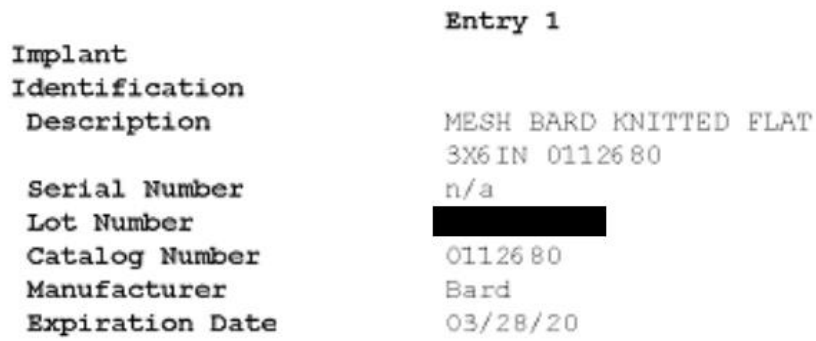
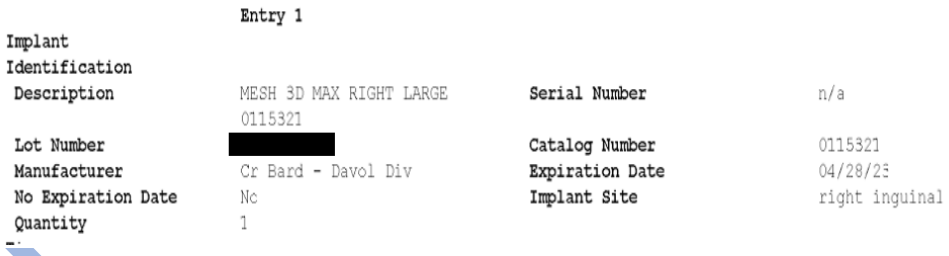
HERNIA MESH CASE REVIEW

CASE REPORT

Parameter	Findings	PDF Ref
Prior Mesh or Hernia Surgeries	*Not available*	
Indication for Mesh Placement	Right inguinal hernia	275-277
Mesh Placement Details	**Date:** 08/05/2015 **Hospital:** XXXX Hospital **Surgeon:** XXXX, M.D. **Anesthesia:** General **Procedure:** Repair of right inguinal hernia with mesh.	275-277
Hernia Mesh Product Details	**Implant #1:** **Name of the product:** Bard Knitted Flat Mesh 3 x 6 inches **Manufacturer name:** Bard **Lot Number:** XXXXX **Catalog Number:** 0112680 **Expiry number:** 03/28/2020 **Snapshot of the product label**:  **Implant #2:** **Name of the product:** Bard Perfix Plug Mesh XLarge 4.1 x 5 cm **Manufacturer name:** Bard **Lot Number:** XXXXX **Catalog Number:** 0112980	269

Parameter	Findings	PDF Ref
	Expiry number: 09/01/2019 **Snapshot of the product label**: Implant Identification: MESH PLUG BARD PERFIX XLARGE 4.1X5CM 011298(Description: n/a Serial Number: [redacted] Lot Number: 011298(Catalog Number: Bard Manufacturer: 09/01/19 Expiration Date **Reviewer's comment: Original product label sicker for Bard Knitted flat mesh and Bard Perfix Plug Mesh are not available for review.*	
Complications Post Implant	**Reviewer's comment: Interim medical records from 08/06/2015 to 11/09/2015 are not available for review.* **Time Period:** 11/10/2015 – 01/08/2016 • Left inguinal hernia • Left groin bulge • Pain with exercise and weight lifting • Left inguinal pain	232-235, 156-157
First Additional Implant Surgery Details	**Date:** 01/08/2016 **Hospital:** XXXX Hospital **Surgeon:** XXXX, M.D., XXXX, M.D. **Anesthesia:** General laryngeal mask airway **Pre-operative diagnosis:** Left inguinal hernia **Procedure:** Repair of left inguinal hernia with mesh	168-169
Details of Additional Mesh	**Implant #3** **Name of the product:** Bard Knitted Flat Mesh 3 x 6 inches **Manufacturer name:** Covidien Bard – Davol **Lot Number:** XXXX **Catalog Number:** 0112680 **Expiry number:** 09/28/2020 **Snapshot of the product label:**	163

Parameter	Findings	PDF Ref
	Implant Identification Description: MESH BARD KNITTED FLAT 3X6 IN 0112680 Serial Number: na Lot Number: [redacted] Catalog Number: 0112680 Manufacturer: Cr Bard - Davol Div Expiration Date: 09/28/20 **Implant #4:** **Name of the product:** Bard Perfix Plug Mesh XLarge 4.1 x 5 cm **Manufacturer name:** Bard - Davol **Lot Number:** XXXX **Catalog Number:** 0112980 **Expiry number:** 08/28/2020 **Snapshot of the product label:** Implant Identification Description: MESH PLUG BARD PERFIX XLARGE 4.1X5CM 011298C Serial Number: na Lot Number: [redacted] Catalog Number: Cr Bard - Davol Div Manufacturer: 08/28/2C Expiration Date **Reviewer's comment: Original product label sicker for Bard Knitted flat mesh and Bard Perfix Plug Mesh are not available for review.*	
Operative Findings	A transverse incision was made from the left pubic tubercle towards the anterior iliac crest on the left. Using blunt and sharp dissection, it was carried down through the external oblique fascia, split in direction of its fibers. The cord and ilioinguinal nerve were mobilized and encircled with a Penrose drain. Dissection at the internal ring revealed an indirect hernia. There was no direct hernia. An extra-large PerFix plug was deployed in the preperitoneal space. The inner petal of the plug was sewn around the internal ring with sutures of 0 Prolene. A 3 x 6 inch piece of mesh was fashioned, sewn distally to the pubic tubercle, laterally to the inguinal ligament and medially to the transverse abdominis fascia with sutures of 0 Prolene. It was split laterally to accommodate the cord and ilioinguinal nerve and went several centimeters above the top of the internal ring beneath the external oblique fascia. The	168-169

Parameter	Findings	PDF Ref
	cord and nerves were returned. The area was copiously irrigated and 10 mL of 0. 25% Marcaine was poured in the wound and 10 mL of 0. 25% Marcaine was injected superficial and deep 2 cm medial to the anterior iliac crest on the left.	
Complications post Additional Implant Surgery	**Reviewer's comment: Interim medical records from 01/09/2016 to 05/30/2018 are not available for review.* **Time Period:** 05/31/2018 – 07/11/2018 • Right inguinal hernia with mild pain • Small protrusion with Valsalva	132-134, 130-131, 136-137, 37-38
Second Additional Implant Surgery Details	**Date:** 07/11/2018 **Hospital:** XXXX Hospital **Surgeon:** XXXX, M.D., XXXX, M.D., XXXX, M.D. **Anesthesia:** General endotracheal **Pre-operative diagnosis:** Recurrent right inguinal hernia **Procedure:** Endoscopic repair of recurrent right inguinal hernia with mesh	37-38
Details of Additional Mesh	**Implant #5** **Name of the product:** 3D Max Right Large Mesh **Manufacturer name:** Bard – Davol **Lot Number:** XXXX **Catalog Number:** 0115321 **Expiry number:** 04/28/2023 **Snapshot of the product label:**  Entry 1 Implant Identification Description: MESH 3D MAX RIGHT LARGE 0115321 Serial Number: n/a Lot Number: [redacted] Catalog Number: 0115321 Manufacturer: Cr Bard - Davol Div Expiration Date: 04/28/23 No Expiration Date: No Implant Site: right inguinal Quantity: 1 **Reviewer's comment: Original product label sicker for 3D Max Right Large mesh is not available for review.*	31
Operative Findings	A midline infraumbilical incision was made that was opened with a knife down to the subcutaneous tissue. This was incised vertically and the rectus muscle was distracted to expose the retro rectus space and this was opened up with finger dissection first followed by balloon. A 12 mm trocar was now introduced and under	37-38

Parameter	Findings	PDF Ref
	direct visualization with a 30-degree scope, 2 additional 5 mm trocars were placed in the midline. Significant dissection now proceeded to try and isolate the hernia sac and the peritoneum away from the anterior abdominal wall laterally so that we would have enough space leftover. I had to incise the arcuate line a little bit to try and get adequate space and to be able to see laterally to ASIS and have the peritoneum peeled down. We now are left with the triangular tissue of the perineum coming up and attaching itself to the mesh. We determined with continuous dissection circumferentially around the area of the peritoneal cone that the vessels lay posteriorly and laterally and the vas lay posteriorly and medially so the anterior surface was clear and we opened this up as we realized the peritoneum would have to be cut away from the mesh. As we opened it up, we were able to get into the peritoneum now we had a 1 cm defect through which we were able to see the rest of the peritoneum which was then very slowly mm by mm peeled away from the mesh as well as the vessels and vas which were seen at all times and protected. Once the entire circle was completed and the mesh completely separated from the peritoneum we had a defect in the peritoneum that was about 2 cm in diameter. We left that alone and now created enough space by peeling the inferior edge of the peritoneum cephalad enough to have space for mesh placement in the retro rectus space. Once this was done all the way through identifying now the iliac vessels, vas vessels as well as psoas muscle on the right, we were able to get or large right 3D Max mesh and placed it over the direct, indirect femoral spaces. It was tacked at Cooper's ligament and superomedially at the rectus. A third tack was placed more medially along the pubic tubercle. The mesh was then held laterally and the preperitoneal space was desufflated removing instruments and trocars.	
Complications post Additional Implant Surgery	*Not available* **Reviewer's comment: Medical records further to 07/11/2018 are not available for review to know the condition of the patient status post surgery*	
Condition of the patient per last available record		

MISSING MEDICAL RECORDS

What Records are Needed	Hospital/ Medical Provider	Date/Time Period	Why we need the records?	Is Record Missing Confirmatory or Probable?	Hint/Clue that records are missing
Product Label Stickers	XXXX Hospital	08/05/2015, 01/08/2016 and 07/11/2018	To know the implant product details	Confirmatory	We have evidence for implant placement in the corresponding dates
Medical records	*Unknown*	08/06/2015 – 11/09/2015	To know the health condition of the patient status post implant surgery	Confirmatory	Medical records not available after 08/05/2015
Medical records	*Unknown*	01/09/2016 – 05/30/2018	To know the health condition of the patient status post additional implant surgery	Confirmatory	Medical records not available after 01/09/2016

PATIENT'S HISTORY

Past Medical History: Asthma, high blood pressure.

Surgical History: Non-contributory.

Family History: Father and mother with hernias.

Social History: Non-smoker. Drinks about 2 drinks.

Allergies: Codeine.

DETAILED CHRONOLOGY

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		**Reviewer's comment: Medical records prior to 07/23/2015 are not available to know the pre-implant medical condition of the patient.*	
07/23/2015	XXXX General and Vascular Surgery XXXX, M.D.	**Office Visit For Mass In Right Groin:** **Reason for visit:** Hernia. Patient is a 24 year old male with a chief complaint of a mass in his right groin for the past 2-3 weeks. Mass given him a dull pain when pressed on relieved by not pressing on it and he gets larger and smaller. His father and mother have both had hernias he is moving his bowels and urinating without difficulty, he had an ultrasound which was negative. **Vital signs:** Height: 69.0 inches; Weight: 200 lbs; Body Mass Index (BMI): 29.53 Kg/m2 **Physical exam:** **Abdomen:** Hernia is present in the inguinal area (right). Hernia is reducible. **Work up:** I reviewed the patient's review of systems, patient information sheet, ultrasound report and films. The patient has a symptomatic right inguinal hernia. He was counseled on the signs and symptoms of incarceration and strangulation. He would like of hernia repaired, and he understands the risks including bleeding, infection, heart lung problem, anesthetic problem, recurrence, use of mesh, chronic pain, loss of testicle, death. **Assessment and plan:** Inguinal hernia without obstruction or gangrene (550.9)	353-355, 356-361

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Patient has a symptomatic right inguinal hernia. He was counseled on the signs and symptoms of incarceration and strangulation. We will proceed with repair of the hernia. **Plan summary:** Patient instructions of education. Weight/nutrition management.	
08/05/2015	XXXX Hospital XXXX, M.D.	**History And Physical Examination:** History and physical completed within the previous thirty days. I personally reviewed the history and physical, interviewed and examined the patient prior to surgery. No changes have occurred in the patient's condition since the history and physical was completed. **Reviewer's comment: Detailed history and physical examination is not available for review to know the patient's condition at the time of admission.*	260
08/05/2015	XXXX Hospital	**Consent For Repair of Right Inguinal Hernia With Mesh:**	332-339
08/05/2015	XXXX Hospital XXXX, M.D.	**Operative Report For Repair of Right Inguinal Hernia With Mesh:** **Pre-operative diagnosis:** A 24-year-old male with right inguinal hernia. **Post-operative diagnosis:** A 24-year-old male with right inguinal hernia. **Name of procedure:** Repair of right inguinal hernia with mesh. **Anesthesia:** General **Description of procedure:** Prior to the procedure, informed consent was obtained. The patient was brought to the Operating Room, general anesthetic administered, prepped and draped in the usual manner for aforementioned operation. A transverse incision was made from the right pubic tubercle towards the anterior iliac crest on the right. Using blunt and sharp dissection and carried down through the external oblique fascia, split in direction of its fibers. The cord and ilioinguinal nerve were mobilized and encircled with a Penrose drain. Dissection at the internal ring revealed an indirect hernia. There was no direct hernia. An extra-large PerFix plug was deployed in the preperitoneal space. The inner petal of the plug was sewn around the internal ring with sutures of 0 Prolene. A 3 x 6 inch piece of mesh was fashioned, sewn distally to the pubic tubercle, laterally to the inguinal ligament and medially to the transverse abdominis fascia with sutures of 0 Prolene. It was split laterally to accommodate the cord and	275-277, 269

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		ilioinguinal nerve and went several cm above the top of the internal ring beneath the external oblique fascia. The cord and nerves were returned was copiously irrigated and 10 mL of 0.25% Marcaine was poured in the wound and 10 mL of 0.25% Marcaine was injected superficial and deep 2 cm medial to the anterior iliac crest on the right. External oblique fascia was closed with interrupted sutures of 3-0 Vicryl, subcutaneous tissue closed with running suture of 3-0 chromic and the skin was closed with buried 4-0 Monocryl and skin glue. At the end of the case, sponge, needle and instrument counts were correct. No complications. No drains were used. Dressing was applied. Right testicle was in hemiscrotum at the end of the cast. The patient was taken to recovery in stable condition. I had a discussion with family afterwards regarding diet, activity and 24 number to call if there were complications. **Estimated blood loss:** 3 ml. **Procedure findings:** Right indirect inguinal hernia. Ilioinguinal nerve visualized and spared. **Drains:** None. **Fluids:** Intravenous Fluid (IVF) 1000 ml. **Specimens removed:** None. **Wound classification:** Class 1: Clean. **Patient's condition:** Improved. **Disposition:** Post Anesthesia Care Unit, Home **Related records: Implant details related to Bard Knitted Flat Mesh and Bard Perfix Plug Mesh.*	
08/05/2015	XXXX Hospital	**Records Related To Hospitalization:** Admission sheet, discharge instructions, clinical summary, patient information, procedure report, nursing notes, standard of care, assessment, anesthesia records, flow sheets, order sheets, wave form documentation, admission profile, medication sheets, patient update form.	242-246, 247-251, 264-268, 270-274, 278-281, 282-331, 340, 236-240
		**Reviewer's comment:*	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		• *Detailed discharge summary is not available for review to know the condition of the patient at the time of discharge* • *Interim medical records from 08/06/2015 to 11/09/2015 are not available for review.*	
11/10/2015	XXXX Surgery XXXX, M.D.	**Office Visit For Inguinal Hernia:** This 24 year old patient was referred by Maria Adela CordobaNaguit, M.D. This 24 year old male presents for hernia inguinal. **History of present illness:** Hernia inguinal. **Subjective:** I had the pleasure of seeing patient back in the office today. He now has a complaint of a left groin bulge for the past few weeks. Causing him a sharp pain with exercise and weight lifting, relieved by avoiding these activities his father and mother both had hernias. He is moving his bowels and urinating without difficulty. He recently had a right inguinal hernia fixed. **Vital signs:** Height: 5 feet 9 inches; Weight: 175.26 lbs; BMI: 32.49 Kg/m2. **Physical exam:** **Abdomen:** Hernia – Positive. Type – Inguinal. Location – left. Reducible. **Assessment:** • Left inguinal hernia • Body Mass index **Plan:** Patient is a symptomatically left inguinal hernia. He was counseled on the signs and symptoms of incarceration and strangulation. We will proceed with repair of the hernia. Plan and goals discussed with patient. **To be scheduled:** • Ordered - Follow-up scheduled for surgery • Ordered – Left inguinal hernia repair	232-235
01/08/2016	XXXX Hospital XXXX, M.D.	**History and Physical Examination For Left Inguinal Bulge:** **Chief complaint:** Left inguinal bulge **History of present illness:** 24 year old gentleman with a previous right	156-157

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		inguinal hernia repair on 08/05/2015 by Dr. Mazzeo now presenting with an increasingly symptomatic left inguinal bulge. **Review of systems:** **Genitourinary:** Left inguinal pain **Physical exam:** **Abdomen:** Left inguinal hernia present, reducible **Assessment and plan:** 24 year old gentleman presenting for surgical correction of a left inguinal hernia. The risks, benefits, and alternatives of the procedure were explained, and the patient wishes to proceed.	
01/08/2016	XXXX Hospital	**Consent For Repair of Left Inguinal Hernia with Mesh**:	225-230
01/08/2016	XXXX Hospital XXXX, M.D. XXXX, M.D.	**Operative Report For Repair of Left Inguinal Hernia with Mesh:** **Preoperative diagnosis:** A 24-year-old male with left inguinal hernia. **Postoperative diagnosis:** A 24-year-old male with left inguinal hernia. **Operation:** Repair of left inguinal hernia with mesh **Type of anesthesia:** General laryngeal mask airway **Anesthesia type:** General **Estimated blood loss:** 5 mL. **Description of procedure:** Prior to the procedure, informed consent was obtained. The patient was brought to the Operating Room, general anesthetic administered, prepped and draped for aforementioned operation. A transverse incision was made from the left pubic tubercle towards the anterior iliac crest on the left. Using blunt and sharp dissection, it was carried down through the external oblique fascia, split in direction of its fibers. The cord and ilioinguinal nerve were mobilized and encircled with a Penrose drain. Dissection at the internal ring revealed an indirect hernia. There was no direct hernia. An extra-large PerFix plug was deployed in the preperitoneal space. The inner petal of the plug was sewn around the internal ring with sutures of 0 Prolene. A 3 x 6 inch piece of mesh was fashioned, sewn distally to the pubic tubercle, laterally to the inguinal ligament and medially to the transverse abdominis fascia with sutures of 0 Prolene. It was split laterally to accommodate the cord and ilioinguinal nerve and went several centimeters above the top of the internal ring	168-169, 169-170, 163

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		beneath the external oblique fascia. The cord and nerves were returned. The area was copiously irrigated and 10 mL of 0.25% Marcaine was poured in the wound and 10 mL of 0.25% Marcaine was injected superficial and deep 2 cm medial to the anterior iliac crest on the left. The external oblique fascia was closed with interrupted sutures of 3-0 Vicryl. The subcutaneous tissue was closed with a running suture of 3-0 chromic. The skin was closed with buried 4-0 Monocryl and skin glue. At the end of the case, sponge, needle and instrument counts were correct. No complications. No drains were used. Dressing was applied. Left testicle was in hemiscrotum at the end of the case. The patient was taken to recovery in stable condition. I had a discussion with patient's family afterwards regarding diet, activity, 24-hour number to call if there were complications. **Patient's condition:** Improved**.** **Disposition:** Post-anesthesia care unit. **Procedure findings:** Left indirect inguinal hernia repair with plug and patch method. **Drains:** None. **Specimens removed:** None. **Related records: Implant details related to Bard Knitted Flat Mesh and Bard Perfix Plug Mesh.*	
01/08/2016	XXXX Hospital	**Records Related to Hospitalization:** Face sheet, admission record, discharge instructions, clinical summary, standard of care records, anesthesia records, flow sheets, order sheets, medication sheets, wave form documentation, admission profile, nursing notes. **Reviewer's comment: Detailed discharge summary is not available for review to know the condition of the patient at the time of discharge*	138, 139, 140, 141, 142, 143-147, 167, 171-175, 176-224, 231, 158-162, 164-166
		**Reviewer's comment: Interim medical records from 01/09/2016 to 05/30/2018 are not available for review.*	
05/31/2018	XXXX Surgery XXXX, M.D.	**Follow-up Visit For Right Inguinal Hernia:** **Vital signs:** Height: 69.00 inches; Weight: 220.00 lbs; BMI: 32.49 Kg/m2	132-134

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Physical exam: **Abdomen:** Hernia – Positive. Type: Inguinal. Location: Right. Reducible. The patient may have a recurrent right inguinal hernia. There is a small reducible mass high in the inguinal canal in the right groin. **Assessment and plan:** • Right inguinal hernia – Patient was advised to return for a follow-up as needed • Body Mass index **Plan details:** The patient may have a recurrent right inguinal hernia. He was counseled on the signs and symptoms of incarceration and strangulation. I will have him see Dr. Seema Kapur for consideration of a laparoscopic approach if this indeed is a recurrent hernia. Plan and goals discussed with patient. I had the pleasure of seeing patient back in the office today. He states that one week ago he began to have some pain in the right groin, and he had a mass which could be reduced. It was a dull pain increased with walking and decreased by sitting. The patient had bilateral inguinal hernia repairs in 2016 in early 2017 and has done well since then. He is moving his bowels and urinating without difficulty. **Reviewer's comment: Subjective and history of present illness related to the visit is not available for review.*	
06/07/2018	XXXX Surgery XXXX, M.D.	**Follow-up Visit For Right Inguinal Hernia:** **Vital signs:** Height: 69.00 inches; Weight: 226.00 lbs; BMI: 33.37 Kg/m2 **Physical exam:** On examination the abdomen is obese. He has well-healed bilateral groin scars. Examination of the right groin demonstrates a very small protrusion with Valsalva. **Assessment and plan:** • Right inguinal hernia of right side without obstruction or gangrene – Further diagnostic evaluations ordered today includes. Unspecified inguinal hernia right groin to be performed in 1 week • Body mass index (BMI) 33.0-33.9, adult **Plan details:** Patient presents with a recurrent right inguinal hernia. On my exam it is quite small and for preoperative preparation, I will obtain an	130-131

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		ultrasound. With the aid of diagrams I discussed the anatomy of the region, described the open repair and the rationale for an endoscopic posterior approach this time. I discussed the surgery, attendant risks and perioperative course in detail. I discussed risk factors for hernias including increased weight or extraordinary lifting and straining. He will meet with the scheduler today. Plan and goals discussed with patient. I had the pleasure of seeing patient back in the office today. He is referred from Dr. Mazzeo for consideration of endoscopic repair. He underwent sequential bilateral inguinal hernia repairs about a year and a half ago. A month ago while walking he would intermittently note discomfort as he started walking from a sitting position which was a radiating ache rather than a sharp pain. This would then diminish as he continued walking. 2 weeks ago however he had sharp pain that dropped to the floor. After that he started to notice the bulge. The bulge is reducible especially in the supine position or manually. He has not noticed any changes in his urinary or bowel pattern. He was exercising regularly up until 3 months ago when he began a new relationship. He does not smoke and has a childhood allergy to codeine at which time he had fever and headache. He is a power lifter but has canceled competing in an event this year. *Reviewer's comment: Subjective and history of present illness related to the visit is not available for review.*	
06/18/2018	XXXX Hospital XXXX, M.D.	**Ultrasound of Abdomen:** **History:** Right hernia in inguinal canal. Patient has had a right inguinal hernia repair 2 years ago and now had a reoccurrence. Mild pain. No specific trauma. **Findings:** Exam notes: Scanning was performed over the patient's area of concern. Patient's area of concern is in this location: Right inguinal hernia. Palpable by: Patient. Palpable by technologist: No. History of trauma to this area: No. Duration of symptoms: Weeks. Tenderness or pain: Somewhat. **US soft tissue:** There is a focal hernia present in the area of concern. Current size: 3.5 x 0.7 x 2.9 cm. Size of the hernia neck: 1.2 cm.	136-137, 135

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Hernia contents: fat. **Impression:** Recurrent right inguinal hernia as described above	
07/11/2018	XXXX Hospital XXXX, M.D. XXXX, M.D.	**History and Physical Examination For Recurrent Inguinal Hernia:** **Reviewer's comment: All details are same as in the visit dated 06/07/2018.*	22-23
07/11/2018	XXXX Hospital	**Consent For Right Endoscopic Recurrent Inguinal Hernia With Mesh:**	121-128
07/11/2018	XXXX Hospital XXXX, M.D. XXXX, M.D. XXXX, M.D.	**Operative Report For Right Endoscopic Recurrent Inguinal Hernia With Mesh:** **Indications:** A 27-year-old who underwent bilateral inguinal hernia repairs with plug and patch technique who presents with a recurrence on the right side. Plans were made for repair after confirmation with an ultrasound that he had a hernia. **Preoperative diagnosis:** Recurrent right inguinal hernia **Postoperative diagnosis:** Recurrent right inguinal hernia **Procedure performed:** Endoscopic repair of recurrent right inguinal hernia with mesh **Anesthesia type:** General endotracheal **Description of procedure:** He was greeted in the preoperative area, site was marked and questions answered. In the Operating Room general anesthesia was induced. He was intubated. Arms were tucked to the side and the abdomen and pelvis area were clipped, prepped and draped. A midline infraumbilical incision was made that was opened with a knife down to the subcutaneous tissue. Cautery was used to control bleeding and then we went down to the anterior rectus sheath on the right. This was incised vertically and the rectus muscle was distracted to expose the retro rectus space and this was opened up with finger dissection first followed by balloon. A 12 mm trocar was now introduced and under direct visualization with a 30-degree scope, 2 additional 5 mm trocars were placed in the midline. Attention was directed caudad where the rectus was easily seen up as a ceiling. We were able to peel away the areolar tissue between the bladder and the tubercle exposing Cooper's ligament. We now were able to identify the mesh from the previous surgery with the peritoneum attached to	37-38, 39-40, 31

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		it circumferentially. Significant dissection now proceeded to try and isolate the hernia sac and the peritoneum away from the anterior abdominal wall laterally so that we would have enough space leftover. I *(Seema Kapur, M.D.)* had to incise the arcuate line a little bit to try and get adequate space and to be able to see laterally to Anterior Superior Iliac Spine (ASIS) and have the peritoneum peeled down. We now are left with the triangular tissue of the perineum coming up and attaching itself to the mesh. I could not yet identify either the vas or the vessels. We determined with continuous dissection circumferentially around the area of the peritoneal cone that the vessels lay posteriorly and laterally and the vas lay posteriorly and medially so the anterior surface was clear and we opened this up as we realized the peritoneum would have to be cut away from the mesh. As we opened it up, we were able to get into the peritoneum now we had a 1 cm defect through which we were able to see the rest of the peritoneum which was then very slowly mm by mm peeled away from the mesh as well as the vessels and vas which were seen at all times and protected. Once the entire circle was completed and the mesh completely separated from the peritoneum we had a defect in the peritoneum that was about 2 cm in diameter. We left that alone and now created enough space by peeling the inferior edge of the peritoneum cephalad enough to have space for mesh placement in the retro rectus space. Once this was done all the way through identifying now the iliac vessels, vas vessels as well as psoas muscle on the right, we were able to get or large right 3D Max mesh and placed it over the direct, indirect femoral spaces. It was tacked at Cooper's ligament and superomedially at the rectus. A third tack was placed more medially along the pubic tubercle. The mesh was then held laterally and the preperitoneal space was desufflated removing instruments and trocars. All sponge, instrument and needle counts were correct at the end. The patient was extubated and brought to the recovery area in good condition. **Complication:** None evident **Specimens:** None **Wound classification:** Clean **Surgery type**: Elective **Estimated blood loss:** 10 mL. **Procedure findings:** Right recurrent direct inguinal hernia repaired via Laparoscopic Totally Extraperitoneal (TEP) with mesh.	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF REF
		Drains: None. **Patient's condition:** Improved. **Disposition:** Post Anesthesia Care Unit. ***Related records:** Implant details related to 3D Max Right Large Mesh.*	
07/11/2018	XXXX Hospital	**Records Related to Hospitalization:** Face sheet, admission record, discharge instructions, clinical summary, standard of care records, anesthesia records, flow sheets, order sheets, medication sheets, wave form documentation, admission profile, nursing notes. **Reviewer's comment:* • *Detailed discharge summary is not available for review to know the condition of the patient at the time of discharge* • *Medical records further to 07/11/2018 are not available for review to know the condition of the patient status post surgery*	2-21, 25-30, 32-36, 41-70, 77-120, 129