

2019

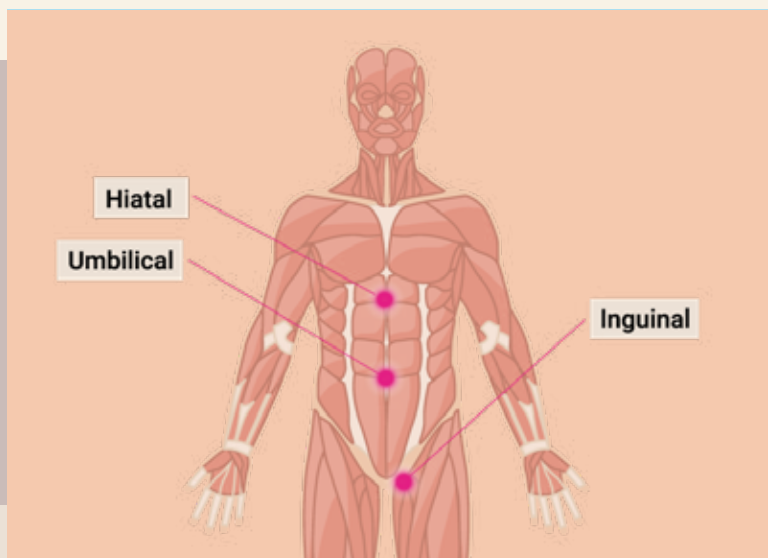
# Hernia Mesh Guide



medtruth.

# What is a Hernia?

A hernia occurs when a portion of an internal organ, typically the small intestines, bulges through a tear or a weak point in the peritoneum, the thin wall that holds the abdominal organs in place.



## TYPES OF HERNIAS:

**Hiatal:** The upper part of the stomach

**Umbilical:** The belly button

**Inguinal:** The inner groin

**Femoral:** The outer groin/upper thigh

**Incisional:** A prior abdominal incision or scar

**Ventral:** The anterior abdominal wall

# What are the treatment options for Hernias?

---

## SURGICAL

During a hernia repair, the displaced tissues are returned to their proper position. This surgery can be performed open, in which an incision is made near the hernia, or laparoscopically, in which keyhole incisions are made to allow placement of surgical tools. Often, a mesh patch is sewn over the weakened region of tissue to prevent recurrence. Hernia repairs are common. More than one million hernia repairs are performed each year in the U.S. Approximately 800,000 hernia repairs are for inguinal hernias, while the rest are for a combination of other types of hernias. A hiatal hernia is repaired in a different manner, without the use of mesh, using a technique called fundoplication.

## NON-SURGICAL

While surgery is the only definitive way to repair a hernia, watchful waiting is an option for patients who do not have complications or symptoms associated with their hernia. In this situation, it's imperative that a patient's designated surgeon approves this approach. The surgeon must then monitor the hernia to ensure that it does not cause any problems or grow larger.

# What do you do if you think you have a mesh related complication?

---

## SEE A DOCTOR:

A general surgeon, who has experience with mesh and its related complications, is typically the right doctor to see first. He or she may suggest conservative management or surgery, depending on the complication you are experiencing and based on patient-related factors. Management of complications can be complex, and a variety of specialists may be helpful.

## SEE IF YOUR MESH HAS BEEN RECALLED:

Refer to the U.S. Food and Drug Administrations recall notices for surgical mesh at the following website here: <https://wayback.archive-it.org/7993/20170112083602/http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm203886.htm>

## Are there pros and cons to the use of mesh?

The risk of additional surgery for a recurrent hernia has been shown to be significantly lower for patients who have mesh repairs compared to those who have non-mesh repairs. However, in the long-term, 6 -20% of patients who undergo mesh repairs face serious mesh-related complications - many, of which, require surgical intervention.

## Mesh-related complications include the following:

---

- Surgical site infection
- Bowel perforation
- Late-onset intra-abdominal abscess
- Enterocutaneous fistula (an abnormal connection between bowel and skin)



- Chronic pain
- Recurrent hernia
- Bowel obstruction (bowel blockage)
- Formation of a chronic sinus tract (a tunneling wound)

# Here are some helpful management options for the major complications:

---

**CHRONIC PAIN:** Management of chronic pain can be challenging. It requires a team of health care providers working together.

## TREATMENT OPTIONS:

- **Pain medication**—a general practitioner or surgeon can prescribe these types of medication.
- **Nerve block** (injection of a local anesthetic)—often done by pain management service (often part of the anesthesiology department).
- **Nerve ablation** (use of an electric current to a small area of nerve tissue to stop it from sending pain signals)—can be performed by physiatrists (PM&R), radiologists, anesthesiologists, neurologists, and surgeons, depending on the hospital or clinic.
- **Peripheral nerve field stimulation** (placement of electrodes on the nerves to stop the pain)—typically performed by a neurosurgeon.
- **Surgery to partially or completely remove the mesh** (through an open incision or laparoscopically)—an experienced general surgeon should perform this operation.

**INFECTION:** Typically, mesh infection is managed by surgical removal of the mesh by a general surgeon, but in carefully selected cases drainage, antibiotics, and antibiotic irrigation of the mesh can be employed. A wound infection (infection at the incision) may also occur, which can ultimately cause the mesh to become infected. Imaging is often useful in evaluating infections. Your doctor may order a CT scan with intravenous contrast (no intravenous contrast is used when kidney function is too impaired).

**FISTULAS:** Enterocutaneous fistulas often require surgery, including removal of the mesh and bowel resection or repair. Occasionally, a portion of the mesh is salvaged, but usually the mesh is removed in its entirety. A general surgeon performs this type of operation. Preoperative imaging to evaluate fistulas includes fluoroscopy, in which you may drink oral contrast or have contrast injected into a catheter inserted into the opening in the skin, and CT scan with oral and intravenous contrast.

**RECURRENCE:** Hernia recurrence usually requires surgical intervention by a general surgeon who may perform a laparoscopic or open repair.

# References:

Long-term Recurrence and Complications Associated with Elective Incisional Hernia Repair. Dunja Kokotovic, MB; Thue Bisgaard, MD, DMSc; Frederik Helgstrand, MD, DMSc. JAMA 2016; 316 (15): 1575-1582.

Chronic pain after mesh versus nonmesh repair of inguinal hernias: A systematic review and a network meta-analysis of randomized controlled trials. Oberg, Andresen K, Klausen TW, Rosenberg J., Surgery. 2018 May;163(5):1151-1159.

Management of chronic pain after hernia repair. Kristoffer Andresen and Jacobs Rosenberg. J Pain Res. 2018; 11: 675-681.

Pain control following inguinal herniorrhaphy: current perspectives. Martin F Bjurstrom, Andrea L Nicol, Parviz K Amid, David C Chen. J Pain Res 2014; 7: 277-290.

Sandwich technique, peripheral nerve stimulation, peripheral field stimulation and hybrid stimulation for inguinal region and genital pain. Shaw A, Sharma M, Zibley Z, Ikeda D, Deogaonkar M. Br J Neurosurg 2016 Dec; 30(6): 631-636.

<https://www.fda.gov/medicaldevices/productsandmedicalprocedures/implantsandprosthetics/herniasurgicalmesh/default.htm>

# medtruth.

---

**MedTruth is a hub of consumer advocates specializing in prescription side effects and harmful medical devices.**

**We track industry developments and sift through mounds of scientific data to help you better understand common medical risks. We believe it's your right to know about potential drug dangers, hidden manufacturer histories and ongoing regulatory actions. We're here to make it simple.**

[www.medtruth.com](http://www.medtruth.com)