

# 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



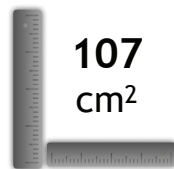
61

Median age (years)



32.9

Median BMI (kg/m<sup>2</sup>)



107 cm<sup>2</sup>

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

*“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® 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)

**8.4%** Recurrence rate  
*n=9*

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

**12 months** Mean time to recurrence

**1.9%** Surgical site infections (SSI)  
*n=2*  
Nil mesh explanted

**11%** Post-procedural intervention required (SSOPI)  
*n=12*

**Surgical site infection ≠ hernia recurrence**

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