



AMERICAN HERNIA SOCIETY
The Worldwide Authority on Hernia Surgery
Advancing the Science and Treatment of Hernia

Mesh Advisory Statement

Hernias are very common, with over one million hernia repairs performed in the United States each year. Mesh is commonly used to reinforce hernia repairs, and has been shown to be very effective in reducing the risk that the hernia will return (hernia recurrence). Meshes are typically flat "screens" made of various materials that act as additional barriers to prevent organs or tissue from pushing through the hernia defect. While some surgeons and centers have reported good results with non-mesh tissue-based repairs for inguinal (groin) hernia repair, the use of tissue-based "non-mesh" techniques has not worked well for most ventral (abdominal wall) hernia repairs as well as many inguinal hernia repairs.

The vast majority of patients who undergo hernia repair with mesh heal well without complications and are able to resume activities without new limitations. However, there are potential issues with mesh placement, like any other implantable device (e.g. joint or heart valve replacement, vascular graft, etc). Potential risks of hernia repairs with mesh may include infections, excessive scar tissue, erosion into other organs, chronic pain and other complications. These complications may be due to surgical technique, the mesh material used, anatomy, inflammation, presence of infection and other body reactions, or a combination of factors. It is important to recognize that some of these complications are also seen in surgeries that do not utilize mesh. In addition, mesh is also used in non-hernia operations, such as pelvic surgery, and complications seen in those procedures do not necessarily apply to hernia surgery.

In patients with symptoms that are not clearly caused by a mesh, removal of mesh may not improve the symptoms, and in fact may worsen their condition. Importantly, to date, there is no convincing evidence that mesh placement can cause autoimmune or allergic reactions, and therefore elective removal of mesh in asymptomatic patients is not advisable.

The American Hernia Society (AHS) supports the use of appropriately selected mesh reinforcement for the vast majority of both inguinal and ventral hernias to reduce the risk of hernia recurrence. The AHS encourages a thorough discussion between surgeon and patient regarding the advantages, disadvantages, as well as potential risks of mesh-based repairs. The AHS continues to assess new data regarding mesh materials to guide hernia surgeons in developing the safest and most appropriate mesh choices for their patients.

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