

# MEDTRONIC SUMMARY: CLINICAL PAPER

Medtronic provides the following synopsis of this clinical publication involving.

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**TITLE** “Open Incisional Hernia Repair with a Self-Gripping Retromuscular Parietex Mesh: A Retrospective Cohort Study”

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## INTRODUCTION

Mesh-related complications, such as chronic pain, are common after hernia repair with a mesh prosthesis. Incisional hernia repair is one of the most common operations in general surgery today, but remains a challenge due to the high rate of recurrence.

## PURPOSE OF THE STUDY

The study aimed to evaluate the safety, and feasibility of Parietex™ Progrid™ self-gripping polyester mesh implanted in a retromuscular position for the treatment of incisional hernia.

## METHODS

- 28 consecutive patients who underwent incisional hernia repair between June 2012 and June 2014 were included in this retrospective single-center cohort study.
- All surgeries were performed at the 'Havenziekenhis', a satellite hospital of Erasmus University Medical Center that is very experienced in complex hernia repair.
- Patient demographics, surgical characteristics, length of hospital stay, and post-operative pain were assessed.

## PATIENTS AND HERNIA CHARACTERISTICS

- The median follow-up was 12 (interquartile range 8–20) weeks.
- Out of 28 consecutive patients, 18 were male and 10 were female. The patients' ages ranged between 40–64 years.
- 6 (21%) patients had an incisional hernia combined with another abdominal hernia (parastomal, umbilical, or inguinal).
- 9 (32%) patients had a recurrent hernia after a previous repair.
- 18 (64%) patients had a Rives–Stoppa procedure performed; 7 (25%) patients had a bilateral component separation technique; and 3 (11%) patients had a unilateral component separation technique.
- The median hospital stay was 5 (interquartile range 4–7) days.

## RESULTS

- 23 (82%) patients did not report any pain at their final outpatient visit; 2 (7%) patients suffered mild pain without the use of medication; 3 (11%) patients required the use of daily medication for moderate abdominal pain. None of the patients suffered from severe post-operative pain.
- During follow-up, a median of 4 (interquartile range 3–6) post-operative visits occurred.
- No recurrences were observed during the follow-up.
- 3 patients experienced adverse events during the primary hospital stay.
  - 1 had an extended stay of 17 days due to postoperative ileus.

- 1 suffered post-operative angina pectoris.
  - 1 suffered post-operative pneumonia (successfully treated with medication).
- 5 patients were treated for a post-operative seroma.
  - 1 needed an ultrasound-guided puncture.
  - 4 patients were treated conservatively
- 7 patients suffered adverse events during the 12-week follow-up.
  - 4 were admitted to the hospital for reasons not disclosed.
  - 1 was admitted to the hospital for 5 days for intravenous antibiotic treatment of a wound and mesh infection.
  - 2 were admitted for imaging of late abdominal complaints and ileus, which were not treated by surgical intervention.
- No deaths occurred during the follow-up.

## CONCLUSION

This small retrospective cohort study suggests that the use of Parietex™ ProGrip™ self-gripping mesh placed in a retromuscular position is safe and feasible for incisional hernia repair, as short-term recurrence did not occur and adverse events were limited.

## REFERENCES

None

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**\*\*THIS CONCLUDES THE CLINICAL SYNOPSIS OF THIS PUBLICATION\*\***