

Observational Registry Study of Symbotex™ Composite Mesh in Ventral Hernia Repair

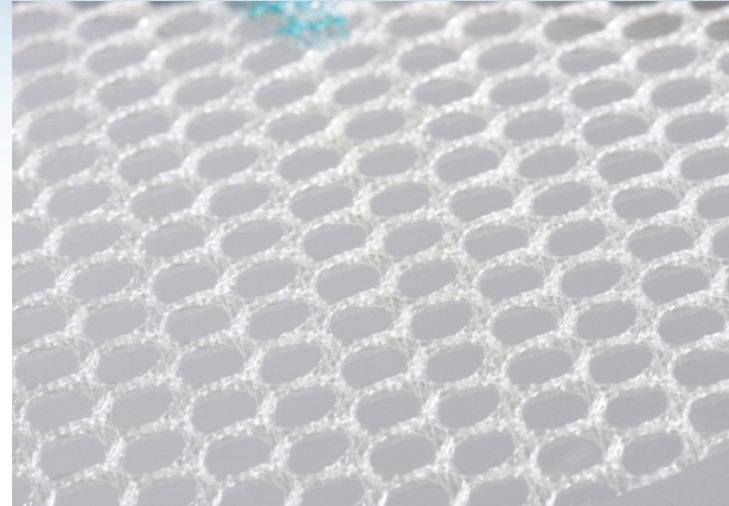
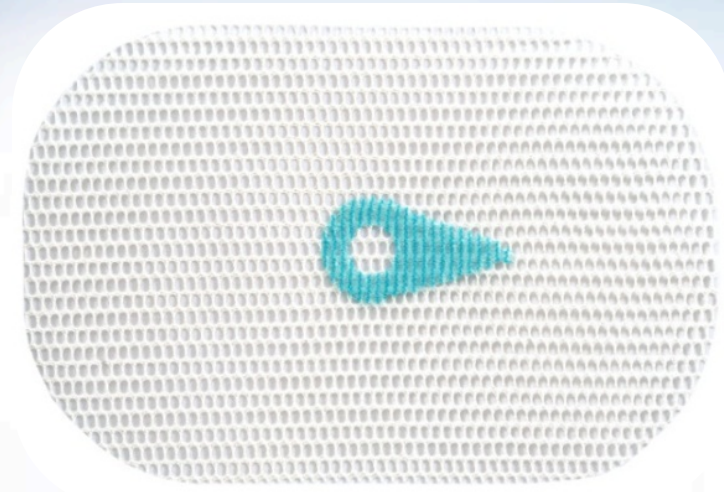
Constantin Zaranis¹ on behalf
of the Club Hernie

¹Clinique du Mail, La Rochelle, France

Disclosures – Constantin Zaranis

- SymCHro study sponsorship, funding, and data analysis provided by Medtronic.

Symbotex™ Composite Mesh



- Mesh transparency for increased visibility during placement¹
- Green orientation marking for accurate positioning^{1,2}
- Abdominal wall side: monofilament 3D polyester textile
- Visceral side: hydrophilic collagen bioabsorbable film
- Large pore size: 3.3 mm × 2.3 mm

1. Covidien internal report 0901CR252a (June 2013)

2. Covidien design validation report 0901CR249a (June 2013)

Mesh Porosity Matters



Methodology: Preclinical study of PET mesh integration and shrinkage comparing mesh weight (HW vs LW), pore size (SP vs LP) and weave (2D vs 3D)

- Large pore mesh showed better integration than small pore mesh
- Lightweight small pore mesh exhibited the most shrinkage
- 3D mesh supported the highest collagen count and exhibited the least shrinkage

→ **Mesh porosity is more important than mesh density for tissue integration**

SymCHro Study Design

Observational registry study: the short- and long-term clinical outcomes following the use of Symbotex™ composite mesh.

- 100 consecutive patients reported in the Hernia Club database
- 2 Years Follow-up
- Inclusion Criteria:
 - ✓ ≥ 18 years of age
 - ✓ Ventral hernia: Primary or incisional
- Exclusion Criteria:
 - ✓ None
- ✓ Surgical technique is left to the surgeon's preference

Ventral hernia laparoscopic repair: Symbotex™ Composite Mesh
after external defect raphy
Marc LEPERE / France - 2015



SymCHro Study Endpoints

Primary Endpoints:

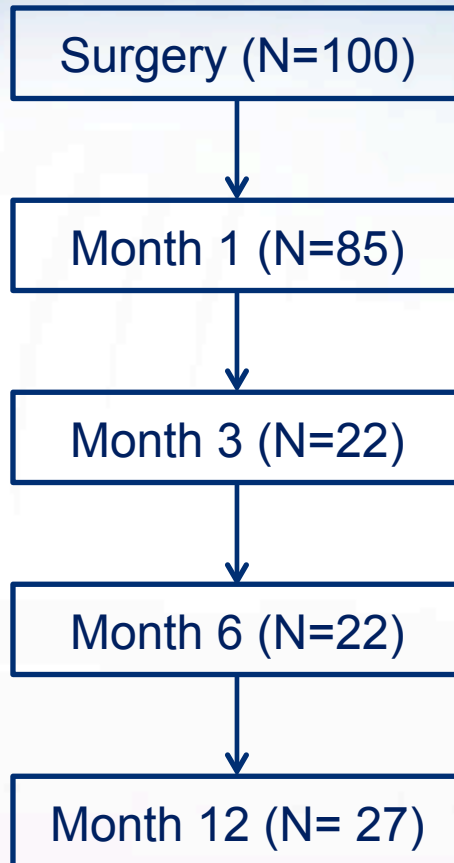
- Peri-operative complications
- Post-operative complications (up to 2 year follow-up)

Secondary Endpoints:

- Operative time and hospital stay
- Quality of life and patient satisfaction
- Ease of use / mesh manipulability assessment by surgeons

SymCHro Patient Follow-Up

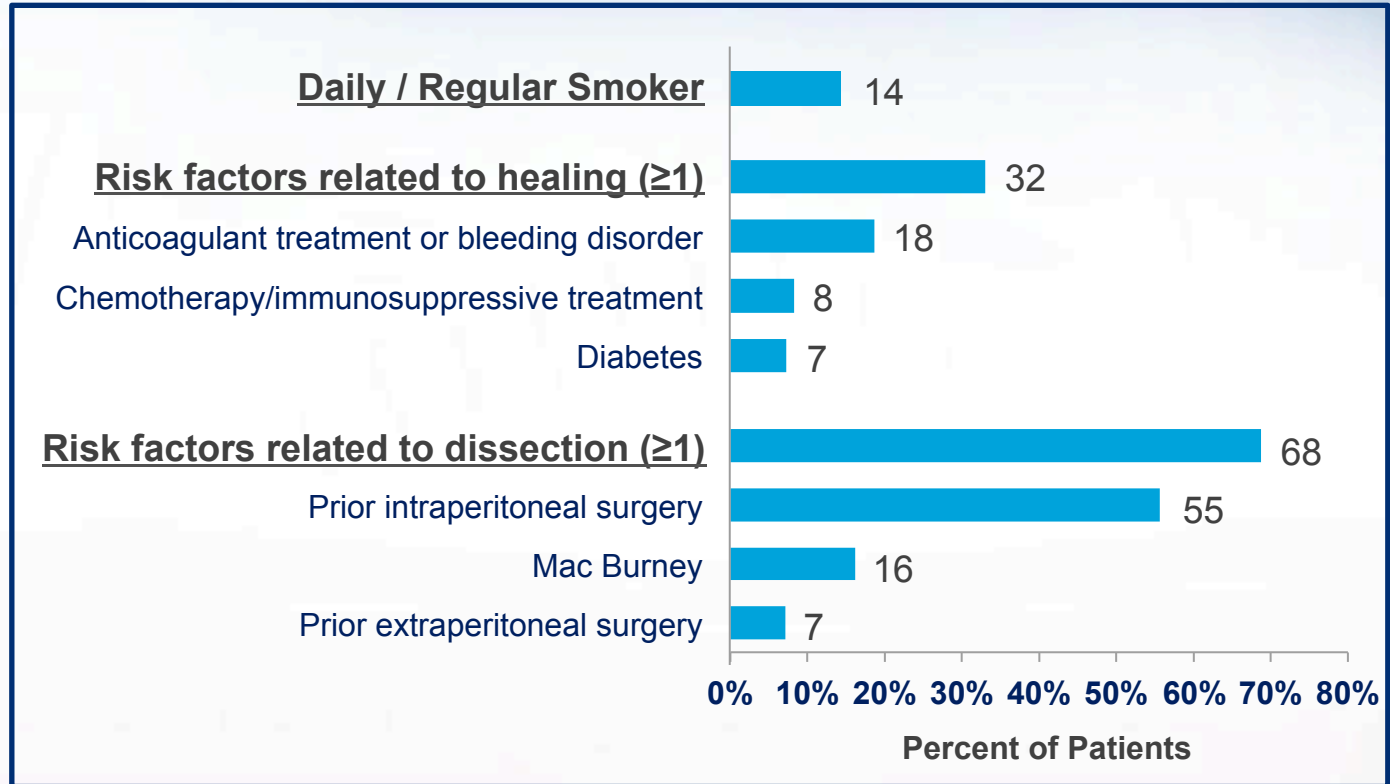
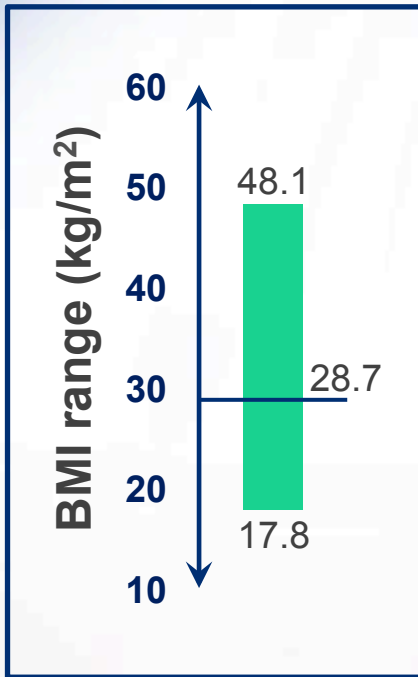
(as of January 2016)



Completed Follow-Up:
46.5 (0 – 425) days

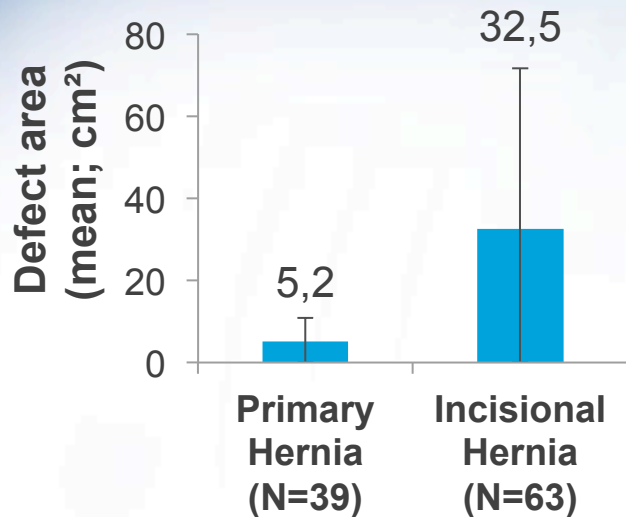
Theoretical Follow-Up:
360.5 (238 – 551) days

Patient Demographics & Risk Factors

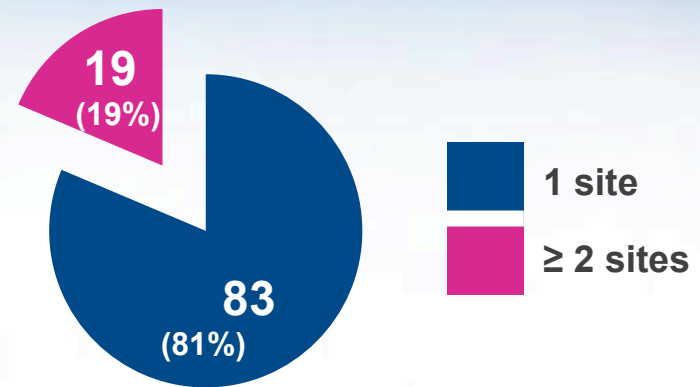


Hernia Characteristics

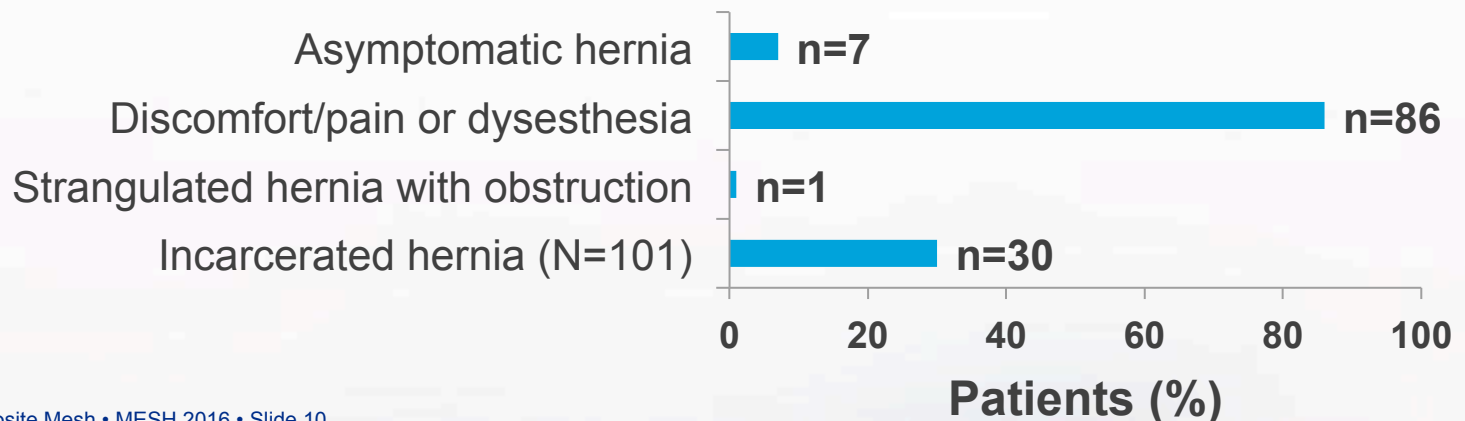
Hernia Defect Area



Multi-site hernias

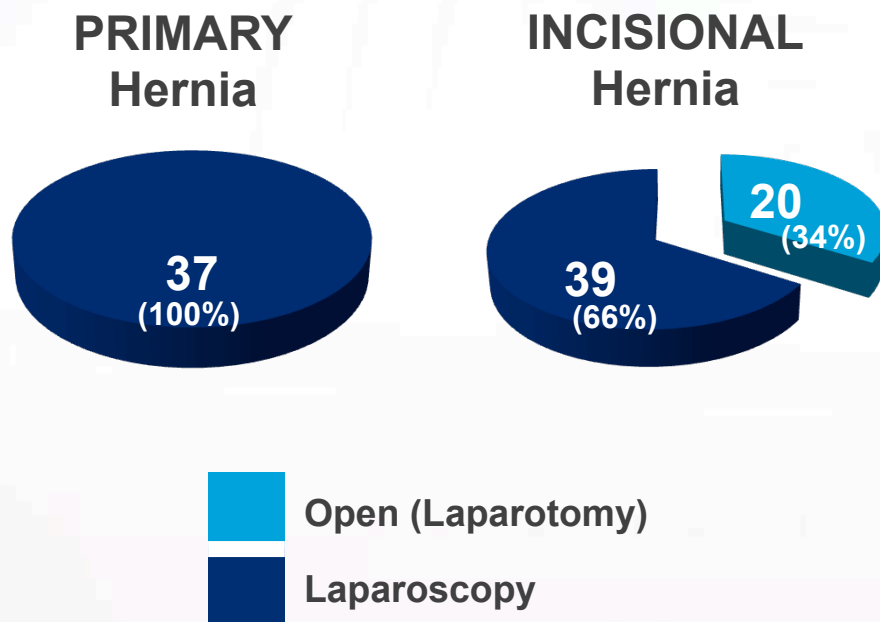


Hernia Symptoms (N=100)

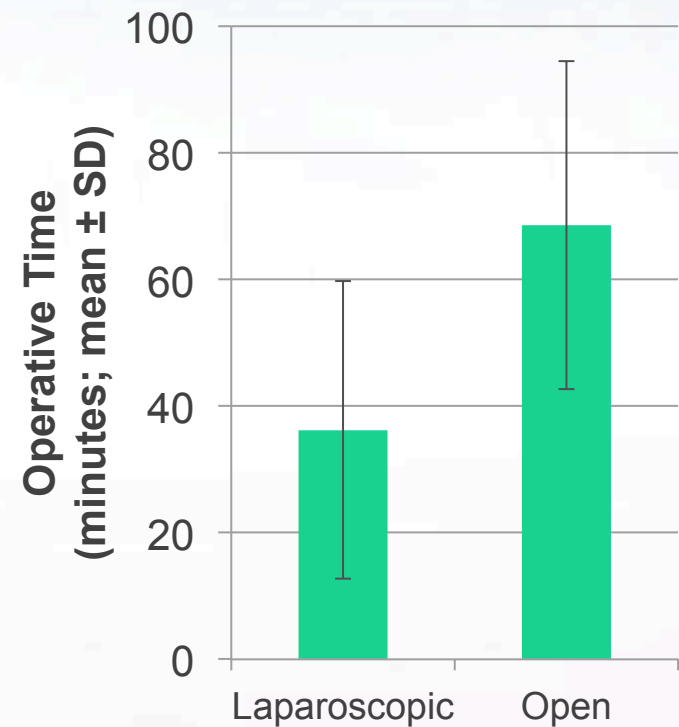


Operative Data

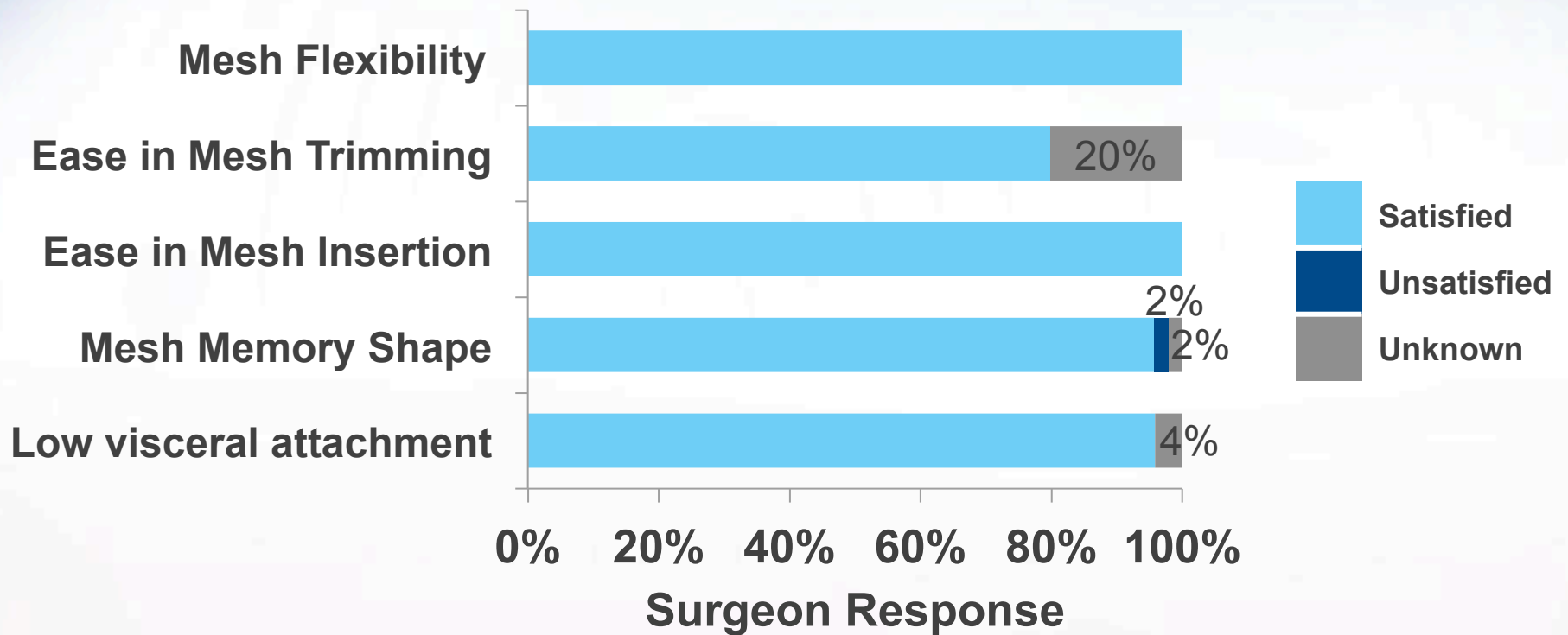
Surgical Approach



Operative time



Surgeon Satisfaction



Patient Complications

- Few complications occurred; none required reoperation
- No recurrence, sepsis, nor serious adverse events were reported within 12 months

Complication	Symbotex™ composite mesh (N=100)	Time of occurrence
Seroma ¹	6/100 (6.0%)	1 perioperatively 4 within 1 month 1 within 2 months ²
Transitory ileus ³ (Clavien 1 or 2) ⁴	3/100 (3.0%)	2 perioperatively 1 within 1 month

¹ All seroma were minor/required no medical treatment; none were mesh-related

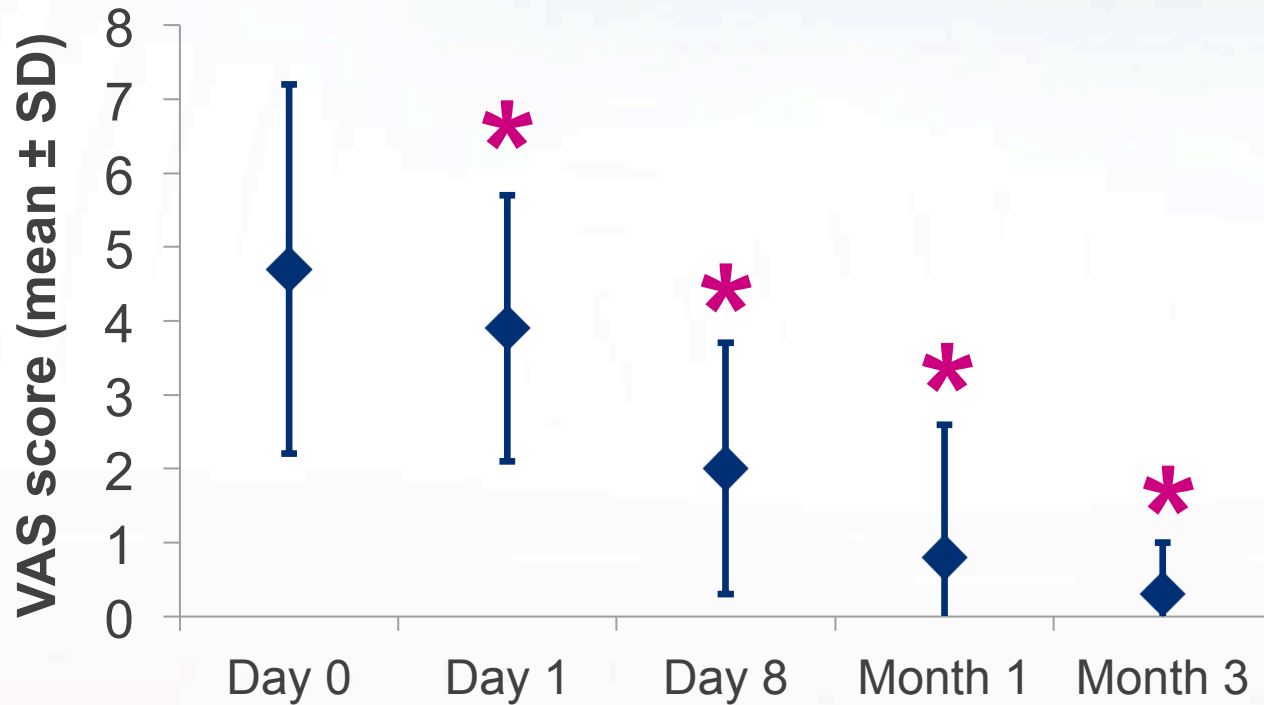
² Already identified at 1 month, but asymptomatic and punctured at 2 months

³ Relation to mesh or procedure is unknown at this time

⁴ Dindo D, et al., Ann Surg. 2004, 240(2):205-13

Post-Operative Pain

VAS Pain Assessment



* P < 0.0001 for scores relative to baseline, based on Wilcoxon signed rank test (non-parametric) for paired data.

Conclusions

- Only non-serious adverse events were reported
- Post-operative pain decreased significantly
- High rate of surgeon satisfaction regarding mesh handling

Intermediate results of this registry study support the use of Symbotex™ composite mesh in primary and incisional hernia repair. Two year patient follow-up is ongoing.