

PROPHYLACTIC MESH IN THE PREVENTION OF POST-OPERATIVE VENTRAL HERNIA FOLLOWING ROUX-EN-Y GASTRIC BYPASS

Herbert GS, Carter PL

Department of Surgery, Madigan Army Medical Center, Tacoma, WA

Purpose: Ventral hernia is a common complication following open Roux-en-Y gastric bypass (RYGB), and ventral hernia repair following laparotomy remains a morbid procedure. We sought to determine whether prophylactic mesh placement at the time of RYGB would reduce the incidence of post-operative hernias.

Methods: Morbidly obese patients undergoing RYGB with a single surgeon had prosthetic mesh placed in a pre-fascial location at the conclusion of the procedure. The incidence of recurrent hernia, as well as morbidity associated with the placement of mesh was assessed.

Results: 16 patients underwent RYGB with prophylactic mesh placement over a 6 month period. The average pre-operative BMI was 46. Half of the patients were diabetics, and none were smokers. Types of mesh used included C-Qur mesh (12 patients), Seprafilm mesh (2 patients), and Proceed mesh (2 patients). During a mean follow-up time of 3 1/3 months, 4 patients (25%) required excision of the mesh - three for infection and one for a symptomatic seroma. Another patient developed an incisional hernia in spite of the prophylactic mesh.

Conclusions: Prophylactic mesh at the time of RYGB carries high morbidity, with one quarter of patients requiring excision of the mesh an average of 43 days post-operatively. Given that it also failed to prevent post-operative ventral hernia in 1 of the remaining 12 patients over relatively short follow-up, we cannot recommend prophylactic mesh placement to reduce ventral hernia following RYGB.