



PROPHYLACTIC MESH AFTER ABDOMINAL WALL INCISIONS

IT'S ALL ABOUT PREVENTION!

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Incisional Hernia (IH) is one of the most frequent types of ventral hernia.

IH incidence after laparotomy may be as high as 40%.¹ Incisional hernias often require repair, with high postoperative recurrence rates.²

The European Hernia Society concludes that the data are favorable and consistent for prophylactic mesh augmentation in IH prevention. It is considered an effective and safe method and it appears particularly interesting in high-risk patients, e.g. abdominal aortic aneurysm surgery or obese patients.³

» The addition of a prophylactic large-pore polypropylene mesh on the overlay position decreases the incidence of incisional hernias without adding morbidity.⁴ «

» Prevention [of incisional hernia] is possible with both onlay mesh augmentation and sublay mesh augmentation. Seromas are significantly more seen in onlay mesh augmentation compared to primary sutures and sublay mesh augmentation, without an increased risk of surgical site infections. Mesh augmentation is indicated for prevention of incisional hernia in high-risk patients.^{5,6} «

Available Mesh Sizes for Primary Mesh Augmentation		Article No.
	Optilene® Mesh LP Blue 6 x 35 cm (36 g/m ² ; pore size 1 mm)	1964865
	Optilene® Mesh LP Blue 8 x 35 cm (36 g/m ² ; pore size 1 mm)	1964875
	Optilene® Mesh LP Blue 10 x 35 cm (36 g/m ² ; pore size 1 mm)	1964885
	Optilene® Mesh Elastic Blue 10 x 35 cm (48 g/m ² ; pore size 2.8 x 3.6 mm)	1964970

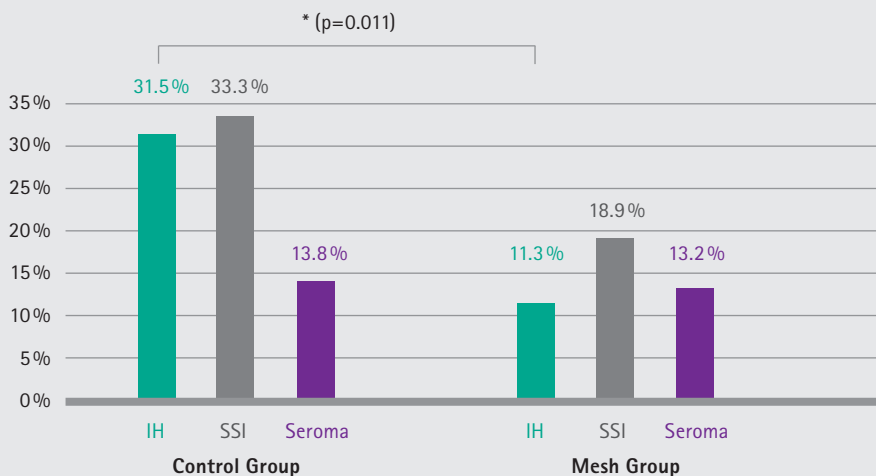


Figure 1. Comparison of rate of incisional hernia (IH), surgical site infection (SSI) and seroma formation in patients with an overlay large-pore polypropylene mesh implanted versus control group.⁴

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