O47 MESH-RELATED COMPLICATIONS, CHRONIC PAIN, AND ECONOMIC CLAIM COMPENSATION AFTER UMBILICAL HERNIA REPAIR

Martin Primand Rønnow¹, Mattias Hoffner², Svend Schulze³, Frederik Helstrand⁴, Claes Hjalmarsson⁵, Thue Bisgaard⁶
¹Blekinge County Hospital, Department of Surgery, Karlskrona, Sweden, ²Blekinge County Hospital, Department of Clinical Sciences, Malmo, Lund University, Department of Surgery, Karlskrona, Sweden, ³Danish Patient Compensation Association, Copenhagen, Denmark, ⁴Center for Surgical Science, Zealand University Hospital, Department of Surgery, Kgs. Denmark, ⁵Hospital of Halland, Department of Clinical Sciences, Lund University, Lund, Sweden, ⁶Department of Surgery, Halmstad, Sweden

Aim: The risk of mesh-related surgical complications after umbilical hernia repair is not known and chronic pain has only sparsely been analysed. Economic claims may represent a surrogate for poor postoperative surgical outcomes. Thus, the present study used mesh-related complications and chronic pain as primary and secondary outcomes, respectively.

Material and Methods: Blinded assessment of Swedish and Danish nationwide consecutive economic claim data from 2007–2019. The study variables and outcomes were pre-study defined. Major complications were defined as acutely life-threatening complications requiring emergency surgery, clinically important complications were defined as all complications requiring surgical intervention but not emergency surgery.

Results: During the 13-years study period 181 patients were eligible for analysis. There were 96 patients with a surgical complication. In 52
(54%) and 44 (46%) patients the complication was mesh- or non-mesh-related, respectively. In the group of mesh- and non-mesh-related complications, major complications were found in 14 (14.6%) vs 21 (21.9%) patients and clinically important complications were found in 38 (39.5%) vs 23 (23.9%) patients respectively (P < 0.05). Chronic pain was reported in 18%, followed by wound complications (14%) and cosmetic claim reasons (11%). After open repair, claim because of chronic pain was significantly more common after mesh repair (48%) compared with non-mesh repairs (32%), P = 0.05. The economic compensation after a mesh- and non-mesh complication was 3,488€ (291 – 188,186€) and 2,342€ (507€ - 58,437€) (P = 0.55), respectively.

**Conclusions:** Mesh-repair was related to postoperative complications and chronic pain after umbilical hernia repair.