

ORIENTATION OF SURGICAL MESHES IN CONTEXT OF VARIABILITY OF HUMAN ABDOMINAL WALL PROPERTIES

K.Szepietowska¹

¹ Gdansk University of Technology, Narutowicza 11/12. 80-233, Gdańsk, Poland,
E-mail address: katszepi@pg.gda.pl, www.pg.gda.pl

Key Words: *Finite Element simulations, biomechanics, hernia repair, implants*

Hernia repair is nowadays quite common medical problem. Junge et al. [1] conclude that properties of surgical meshes should fit mechanical properties of the abdominal wall. The influence of orientation of orthotropic meshes on forces in tissue-implant joints, which high value usually causes hernia relapse, has been investigated by Finite Element simulations in [2]. Moreover, the optimal orientation of implant due to minimisation of junction forces has been indicated. These studies were done for the mean strains of human abdominal wall described in [3]. The mechanical behaviour of abdominal wall is characterised by big variability. Hence, there is a need to investigate how the optimal orientation of different implants changes with variation of the human abdominal wall strains.

A FE membrane model of surgical mesh [2] with bilinear elastic material model [4] has been used. Kinematic extortions have been applied to the model supports (10 point joints), that simulate displacements of the fasteners during human movements. Kinematic extortions have been calculated analogously to [2] by taking the strain values in external surface of abdominal wall caused by daily human activities obtained by Szymczak et al. [3]. Then the values were reduced respectively to values in internal surface according to Podwojewski et al. [5]. In this study, particular cases of data for different people have been taken into analysis instead of average values. Calculations have been performed for three types of implants and two cases of hernia placement. For each case and orientation, a maximum reaction in model supports is found. Then an orientation (direction of elastic modulus E_1 with respect to midline), for which the smallest maximum reaction force has been found, is chosen as the optimal orientation due to minimisation of junction forces. Exemplary results for two implants, one case and kinematic extortions referring to properties of 2 people and average properties are presented in Fig. 1.

To sum up, the optimal orientation in upper lateral part of abdominal wall depends on the range of strains which may occur in patients abdominal wall. For considered cases of kinematic extortions referring to properties of different people, optimal orientation of DynaMesh and Proceed is from 45 deg to 75 deg. Elastic modulus E_1 of Parietex is bigger than E_1 only in initial range of strains. Parietex should be positioned in orientation 75 deg when acting under small strains, whereas for big strains the orientation 135 deg is optimal.

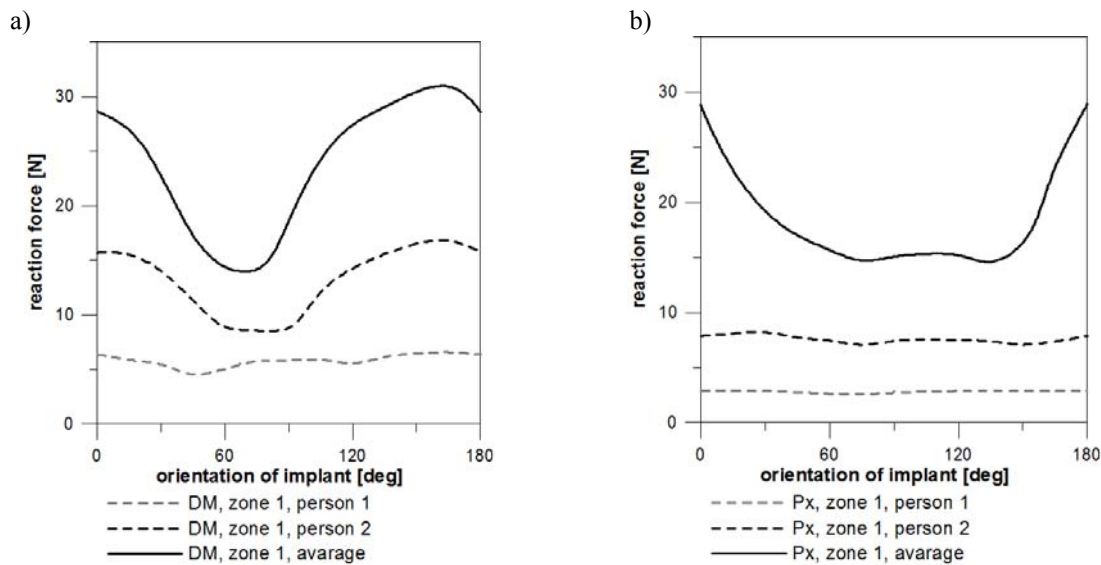


Fig. 1 Orientation of implant vs reaction forces a) DynaMesh, b) Parietex

Acknowledgements

This study is partially supported by the EU, as part of the Innovative Economy Operational Programme (contract No UDA-POIG.01.03.01-22-086/08-00) and by the subsidy for the development of young scientists given by the Faculty of Civil and Environmental Engineering, Gdansk University of Technology. Computations were done in TASK Computer Science Centre, Gdańsk, Poland.

REFERENCES

- [1] Junge K., Klinge U., Prescher A, Giboni P., Niewiera M. and Schumpelick V., Elasticity of the anterior abdominal wall and impact for reparation of incisional hernias using mesh implants. *Hernia*, **5**(3), pp. 113–118, 2001
- [2] Lubowiecka I., Szepietowska K., Tomaszewska A. and Szymczak C., Mechanical compatibility of implants used in hernia repair with abdominal wall. W. Pietraszkiewicz, J. Górski (eds), *Shell Structures. Theory and Applications*. - Vol. **3**. Taylor & Francis Group, London, pp. 351–354, 2014
- [3] Szymczak C., Lubowiecka I., Tomaszewska A. and Smietański M., Investigation of abdomen surface deformation due to life excitation: implications for implant selection and orientation in laparoscopic ventral hernia repair. *Clin. Biomech.*, **27**(2), pp. 105–110, 2012
- [4] Tomaszewska A., Lubowiecka I., Szymczak C., Smietański M., Meronk B., Kłosowski P. and Bury K., Physical and mathematical modelling of implant-fascia system in order to improve laparoscopic repair of ventral hernia. *Clin. Biomech.*, **28**, pp. 743–751, 2013
- [5] Podwojewski F., Otténio M., Beillas P., Guérin G., Turquier F. and Mitton D., Mechanical response of animal abdominal walls in vitro: Evaluation of the influence of a hernia defect and a repair with a mesh implanted intraperitoneally. *J. Biomech.*, **46**(3), pp. 561–6, 2013