The New Orleans Hernia Event Reduction, a Novel Indication for Amnion (NO HERNIA) Trial Mark A. Maier, BS¹; Tanja Milosavljevic, PhD²; Frank Lau, MD²





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Introduction

• Patients undergoing open abdominal surgery face a 3.8 – 15% risk of developing an incisional hernia (IH).¹

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- Herniorrhaphy is used to treat IH but has a 50% failure rate after 1 year.²
- There is no standard of care for IH prophylaxis.
- In our xenograft small animal model and pilot study of high-risk patients, dehydrated human amnion/chorion membrane (dHACM) reduced instances of IH by 64% and 88%, respectively.
- dHACM contains an intact extracellular matrix, growth factors, chemokines, and cytokines that promote surgical wound healing processes.

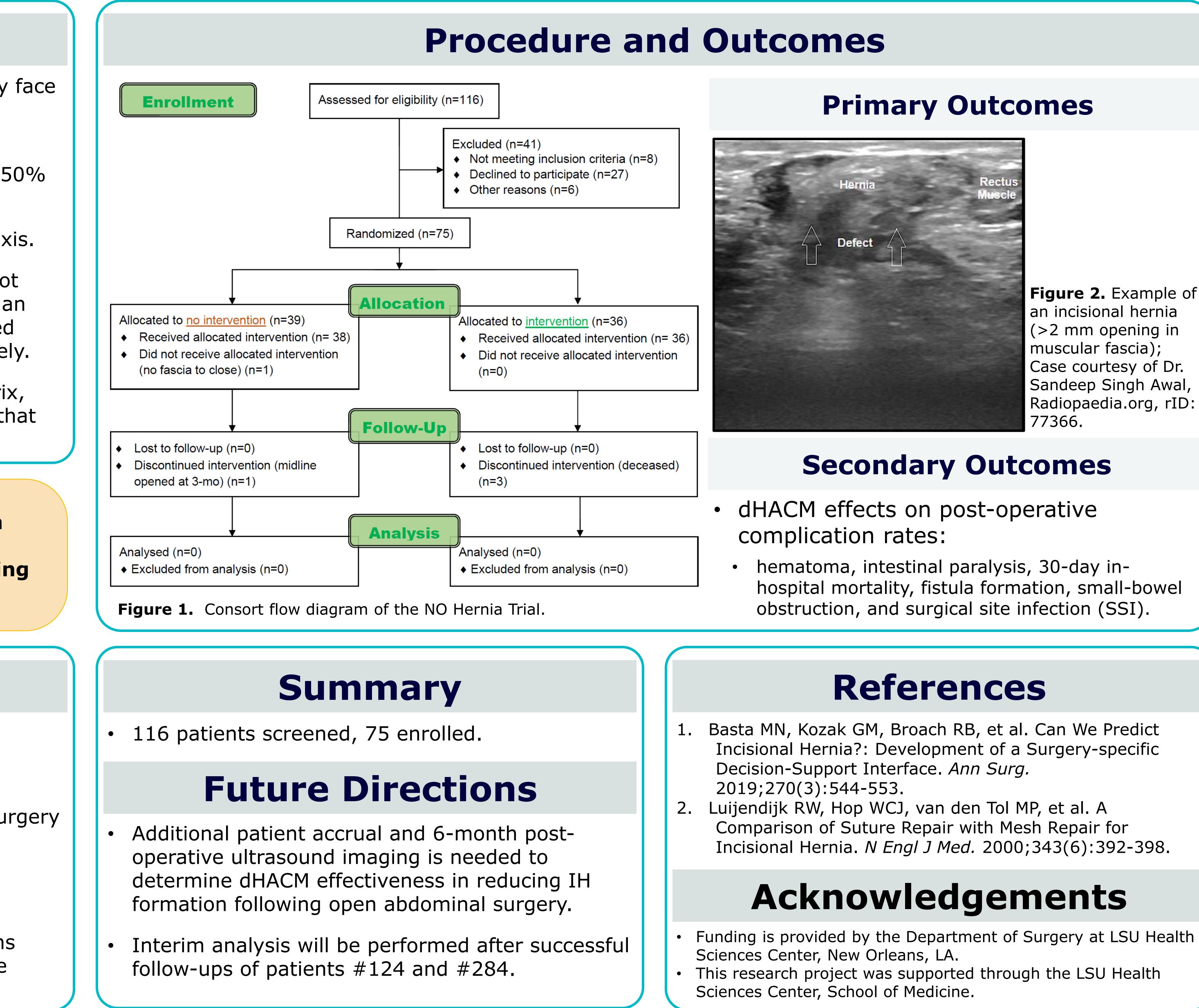
Research Question: Is dehydrated amnion/chorion membrane (dHACM) a reliable prophylactic treatment for patients that are high-risk for developing an incisional hernia following open abdominal surgery?

Methods

- Double-blind, Randomized Controlled Trial: Treatment (dHACM) vs. Control (standard closure) (Figure 1).
- Inclusion: Patients undergoing abdominal surgery with >150% risk of developing an incisional hernia, and incision site >6 cm.¹
- Target enrollment: 533 patients.
- <u>Primary Outcome</u>: IH development 6-months post-operation defined as >2 mm gap in the abdominal fascia (Figure 2).

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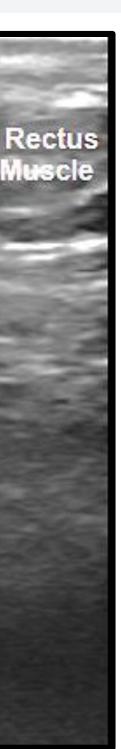


Figure 2. Example of an incisional hernia (>2 mm opening in muscular fascia); Case courtesy of Dr. Sandeep Singh Awal, Radiopaedia.org, rID: 77366.