

**Purpose:** To analyze patients who had infected mesh requiring removal and placement of Strattice in a staged setting.

**Methods:** Eligible patients presented with open wounds with infected mesh in the setting of previously repaired hernia with synthetic mesh from 2007-2010. All patients underwent staged hernia repair; first stage was mesh explantation and debridement followed by VAC therapy/dressing changes. The second stage entailed hernia repair with Strattice reinforcement.

**Results:** 78 patients were identified; 13 patients met the study criteria. Average age was 55 years and BMI of 35.6. Average follow-up was 332.7 days. Co-morbidities include diabetes 5/13 (38.5%), CAD 2/15 (13.3%), and COPD 1/13 (7.7%). Recurrent/complex hernia was present in all patients. Mesh explantation occurred in all patients. History of an ECF was present in 3/13 (23.1%). Mean defect diameter was 13.4cm. Pathogen culture positivity included MRSA (26.3%), Pseudomonas (21.1%), MSSA (15.8%), E. faecalis (10.5%), Proteus (5.3%), Corynebacterium (5.3%), E.coli (5.3%), and Enterobacter (5.3%). Average time between stages was 4 days. Primary fascial closure was achieved in 9/13 (69.2%). Average hospital stay was 8.2 days. Wound complications occurred in 5/13 (38.5%). Soft tissue infection with exposure of Strattice occurred in 2/13 (15.4%), but did not require removal. All midline incisions had healed utilizing dressing changes and debridement at an average of 4 weeks.

**Conclusion:** Management of infected synthetic mesh is challenging. A staged approach to AWR with Strattice appears to provide a safe and effective solution. Wound complications do not require removal of Strattice limiting significant morbidity in these high-risk patients.