



Synthetic, biologic or biosynthetic? That is the question!

G. Campanelli¹

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To date, we still lack clear indications on the prosthetic materials that should be used for the surgical repair of the full range of abdominal wall defects we encounter, in situations ranging from straightforward cases requiring the simple IPOM approach to complex open reconstructions in which it can even be necessary to use different prosthetic materials, and from elective surgeries to urgent procedures in more or less contaminated fields.

Essentially, the factors to be taken into consideration are the following: whether or not the material is absorbable, how long it remains viable prior to the absorption, its strength, type (synthetic, biologic, bio-synthetic), weight, elasticity, ease of use, availability, and finally its cost.

Over the past 10 years, since their initial explosion onto the scene, different opinions concerning the use of biologic prosthetic materials have, in turn, been voiced; these changing opinions led to the advent of new “bio-like” materials, which, together with synthetic materials, complete the current range of options.

The availability of robotic surgery techniques, far more useful in the field of ventral than inguinal hernia repair—in the latter it is hard to identify situations in which robotic surgery is truly indicated—, has supported the use of synthetic prosthetic materials, particularly in the retromuscular preperitoneal space (much more easily accessed in robotic than laparoscopic surgery), which definitely remains the best site for their application.

Given that there exists no specific register of prosthetic devices, there are still many open questions concerning the behaviour, results and long-term assessment of these different materials.

The absence of such a resource is also reflected in the poor control of the new prosthetic devices entering the (now global) market.

For all these reasons, we consider it important to raise awareness, among us surgeons and researchers, of the need to report surgical experiences, always highlighting and examining the type of prosthetic material used, and the reasons for the choice.

We also urge the coordinators of the leading biomedical registers worldwide to start focusing on the short-, medium- and long-term results achieved with each single prosthetic material used in the various approaches to abdominal wall hernia repair.

We have decided to devote a specific forum to this topic and hereby warmly invite our *Hernia* readers to take part in this initiative.

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✉ G. Campanelli
giampiero.campanelli@grupposandonato.it

¹ Gruppo Ospedaliero San Donato, University of Insubria, Milan, Italy