GORE® SYNECOR
Preperitoneal Biomaterial

Ventral Hernia Repair with a Hybrid Absorbable-Permanent Preperitoneal Mesh[1]

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/m^2): 32
- Mean defect size: 88.2 cm^2
- 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.

Together, improving life

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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