

Biomerix REVIVE™ Clinical Case Study

REVIVE in Repair of Indirect Inguinal Hernia via Totally Extraperitoneal (TEP) Approach

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CLINICAL CHALLENGE

A 60-year-old female patient, with hypertension and a 45-pack per year smoking history, presented with prolonged swelling in lower left abdomen with no pain. Through a physical examination, she was diagnosed with a primary indirect left inguinal hernia.

SURGICAL INTERVENTION

Standard extraperitoneal access was established via a periumbilical and left anterior rectus sheath incision. Preperitoneal dissection was aided by a peritoneal dissection balloon trocar (PDB1/US Surgical). An indirect inguinal hernia sac was identified and dissected off of the round ligament, which was left intact. Cutaneous nerves were identified. A 12x15 cm piece of Biomerix REVIVE™ was trimmed 1.5 cm in width and left full size across its long axis. The tissue scaffold was placed over the inguinal canal from the contralateral side of the pubis to the ileac crest and secured with 5cc of fibrin tissue sealant (TISSEEL/Baxter), which was allowed to set for several minutes.

The posterior and lateral aspects of the mesh were held in place as pneumopreperitoneum was released under direct vision, observing the sac and the peritoneum to obtain their desired positions relative to the repair. Following the removal of the trocars, the rectus sheath incision was not sutured. The three skin incisions were closed with 0.5 grams of tissue adhesive (INDERMIL/US Surgical).

CLINICAL RESULTS

The patient was ambulatory, able to care for herself at home on the day of surgery and used none of the prescribed analgesic. She followed surgeon's recommendations on restricted activities as advised.

She was seen in the office 12 days post-procedure and reported having no pain. There was mild ecchymosis noted, the result of the periumbilical incision. The repair was intact upon standing and coughing without swelling or seroma. She returned to her job as a bartender at two weeks post-operatively and continues to do well as of one month later.

SURGEON COMMENTS

Biomerix REVIVE provided an excellent alternative to existing synthetic meshes and biologic options in this case. REVIVE is extremely easy to handle and unfolds without manipulation inside the patient. The softness and pliability of the device may translate into less long-term patient discomfort.

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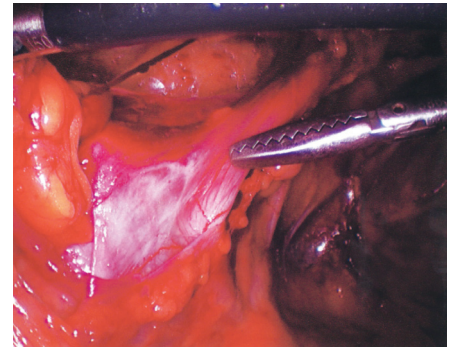


Figure 1. Inguinal hernia defect identified

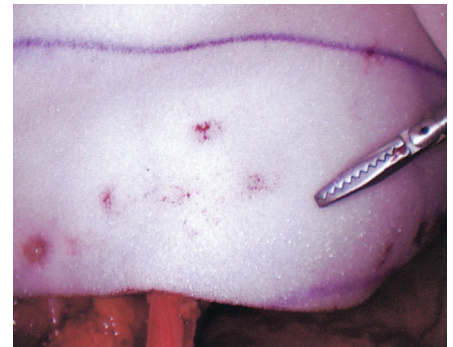


Figure 2. Biomerix REVIVE Tissue Scaffold placed via TEP approach for successful repair



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