

Lichtenstein avec prothèse autoadhésive: résultats à 3 ans

Pr C.Barrat

Chirurgie digestive et métabolique
Pôle des Activités Interventionnelles Ambulatoires et Nutritionnelles
Hôpitaux Universitaire de Paris Seine Saint Denis
Centre Intégré de l'Obésité Nord Francilien
Université Paris 13/ PRES Sorbonne Paris Cité
UMR 0914 INRA/AgroParisTech



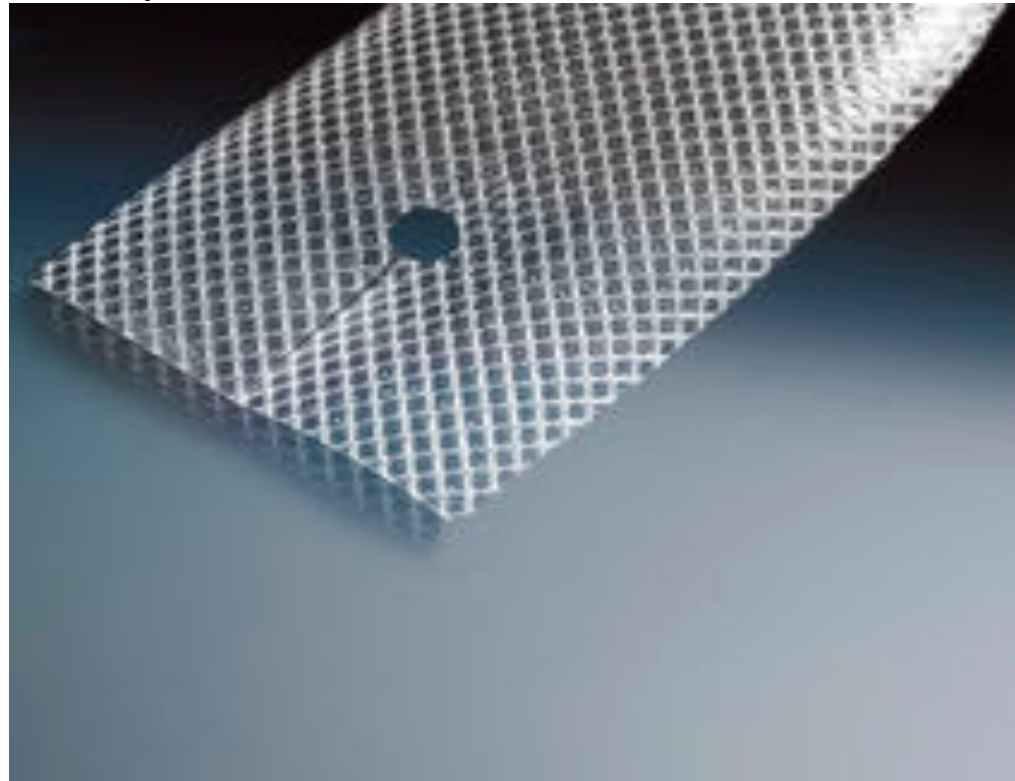
BUT de L'ETUDE

- Après une évaluation faite à 3mois et une étude pré clinique
- Résultats à long terme d'une prothèse légère auto adhésive
- **Taux de récurrence**
- **Pourcentage de douleurs chroniques**

*G. Champault, A. Torcivia, L. Paolino, W. Chaddad, F. Lacaine, C. Barrat. *A self-adhering mesh for inguinal hernia repair: preliminary results of a prospective, multicenter study.* Hernia. 2011 Dec;15(6):635-41

ADHESIX^o

- Knitted **monofilament**
- **Lightweight** polypropylene (32g/m²)
- **Macroporous** (pore size: 1.4x1.4mm)
- Strong (tensile strength > 32N/cm)
- Good elasticity
- Thin (0.25mm)
- Transparent
- Can be cut to size
- **Polyvinylpyrrolidone (PVP)**
- + **Polyethylene glycol (PEG)**



HEAVY/LIGHT MESH: RECURRENCE

REFERENCE	LWM	HWM	WEIGHT (%)	RISK RATIO	FAVOURS
BRIGMAN et al*	9/251	2/243	13.9	4.36	HWM
CHAMPAULT et al*	2/53	6/179	18.7	1.13	LWM
KOCH et al	2/156	1/161	6.7	2.06	HWM
NIKKOLO et al	0/69	0/66		ne	
O'DWYER et al	8/162	1/159	6.9	7.85	HWM
PAAJANEN et al*	3/155	2/78	18.2	0.75	LWM
POST et al	2/58	2/48	14.9	0.83	LWM
SMIETANSKI et al*	1/92	3/90	20.7	0.33	LWM
TOTAL	27/996	17/1024	100.0	1.82	LWM

*follow-up more than 1 year

Torcivia A, Vonc C, Barrat C, Dufour F, Champault G. *Influence of mesh type on the quality of early outcomes after inguinal hernia repair in ambulatory setting controlled study: Glucamesh® vs Polypropylene®*; Langenbeck's Archives of Surgery; Vol 396; Number 2(2011); 173-178

G. Champault, C. Bernard, N. Rizk, C. Polliand. *Inguinal hernia repair: the choice of prosthesis outweighs that of technique*; Hernia (2007) 11:125-128

M. S. Sajid, C. Leaver, M. K. Baig and P. Sains. *Systematic review and meta-analysis of the use of lightweight versus heavyweight mesh in open inguinal hernia repair*. British Journal of Surgery 2012; 99: 29-37

HEAVY/LIGHT MESH:CHRONIC GROIN PAIN

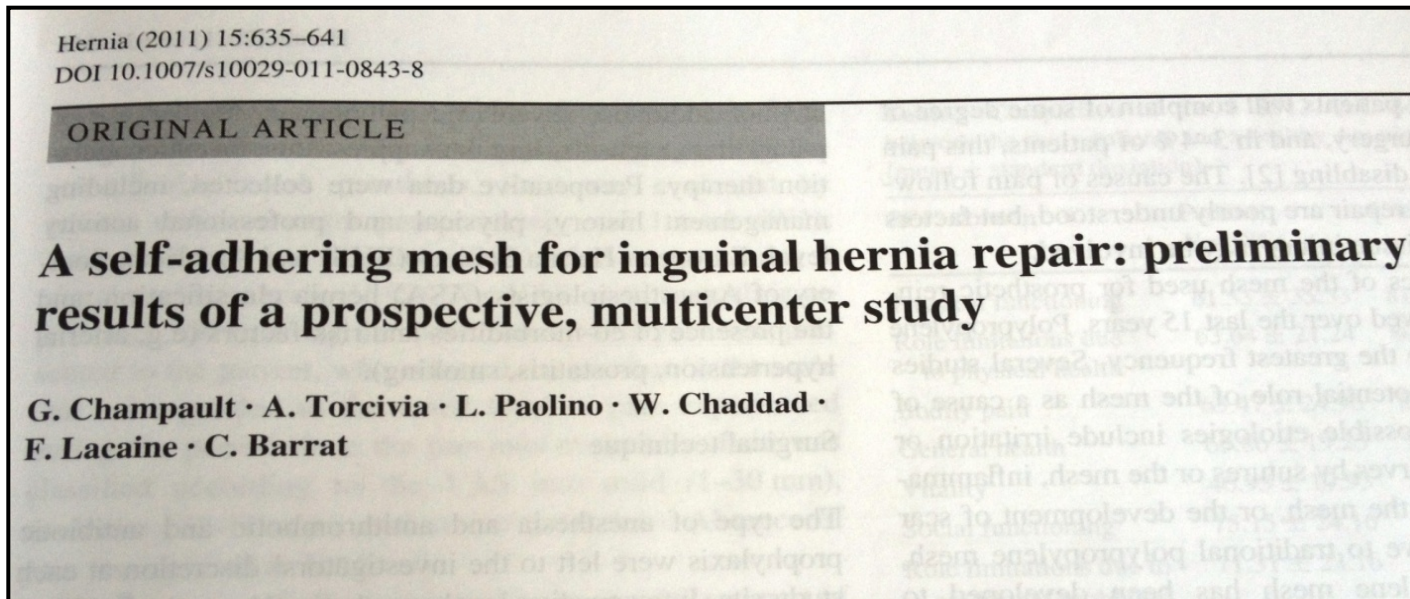
REFERENCE	LWM	HWM	WEIGHT (%)	RISK RATIO	FAVOURS
BRIGMAN et all*	52/251	66/243	13.9	4.36	LWM
CHAMPAULT et all*	2/53	46/179	18.7	1.13	LWM
KOCH et all	5/156	9/159	6.7	2.06	LWM
NIKKOLO et all	9/69	15/66	7.6	0.57	LWM
O'DWYER et all	45/135	64/125	6.9	7.85	LWM
PAAJANEN et all*	6/155	1/78	18.2	0.75	HWM
POST et all	1/60	5/48	14.9	0.83	LWM
SMIETANSKI et all*	2/92	2/90	20.7	0.33	LWM
TORCIVIA et all	6/24	15/23	7.5	0.38	LWM
TOTAL	128/995	223/1011	100.0	1.82	LWM

*follow-up more than 1 year

Torcivia A, Vonc C, Barrat C, Dufour F, Champault G. *Influence of mesh type on the quality of early outcomes after inguinal hernia repair in ambulatory setting controlled study: Glucamesh® vs Polypropylene®*; Langenbeck's Archives of Surgery; Vol 396; Number 2(2011); 173-178
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Adhesix^o: Etude clinique

- Etude multicentrique prospective
- Technique de Lichtenstein



Adhesix^o: Etude clinique

• Skin leakage	0 (0%)
• Ecchymosa	3 (1.5%)
• Seroma	1 (0.5%)
• Hematoma	4 (2.2%)
• Skin infection	0 (0%)
• Mesh infection	0 (0%)

Recurrences (M3) : 0 (0%)

SCORE VAS AVANT CHIRURGIE ET DURANT LE SUIVI

VAS SCORE	AVANT	S1	M1	M3	P VALUE (1)
	182	184	171	132	
0	52	93	130	119	<0.0001
1-30	99	80	36	10	<0.0001
31-60	27	10	5	2	0.0006
Plus 60	4	1	0	1	0.32



Adhesix^o: Etude clinique

Evaluation de la douleur à 3 mois

	VAS	0	0-30	30-60	> 60
All patients	n=186	163 (87%)	19 (11%)	3 (2.5%)	1 (0.5%)
Professional					
- White collar	n=52	83.4%	13.3%	3.3%	0%
- Blue collar	n=72	75%	17.5%	5%	2.5%
- Retired	n=60	95.8%	4.2%	0%	0%
- Jobless	n=6	100%	0%	0%	0%
Hernia					
- Primary	n=176	86.1%	10.4%	2.6%	0.9%
- Recurrence	n= 10	83.3%	16.7%	0%	0%

Adhesix^o: Etude clinique

- **Prothèse autoadhésive → Adhesix[®]**
- **Pré-encollée avec colle synthétique résorbable**
- **Adhésion rapide lors de la pose (pose en une fois)**
- **Pas de risque biologique/peu chère**
- **Pas de récurrence (recul faible)**
- **Très peu de douleurs précoces et chroniques +++**
- **Améliore la QdV (SF12)**



Inguinal Hernia Repair Using Self-adhering Sutureless Mesh: Adhesix™: A 3-Year Follow-up with Low Chronic Pain and Recurrence Rate

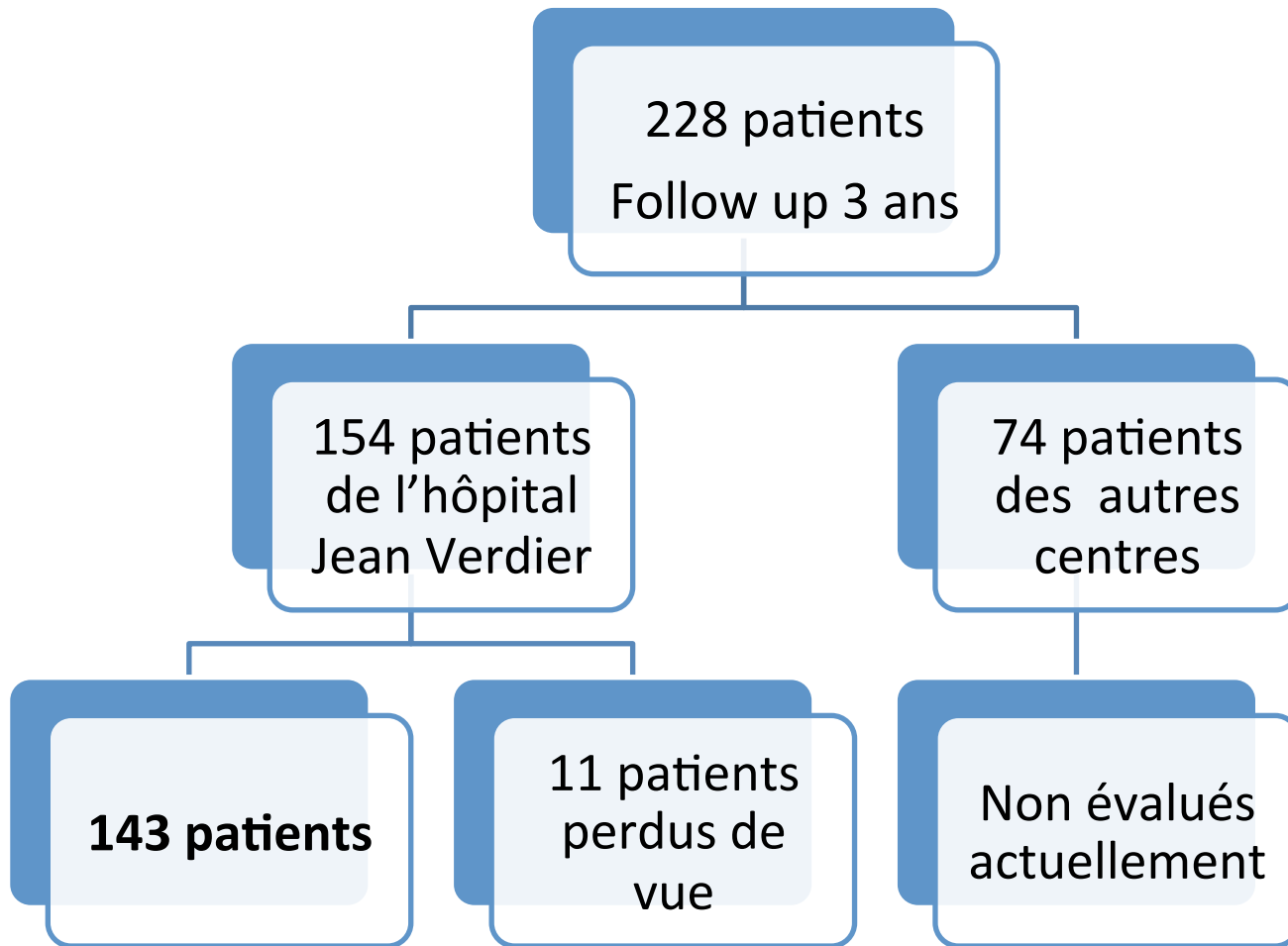
Authors: Tabbara, Malek; Genser, Laurent; Bossi, Manuela; Barat, Maxime; Polliand, Claude; Carandina, Sergio; Barrat, Christophe

Source: [The American Surgeon](#), Volume 82, Number 2, February 2016, pp. 112-116(5)

Abstract:

To review our experience and outcomes after inguinal hernia repair using the lightweight self-adhering sutureless mesh “Adhesix™” and demonstrate the safety and efficacy of this mesh. This is a 3-year retrospective study that included 143 consecutive patients who underwent 149 inguinal hernia repairs at our department of surgery. All hernias were repaired using a modified Lichtenstein technique. Preoperative, perioperative, and postoperative data were prospectively collected. Incidence of chronic pain, postoperative complications, recurrence, and patient satisfaction were assessed three years postoperatively by conducting a telephone survey. We had 143 patients with a mean age of 58 years (17-84), who underwent 149 hernia repairs using the Adhesix™ mesh. Ninety-two per cent (131 patients) were males. Only 10 patients (7%) had a postoperative pain for more than three years. In our series, neither age nor gender was predictive of postoperative pain. Only one patient had a hematoma lasting for more than one month and only four patients (2.8%) had a recurrence of their hernia within three years of their initial surgery. Ninety per cent of the patient expressed their satisfaction when surveyed three years after their surgery. In conclusion, the use of the self-adhering sutureless mesh for inguinal hernia repair has been proving itself as effective as the traditional mesh. Adhesix™ is associated with low chronic pain rate, recurrence rate, and postoperative complications rate, and can be safely adopted as the sole technique for inguinal hernia repair.

SUIVI A LONG TERME ADHESIX



SUIVI A LONG TERME ADHESIX

- Suivi par appel téléphonique
- Questionnaire sur les événements survenus après 3 mois :
 - Récidive (réintervention)
 - Douleurs et inconfort (EVA)
 - Serome/hématome
 - Infection de prothèse
 - Retrait de prothèse
 - Prolongation d'arrêt de travail
- Explications données pour chaque item

SUIVI A LONG TERME ADHESIX

- 143 patients avec 149 réparations contactés
- Suivi moyen de 40,2 mois : 3ans et 4 mois
- Extrêmes : 36 mois et 51mois

- 4 récurrences : 2.8%
- 1 réintervention : 0,6% (pour récurrence)

SUIVI A LONG TERME ADHESIX

- DOULEURS PARESTHESIES ET INCOMFORT

10 patients : 7%

3 patients avec une EVA moyenne à 60 en fonction des activités (2 avaient une EVA supérieur à 30 à 3 mois)

4 patients avec incomfort ou sensation de corps étranger

3 avec hypoesthésie ou hyperesthésie

SUIVI A LONG TERME ADHESIX: CONCLUSIONS

- Sur un suivi de 40,2 mois
- Uniquement téléphonique
- Taux de récurrence : 2.8%
- Douleurs/inconfort : 7%

En utilisant une prothèse légère et autoadhésive on n'augmente pas le taux de récurrence et on diminue le risque de douleurs chroniques

B.De Goede et all Meta-analyse of glue versus sutured mesh fixation for lichtenstein inguinal hernia repair. BJS 2013;100:735-742

« using glue mesh fixation compared with sutures is faster and less painful, with comparable hernia recurrences rates »

