



Author's Reply: We Asked the Experts: Repair Techniques as Prevention—Ostomy Closure is an Incisional Hernia Repair

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I appreciate the comments of Drs. Li and Ji of Southeast University Zhongda Hospital, Nanjing, China, and thank them for their discussion of their experience related to the issue of mesh reinforcement of stoma closures. I agree that encouragement of strategies to reduce potential complications that can be employed at the time of an intervention should be emphasized wherever possible.

The issue of mesh use in contaminated or potentially contaminated tissue is complex, though a significant volume of the literature would suggest that when used appropriately, it is a maneuver with an acceptable safety profile. Avoidance of intraperitoneal placement in these cases is important, not only to reduce the risk of infection, but also to reduce the potential for significant complications given the complexities in ensuring proper positioning as well as the close proximity to viscera which could

increase the risks of bowel obstructions or persistent infectious issues. Provided the posterior rectus sheath is able to be approximated without tension, a 2 cm overlap of mesh is likely sufficient; however, in the case the posterior layer is not able to be approximated in a tension-free manner, the defect may be bridged with an absorbable mesh such as polyglactin types, and proceed with a sublay mesh placement with ideally 3 cm or more overlap in all directions.

Efficacy of mesh reinforcement has been shown in several trials; however, the long-term effectiveness and demonstration of the optimal strategy remain to be proved.

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