

in hernia repair surgery within Europe. Agreement (consensus) with the statements was defined as high if $\geq 70\%$ and very high if $\geq 90\%$ of respondents agreed with a statement. After the initial survey round, some statements were revised and these were then reissued, 34 statements were included in the final analysis”

Results: “A total of 255 responses were received over the two rounds of survey. Respondents ($n = 255$) were all surgeons involved in hernia repair in Europe. Fourteen statements (41%) achieved very high consensus ($\geq 90\%$), 24 statements achieved consensus ($\geq 70\%$ to $< 90\%$) while one statement (3%) fell short of consensus with an agreement score of 69%.”

Conclusions: “Expert consensus opinion about the use of LTBA for hernia (Grades 2-3) as the standard of care was achieved. Based on the consensus scores, the steering group derived eleven key recommendations which, if implemented, should result in a clearer understanding of how and when a LTBA might be used in hernia repair, aiming for improvement in surgical and patient related outcomes”

P020 ESTABLISHING PEER-CONSENSUS ABOUT THE USE OF LONG-TERM BIOSYNTHETIC ABSORBABLE MESH FOR VENTRAL HERNIA (GRADE 2-3) AS THE STANDARD OF CARE

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Aim: “This consensus project was initiated to provide insight into those situations where a long-term biosynthetic absorbable mesh (LTBA) might be considered the standard of care in repair of ventral hernia grades 2 and 3 (original Ventral Hernia Working Group Classification, 2010).”

Material and Methods: “A steering group of surgical experts developed 35 initial statements formed from six domains. These statements were used to develop an online survey which was sent to surgeons involved