

# Mesh Information for Patients



## FAQs:

Q: What is mesh?

A: Mesh is a sheet of material used to reinforce a hernia repair. There are many different kinds. Some stay in the body forever, some are slowly absorbed, and some are made of biologic materials. Your surgeon will discuss what they believe to be the most appropriate mesh for you.

Q: Why is mesh used?

A: Hernias happen when weak spots become holes in your abdominal wall. When surgeons fix those holes, they use mesh to reinforce their repair. Mesh helps keep hernias from coming back. Hundreds of studies have demonstrated that mesh can be used safely to prevent a hernia from coming back.

Groin Hernia: 54% less likely with mesh compared with a non-mesh operation<sup>1</sup>

Umbilical Hernia: 69% less likely with mesh compared with a non-mesh operation<sup>2</sup>

Ventral Hernia: 73% less likely with mesh compared with a non-mesh operation<sup>3</sup>

Q: What happens if my surgeon does not use mesh?

A: Your surgeon may be able to repair your hernia without mesh. As above, the hernia may be much more likely to come back. How likely it is to come back depends on where and how big the hernia is.

Q: If you repair my hernia with mesh, what is the expected risk/benefit?

A: As shown above, mesh may help prevent the hernia from returning. Risks of using mesh include mesh infection, mesh migration, and excessive mesh shrinkage. These risks are possible but occur at low frequency.

Q: Can mesh become infected? What happens then?

A: With the right mesh in the right patient, the likelihood of mesh becoming infected is very low. If an infection happens, it can require antibiotics and sometimes surgery.

Q: Does mesh cause pain?

Some patients have pain after hernia surgery with mesh, but pain can also develop after hernia surgery without mesh. Recent studies found equal numbers of patients with pain with and without mesh.<sup>2,4</sup> Indeed, in most operations the use of mesh results in an improvement in quality of life.

Q: What are the mesh lawsuit commercials about?

A: Some mesh products have been used incorrectly or withdrawn from the market

due to complications. Many of these were not used for hernia procedures. Not all meshes are the same. The surgeon will make choices concerning the right mesh based on the current information available.

Q: Will the mesh show up or interfere with imaging tests such as X-rays, MRIs, CT scans?

A: Depending on what mesh is used, it may show up on imaging studies. This can be helpful for your surgeon in follow up. The mesh will not prevent you from getting X-rays, MRIs, or CAT scans.

### **Other questions you should ask your surgeon about surgical mesh for hernia repair include:**

- What is the mesh you will be using made of?
- What is the name of the mesh you will be using?
- In my case, is it possible to repair the hernia without mesh and if so, what is the expected risk/benefit?
- Is there patient information that comes with the mesh product and if so, how can I obtain it?
- What is the risk for hernia recurrence? Pain? Infection? Other complications? Do these risks change depending on the type of mesh that you use?
- How does the operative approach you are recommending (e.g. open repair versus laparoscopic repair) affect how the mesh will be used?
- In the future if I require a repeat operation, what information should I tell my health care providers regarding the mesh that was used and where it was placed?
- What is your rate of hernia recurrence with patients like me? With mesh, without mesh?

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2. Kaufmann R, Halm JA, Eker HH, et al. Mesh versus suture repair of umbilical hernia in adults: a randomised, double-blind, controlled, multicentre trial. *Lancet*. 2018;391(10123):860-869. doi:10.1016/S0140-6736(18)30298-8
3. Mathes T, Walgenbach M, Siegel R. Suture Versus Mesh Repair in Primary and Incisional Ventral Hernias: A Systematic Review and Meta-Analysis. *World J Surg*. 2015. doi:10.1007/s00268-015-3311-2
4. Öberg S, Andresen K, Klausen TW, Rosenberg J. Chronic pain after mesh versus nonmesh repair of inguinal hernias: A systematic review and a network meta-analysis of randomized controlled trials. *Surg (United States)*. 2018;163(5):1151-1159. doi:10.1016/j.surg.2017.12.017