



New Zealand Association of General Surgeons

### **New Zealand Association General Surgeons position statement**

#### **Mesh hernia repair**

There has been much controversy in the media recently regarding transvaginal mesh prolapse repair and its potential associated risks of infection, erosion and chronic pain. [1] Unfortunately, the media have portrayed the outcomes of this one gynaecological procedure to include all surgical use of mesh for hernia repair. It has caused unnecessary widespread patient stress and anxiety throughout New Zealand.

The use of mesh in General Surgery to repair hernias of the groin or the abdominal wall is well established internationally and is considered the procedure of choice. [2] For ventral hernias with fascial defects greater than 2cm in diameter and all adult groin hernias, mesh must be used to reinforce the tissue repair. [3] If not the hernia recurrence rate without mesh is unacceptably high. Mesh can significantly reduce hernia recurrence rates.

The use of mesh for abdominal and groin hernia repair is safe. Chronic pain may occur after hernia repair in less than 10% of patients. However, it is important to remember that chronic pain after groin hernia repair is higher for patients having non-mesh repair compared to mesh repair. [4] Mesh infection after abdominal hernia repair is uncommon, less than 1%. [5] For laparoscopic inguinal hernia repair it is even lower.

The use of surgical mesh is an important part of the curriculum for general surgical training and NZ general surgeons have extensive experience in the use of mesh for hernia repair.

The good results of mesh hernia repair in general surgery should not be brought into disrepute by categorising all mesh repairs as the same.

Executive, New Zealand Association of General Surgeons (NZAGS)

For further information please contact NZAGS on 04 384 3355

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[1] Mesh blamed for agony still used in Ops. The New Zealand Herald, Sunday 25.05.14

[2] Den Hartog D et al. Open surgical procedures for incisional hernias. Cochrane Database Syst Rev. 2008 Jul 16;(3):CD006438

[3] Bittner R et al. Guidelines for laparoscopic treatment of ventral and incisional abdominal wall hernias (International Endohernia Society (IEHS)—Part 1. Surg Endosc (2014) 28:2–29

[4] Simons MP et al. European Hernia Society guidelines on the treatment of inguinal hernia in adult patients. Hernia (2009) 13:343–403

[5] Aufenacker TJ et al. Systematic review and meta-analysis of the effectiveness of antibiotic prophylaxis in prevention of wound infection after mesh repair of abdominal wall hernia. Br J Surg 2006 Jan;93(1):5-10.

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