

Prophylactic mesh implantation reduces hernia formation

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percent), but this finding did not hold at 12 or 36 months postoperatively. There was no difference in surgical site infections between the groups; patients with mesh implantation had a significantly longer time to complete wound healing of surgical site infection (median, eight versus five weeks). Compared with the control group, trunk extension was significantly reduced after mesh implantation.

"Prophylactic intraperitoneal mesh implantation in [patients](#) at risk for incisional hernia is feasible and effective to prevent hernia formation," the authors write.

Laubscher & Co., a distributor of medical products and other meshes for hernia repair, provided funding for the study nurse.

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(HealthDay)—Prophylactic mesh implantation reduces the incidence of hernia formation among patients undergoing elective open abdominal surgery but increases early postoperative pain and leads to prolonged wound healing of surgical site infection, according to a study published online Nov. 21 in *JAMA Surgery*.

Andreas Kohler, M.D., from Bern University Hospital in Switzerland, and colleagues performed a randomized clinical trial in 169 patients undergoing elective open abdominal surgery; 19 patients were excluded. Patients were randomly assigned to prophylactic intraperitoneal mesh implantation or standard abdominal closure (69 and 81 patients, respectively).

The researchers found that compared with the [control group](#), the mesh group had a significantly lower cumulative incidence of incisional hernia (7.2 versus 18.5 percent). At six weeks, significantly more patients in the mesh group had [abdominal pain](#) versus the control group (65 versus 44

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