Reply to Comment to: The Increased Cost of Ventral Hernia Recurrence: A Cost Analysis Davila, D.G., Parikh, N., Frelich, M.J. et al. *Hernia* (2016) 20: 811

D. G. Davila¹ · M. I. Goldblatt¹

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Dear Author,

Thank you for your input. For the most part, we agree with your comments. The lost preoperative workup may differ significantly between initial and recurrent ventral hernia patients. A recurrent hernia no doubt requires significant consideration, often in a multi-disciplinary setting to limit the risk of untoward outcome. This cost and the cost of complications alone warrant their own cost analysis. The Premier database we used, unfortunately, does not adequately collect that data and any attempt to do so may produce its own problems in accuracy of conclusions [1].

Deciding on a surgical approach is indeed a complex process and reliance on patient and physician factors is outside the scope of an administrative database. We attempted to limit these effects by making adjusted matched cohorts, however we agree that underlying confounders can be present. At times, there may not be a choice between open versus laparoscopic repair in the individual patient and cost then is somewhat predetermined.

We similarly like the idea of extending this analysis to cost effectiveness. Frequency and cost of outcomes from ventral hernia repair is well established in the literature, but the cost of recurrence has been less well understood. This study put a figure on that cost and could provide more data

to help develop a more robust cost utility analysis and help guide complex decision-making.

Compliance with ethical standards

Conflict of interest DD reports non-financial support from Medtronic during the conduct of the study. MG reports non-financial support from Medtronic during the conduct of the study, as well as personal fees from Medtronic, grants from Davol, grants and personal fees from Gore outside the submitted work. MF reports no conflict of interest. NP reports no conflict of interest.

Ethical approval All procedures performed were in accordance with the ethical standards of the institutional review board and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Human and animal rights This article does not contain any studies with animals performed by any of the authors.

Informed consent For this type of study, formal consent is not required.

Reference

1. Davila DG, Parikh N, Frelich MJ, Goldblatt MI (2016) The increased cost of ventral hernia recurrence: a cost analysis. *Hernia* 20(6):811–817

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✉ M. I. Goldblatt
mgoldbla@mcw.edu

¹ Medical College of Wisconsin, Milwaukee, WI, USA