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## Western Surgical Association 2020 Annual Meeting

Monday, November 9, 2020 4:00pm – 6:15pm Pacific Time – Virtual Meeting –

## 9. HERNIA MESH IS SAFE: 10-YEAR EXPERIENCE WITH OVER 6000 PATIENTS

Presenter: Mikhail Attaar MD | NorthShore University HealthSystem M Attaar, B Forester, S Chirayil, B Su, H Wong, K Kuchta, J Linn, W Denham, S Haggerty, M Ujiki

**Background**: The use of mesh in hernia repair has faced intense media scrutiny, leading patients to become fearful of its use despite its benefits in reducing the risk of recurrence and the excellent safety profile of most brands currently on the market. In this study, we report a single institutional experience in performing hernia repair with mesh in terms of hernia-specific outcomes, mesh-related complications and patient reported quality of life up to five years postoperatively.

**Methods**: Patients who underwent any type of abdominal wall hernia repair with mesh at a single institution were identified from a prospectively maintained quality database. Demographic, perioperative and postoperative complication data were analyzed. Health related quality of life surveys, including the Surgical Outcomes Measurement System (SOMS) and Carolinas Comfort Scale (CCS), were administered pre- and postoperatively at 3 weeks, 6 months, 1, 3 and 5 years.

**Results**: Between 2010 and 2020, a total of 6387 patients underwent abdominal hernia repair with mesh. Inguinal hernia repairs made up the majority (65%) of the operations and 63.6% of cases were performed laparoscopically. The overall rate of recurrence was 2.8%. In terms of complications, 1.0% of patients experienced a surgical site infection within 30 days and 0.2% of patients suffered from a mesh infection at any time point postoperatively. Domains on SOMS of Pain Impact, Pain Quality, Pain Visual Analog Scale and Physical Functioning were all significantly improved from baseline at each time point postoperatively (all p < 0.05). The percentage of patients reporting "no symptoms" or "mild but not bothersome symptoms" on the CCS total score at 1, 2 and 5 years postoperatively were 83.6%, 81.3% and 84% of patients, respectively. Only 2.9%, 3.3% and 4.4% of patients reported severe or disabling symptoms postoperatively at 1, 2 and 5 years, respectively.

**Conclusion**: Hernia repair with mesh is safe, resulting in a low rate of hernia recurrence and a minimal rate of mesh-related complications. Patients report excellent long-term quality of life across multiple domains with only a small percentage of patients experiencing severe or disabling symptoms at long-term follow up.