AMERICAS HERNIA SOCIETY SM

North America ★ Central America ★ South America

Americas Hernia Society Mesh Advisory[1]

(Approved October 21, 2018)

Hernias are highly prevalent throughout the world. Over the years various surgical techniques have been employed to deal with hernias, and these techniques have evolved with greater understanding. The main aim of these techniques has been to provide an effective, safe, and durable treatment of hernias. The use of mesh reinforcement has been shown to be very effective in reducing recurrences. Surgeons have utilized various meshes, including synthetic, biologic and bio-absorbable meshes as an adjunct to improve results of surgical repairs. In fact, millions of patients have had successful hernia repairs with mesh. The use of tissue-based "non-mesh" techniques has largely been associated with disappointing long-term results in ventral hernia repairs. However, there are surgeons and centers that employ non-mesh tissue-based repairs for inguinal hernia repair, and have reported efficacy in these procedures.

As with all surgical implants, the use of mesh to reinforce hernia repairs has potential advantages and disadvantages. The vast majority of patients who undergo mesh repairs do so without complications, and after initial recovery are able to perform daily activities without any new limitations. However, there are potential issues with mesh placement, like any other implantable device. Following hernia repair patients may encounter complications including infections, adhesions, erosions, chronic pain and other risks. These complications may be due to surgical technique, the materials utilized, patient anatomy and physiology, or a combination of factors. It is also important to recognize that these complications are not unique to surgeries that utilize mesh. They may occur with tissue-based repairs or other procedures where devices are implanted. In addition, mesh is also used in non-hernia operations, such as pelvic surgery; it is important to note and differentiate that the complications that arise in those procedures do not necessarily apply to hernia surgery.

In patients with postoperative symptoms that are not clearly caused by mesh, removal of mesh may not improve the symptoms, and, in fact, may worsen their condition. Importantly, to date, there is no convincing evidence that mesh placement can cause an autoimmune or allergic reaction or any other systemic response; therefore, elective removal of mesh in asymptomatic patients is not advisable.

Overall, the Americas Hernia Society (AHS) fully supports utilization of appropriately selected mesh reinforcement for a vast majority of both inguinal and ventral hernias, especially when prevention of hernia recurrence is of significant concern. We emphasize the need for thorough knowledge and understanding of mesh options in order to select the most appropriate implant material for a given patient and planned repair technique. The AHS recommends that all surgeons should be familiar with the advantages and risks associated with mesh when counseling patients. Surgeons, patients, and stakeholders should assess new data regarding mesh materials to help guide hernia surgeons in making the safest and most appropriate mesh choices for their patients.

---

[1] **Practice advisories reflect the consensus of Americas Hernia Society's leadership and are meant to initiate discussion that might lead to the recognition or development of best practices or clinical practice guidelines for the surgical treatment of hernia disease. Practice advisories are not intended to establish clinical practice guidelines, to reflect standards of practice for surgeons, or to provide medical advice or make any claim concerning the diagnosis, treatment, cure, or prevention of any disease or condition of any person. Practice advisories may not be updated to reflect changes in surgical practice occurring after their approval date.**