SAGES 2021

Current practices in midline laparotomy closure and use of Prophylactic Mesh Reinforcement for prevention of incisional hernias: a nationwide survey

Artem Shmelev, Robert Dabek, Ahmad Ahad, Steven Cunningham, Gopal Kowdley
Ascension Saint Agnes Healthcare, Baltimore MD

ASCENSION SAINT AGNES HOSPITAL

Background:
About 153,000 postlaparotomy ventral incisional hernias (VIH) are repaired annually in the U.S. Prophylactic mesh reinforcement (PMR) of laparotomy closure has been shown safe and effective in VIH prevention. We conducted a nationwide surgeon survey to determine current practices in PMR utilization.

Study design:
In June-July 2020, an anonymous, 15-question survey was administered to subscribers of several internet-based, professional, discussion boards, including American College of Surgeons Communities.

Results:
Of 161 U.S. respondents, 81% were aware of PMR and 24% had used it. Most frequent users were oncologists (33% respondents in multiple-answer question) and acute care surgeons (30%). Obesity (53%), malnutrition (51%), and chronic lungs disease (40%) were mentioned as VIH risk factors. Barriers to PMR implementation were insufficient experience or training (62%), reimbursement issues (43%), and risk of mesh infection (51%).

Conclusions:
The U.S. surgical community is largely aware of PMR but only a quarter have used it.

June – July 2020
ACS Communities + surgery Facebook and Twitter groups
N=199 (161 U.S.), margin of error 8 % pts

81% aware of PMR

24% have ever used PMR



PMR users' specialty:

surgical oncology **33%** respondents > **ACES / trauma** **30%** respondents > **herniology** **13%** respondents

Implementation barriers:



lack of info or experience **62%**

reimbursement **43%**





concerns about infection **51%**