

MEDTRONIC REVIEW

CLINICAL SUMMARY

TITLE Open ventral hernia repair using ProGrip™ self-gripping polyester mesh

AUTHORS Hopson SB, Miller LE

JOURNAL Int J Surg. 2015 Nov;23(Pt A):137-40.

PURPOSE OF THE STUDY

To assess two year clinical outcomes of ProGrip™ self-gripping polyester mesh in repair of large incisional hernias

METHODS

- This was a prospective case series of open hernia repair with ProGrip™ self-gripping mesh performed by a single surgeon in consecutive patients with large primary incisional hernia (width or length ≥ 10 cm).
- Component separation was used for some patients; suture closure of the defect with minimal tension was performed for all patients.
- The mesh was placed in the onlay position with microgrips facing toward the fascia with 4–5 cm overlap beyond the wound margins; short-term resorbable sutures were fixed in four quadrants of the mesh.
- Patient were assessed at 1, 3, 6, 12, and 24 months for pain severity (based on a 0–10 scale), quality of life (based on Carolinas Comfort Scale), patient satisfaction, adverse events, and hernia recurrence.

RESULTS

- Female and 10 male patients (mean age 62 years; mean body mass index 35 kg/m²) with large incisional hernia (mean defect size= 84 cm²) were treated with a mean operative time of 38 minutes (median mesh fixation time was 2 minutes).
- All patients were discharged the same day (n=15) or the next day (n=5), and only one perioperative complication was observed (minor seroma in one patient).
- 100% of patients completed the follow-up visits through 2 years at which time:
 - No patients reported any pain of any severity.
 - All patients were “satisfied” or “very satisfied” with the treatment.
 - QOL was excellent (mean CCS score=0).
 - No hernia recurrence, infection, or mesh removal was reported.

CONCLUSION

These study results demonstrate minimal complications, high satisfaction, and favorable performance of ProGrip™ self-gripping mesh in large incisional hernia repair within a two year follow-up period.