MESH INFECTIONS IN HERNIA: A WAKE UP CALL FOR SURGICAL FRATERNITY

Authors: A. Arora* , V Trehan, Singh K J Abstract no.: 134825

Military Hospital Jamnagar, Command Hospital Chandimandir , Army Hospital Research and Referral, New Delhi, India. amanafmc@gmail.com

INTRODUCTION

- One of the most common procedures performed around the world
- The introduction of mesh, posed a new set of postoperative problems
- Mesh infection being the most morbid one

INCIDENCE

- The incidence of mesh infectionLaparoscopic repair 0-3.6%
Open repair 6-10%

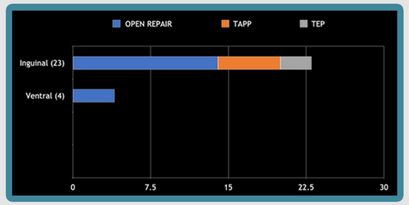
OBJECTIVES

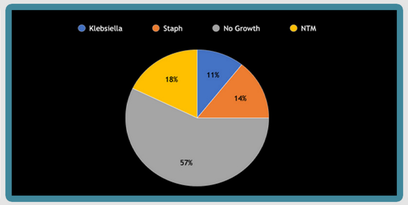
•Retrospective analysis of 27 patients undergoing mesh explantation
•Analysis of the causative factors mean period of presentation mode of presentation •Initial Antibiotic therapy •Antibiotic sensitivity

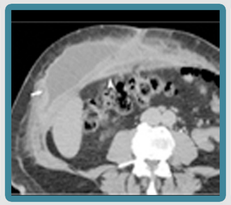
METHODS

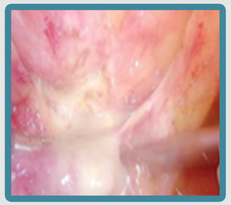
Study design: Retrospective review of all patients presenting
Study Duration: One year
Inclusions: All patients presenting with mesh infections requiring mesh explantations.
All patients underwent laparoscopic mesh explanantion.
Follow-up ranged from two weeks to one year.

RESULTS









No Coherence was found in the initial antibiotics

DISCUSSION

•**Common aetiology of mesh infections are**
1.Break in sterility
2.Seroma
3.Different meshcharacteristics
4.Bacterial infection
•**Must consider as differential if**
•fever of unknown origin
•Signs of abdominal wall inflammation
•Recurrent urinary tract infection
•Generalised abdominal discomfort
•There is a felt need to formalise the algorithm to address the multiple antibiotic regimes being used.
•The mode of presentation varied from early post op fulminant sepsis to chronic discharging sinus.

CONCLUSIONS

In view of the increasing use of prosthetic materials , there is a need to reinforce amongst surgeons the importance of following all aseptic protocols. Also due to the varying presentations of the mesh infections , there is a felt need to formalise the approach and revisit the existing protocols to control mesh infections and thereby reduce the need for explanation of mesh and the associated morbidity

REFERENCES

Wilson RB, FarooqueY. Risks and Prevention of Surgical Site Infection After Hernia Mesh Repair and the Predictive Utility of ACS-NSQIP. J GastrointestSurg. 2022 Apr;26(4):950-964. doi: 10.1007/s11605-022-05248-6. Epub2022 Jan 21. Erratum in: J Gastrointest Surg. 2023 Jan;27(1):211. PMID: 35064459; PMCID: