

Ventral Hernia Repair with a Hybrid Absorbable-Permanent Preperitoneal Mesh¹

Goldblatt *et al.*

DATA SUMMARY



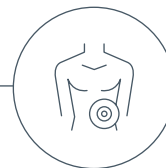
- Patients: **148**
- Robotic and open approach
- Preperitoneal placement
 - Underlay: 52.0%
 - Retromuscular: 43.9%
- 28 months median clinical follow-up
- 36 months median PRO follow-up
- 60 months maximum follow-up

QUALITY OUTCOMES



- Hernia recurrence: **0%**
- Complete mesh removals: **2%**
- Device-related adverse events (1 year): **0.7%**
- Procedure-related SSI and SSO (30 days): **4.8%, 1.4%**
- SSOPI (30 days): **2.7%**
- SSOPI (1 year): **3.4%**

PATIENT CHARACTERISTICS



- Mean BMI (kg/m²): **32**
- Mean defect size: 88.2 cm²
- Ventral Hernia Working Group Grade 2: 66%

Objective

To analyze device safety and clinical outcomes of ventral hernia repair with the GORE® SYNECOR Preperitoneal Biomaterial, a permanent high-strength mesh with bioabsorbable web scaffold technology.

Materials and Methods

Retrospective, multicenter, case review analyzed device/procedure endpoints and patient-reported outcomes (PRO) in patients treated for hernia repair with CDC Class 1 wounds.

Conclusions

Use of the GORE® SYNECOR Preperitoneal Biomaterial, which incorporates the proven advantages of both an absorbable synthetic mesh and the long-term durability of a permanent macroporous mesh, is safe and effective in complex ventral hernia repairs.

When used in the retromuscular space, the combination of these 2 materials had lower wound complications and recurrence rates than either type of material alone.

Reference

1. Goldblatt MI, Reynolds M, Doerhoff CR, *et al.* Ventral hernia repair with a hybrid absorbable-permanent preperitoneal mesh. *Surgical Laparoscopy, Endoscopy & Percutaneous Techniques*. In press.



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