners. All other brands are trademarks of a Medtronic company.
17-weu-cs-kudsi-en-1752924 -ext