

Possible ePTFE Mesh Associated Decrease in Pain after Open Inguinal Herniorrhaphy

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GORE MYCROMESH® Biomaterial

Introduction

The incidence of chronic pain after open inguinal hernia repair using mesh has been reported to be as high as 40%. However, almost all studies of postherniorrhaphy neuralgia have been performed in patients given polypropylene mesh, which is known to produce a marked inflammatory tissue reaction and dense scarring. In contrast, ePTFE evokes minimal inflammation and has a low rate of adhesion formation. We studied the incidence and degree of chronic pain after open inguinal herniorrhaphy in patients in whom ePTFE mesh [GORE MYCROMESH® Biomaterial] was used.

Methods

Between January 2000 and December 2003, 923 patients in our practice underwent 929 elective open primary inguinal hernia repairs using [GORE MYCROMESH® Biomaterial]. All procedures were done by the same surgeon, who used the same tension-free technique. The Short-Form McGill Pain Questionnaire (SF-MPQ) was administered at least 1 year after surgery, and the results were used to categorize the patients' postherniorrhaphy pain as mild, moderate, or severe.

Results

The SF-MPQ was completed by 722 patients (78.2% of the cohort; 721 men; age range, 18 to 96 years). The SF-MPQ data showed that 45 of these patients (6.2%) had some postherniorrhaphy pain. For 39 of the 45 (86.7%), the pain was mild, with pain-rating indices (PRIs) below 2 and visual analog scale (VAS) scores below 3. Four patients (8.9%) reported moderate pain, with PRIs of 2 and VAS scores ranging from 3 to 5. Two patients (4.4%) had severe pain, with VAS scores of 5 and 6, respectively. Thus, the overall rate of moderate or severe pain among the 722 patients was 0.83%.

Conclusions

Comparative studies of the possible relationship between mesh type and pain after open inguinal herniorrhaphy are needed, but our data suggest that ePTFE mesh may be associated with chronic pain rates that are much lower than those previously reported.



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