Material and Methods: This retrospective, multicenter, case review analyzed device/procedure endpoints and patient-reported outcomes in patients treated for hernia repair ≥ 1 year from study enrollment.

Results: There were 459 patients with 469 ventral hernias with a mean age of 58 ± 15 years and 77% Ventral Hernia Working Group 2 (VHWG2). Mean hernia size was 18.9 cm². Laparoscopic or robotic approach were utilized in 95% of patients, incisional hernias accounted for 57%. Mesh location was 75% intraperitoneal and bridging repair was performed in 57%. Procedure related adverse events within 30-days occurred in 5%, including: surgical site infection (SSI), surgical site occurrence (SSO), ileus, readmission, and re-operation. Procedure-related SSI or SSO events were 3.75% through 12-months. SSO events requiring procedural intervention (SSOI) were 2.57% through 24-months. An estimated 7% of subjects had hernia recurrence through the study with a mean follow-up of 32-months (14-53 months) using a patient-reported outcome measure. Subgroup comparison of fixation type (permanent vs absorbable, p = 0.93) and repair (bridging vs reinforcement, p = 0.99) were conducted for recurrence and were not statistically significant.

Conclusions: In this analysis, ventral hernia repair with hybrid, composite mesh results in successful outcomes in the majority of patients. This study represents a heterogeneous patient population undergoing repair using various approaches, mesh fixation, and mesh placement locations. These data appear to confirm long-term acceptable safety and device performance with a low rate of recurrence in a predominantly VHWG2 population.