## Outcomes of biosynthetic absorbable mesh use in high risk CDC Class I ventral hernia repair: A single surgeon series

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## Retrospective review

November 2016 to December 2020







Median age (years)

Median BMI (kg/m²)

Mean hernia area (WxL)

65% Female vs Male

**29%** Recurrent ventral incisional hernia

*n*=107 CDC Class 1 Clean wounds

93% VHWG Grade 2
High risk patients

CDC = Centres for Disease Control Wound Classification VHWG = Ventral Hernia Working Group recurrence risk

Refer to Instructions for Use at eifu.goremedical.com for a complete description of all applicable indications.

"GORE" BIO-A" Tissue Reinforcement can be used in complex ventral hernia repair in high risk patients with clean wounds to get the repair right the first time"



**BIO-A**<sup>®</sup> Tissue Reinforcement

- Bioabsorbable scaffold
- Resorption time 6-7 months



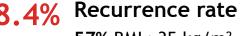
## Rives-Stoppa repair

Retrorectus placement 83%

- + Component separation 19%
- + Panniculectomy **56**%



Median follow up **29 mths** (range 12-60 months)



n=9 57% BMI >35 kg/m<sup>2</sup> 64% >3 prev repairs

**12** Mean time to recurrence

1.9% Surgical site infections (SSI)
Nil mesh explanted

11% Post-procedural intervention required (SSOPI)

Surgical site infection implication hernia recurrence

No significant difference in wound event or recurrence rate for high risk patients



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