

Purpose: This is a case study presenting the use of a new long-term resorbable synthetic mesh in an endoscopic component separation abdominal wall reconstruction for a patient at risk for wound complications.

Methods: In preparation for a clinical quality improvement project for complex ventral hernia patients considering abdominal wall reconstruction, a retrospective case was analyzed in which a new long-term resorbable synthetic mesh was used. The case is presented in this abstract.

The patient presented with a large ventral hernia defect and a chronic wound at the lateral edge of a previous skin graft. He suffered from necrotizing pancreatitis and underwent multiple operative debridements, management for an open abdomen and a skin graft over bowel in 2009. He suffered from chronic pain (was on multiple narcotics) and was a one pack per day smoker for 35 years. He was not obese.

Results: The patient underwent an endoscopic component separation abdominal wall reconstruction with a 25 x 10 long-term resorbable mesh buttress. His recovery was uneventful and he was discharged on post-op day 5. At 6 weeks post-op, he was completely off of pain medications, he had cut down his smoking to ½ pack per day and his wound was healing well, with no complications.

Conclusion: This case study supports the consideration of including a long-term resorbable mesh as an option in the dynamic processes that we are developing for a clinical quality improvement project for complex ventral hernia patients who are considering abdominal wall reconstruction.

Pre-op



6 weeks Post-op

