

Where did CeQOL come from?

The International Hernia Mesh Registry (IHMR) was founded by Ethicon, Inc., a Johnson and Johnson company, in an effort to obtain unbiased surgical and quality of life outcomes data associated with hernia repair. To ensure the greatest possible impact, Ethicon formed a panel of leading hernia experts from around the world to function as an advisory board for the design and ongoing operation of the Registry. Surgeons and surgical scientists from the United States, Europe, Canada, and Australia participated in all phases of the study to ensure that the information was an international measure of hernia surgery outcomes. To date over 3700 patients are enrolled from 37 sites in ten countries. Patient quality of life outcomes were assessed via the Carolinas Comfort Scale, a validated quality of life measurement tool specific to hernia repair, at baseline, 30 days post op, 6 months, 12 months and 24 months.

The IHMR was the first outcomes study of its kind ever performed; just to consider it was bold and ambitious and required a significant commitment of time and resources. To date, more than 4000 patients from all over the world have participated, and the volume of valuable information for surgeons and patients alike has been extraordinary. The scientific conclusions from the multitude of questions posed to the database have been presented and published in some of the most prestigious and important medical meetings and journals throughout the world. There is little doubt that Ethicon's commitment to patient-derived outcomes will change how both surgeons and patients approach the most common surgical procedures in the world – the repair of hernias.

Ethicon has become the benefactor of healthcare providers and their patients who have hernias. Evaluation of best surgical practice applications and their corresponding quality of life outcomes have and will have a great impact on surgical practice today and in the future. The unique nature of the data in the IHMR lends itself to complex mathematical analysis, allowing development of a predictive tool for quality of life after an operation - before the surgery actually occurs. This is remarkable, a break-through, and sets the standard for which we should strive with every operation or treatment plan: an objective tool to predict individualized quality of life outcomes from a proposed operation or therapy. As part of a mature and thoughtful consent, it allows for a physician and patient to not only discuss the patient's options, the risks and possible complications. This mathematical algorithm permits a rich discussion of the expected quality of life after the proposed treatment so that it might play a major role in a patient's decision making.

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