

Outcomes of Post Operative Ventral Hernia Repair Following Previous Abdominal Wall Supplementation with Vicryl Mesh- A Single-Center Study

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Aim

As the understanding of the long-term implication of using a Vicryl mesh as an abdominal wall supplementation during difficult abdominal wall closure is growing wider, it's utilization is becoming more popular. In this study we aim for better understanding the outcomes of post operative ventral hernia repair following previous abdominal wall supplementation with Vicryl mesh.

Methods

Adult patients who underwent abdominal surgery with the use of Vicryl mesh for closure of the abdomen, then underwent POVH repair in the Cleveland Clinic Center for Abdominal Core Health between January 2014 and December 2022 were queried retrospectively from a prospectively collected database in the Abdominal Core Health Quality Collaborative.

Results

59 patients were included in the study. Only 8% were active smokers, 92% percent were ASA 3 and up. 6 patients (10%) demonstrated post operative SSI, and 5 (8%) demonstrated SSO requiring procedural intervention. 5 patients (8%) had major post operative complication requiring reoperation. Only 6 patients (10%) demonstrated recurrence of ventral hernia during the follow up period.

Conclusions

Our findings suggest the overall short- and long-term outcomes of post operative ventral hernia repair following previous abdominal wall supplementation with Vicryl mesh acceptable and not inferior to those of primary repair. Given the absence of notable mesh-related complications and a similar hernia recurrence rate to cases without posterior sheath supplementation, Vicryl mesh can be use safely and successfully.



Figure 1. Bridging closure with vicryl mesh, Lateral component of Mercedes incision.



Figure 2. Uncomplicated, uneventful long term post operative recovery following ventral hernia repair.