

Scientific Evidence Supporting fasciotens®

Stay informed about innovative approaches that enhance surgical success and patient recovery, supported by data from your colleagues' clinical experience. This handout provides concise summaries of peer-reviewed publications on fasciotens® authored by respected experts in the field. These studies highlight:

- Clinical evidence supporting the safety and efficacy of fasciotens® devices
- Real-world data on their integration into surgical practice
- The expanding adoption of vertical fascial traction within the global AWR community

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fasciotens® Hernia

Springer Hernia, 29:154 (2025)

Follow-up of Complex Hernia Repair with Intraoperative Fascial Traction

Woeste G., Dascalescu S., Wegner F., Meier H., Sardoschau, N., Kiehle, A., Dag, H., Malaibari, Z., Niebuhr, H.

This publication reports long-term follow-up data on intraoperative fascial traction in complex hernia repair. The study includes data of 100 patients compelling 30-days postoperative outcomes and follow-up data gathered after outpatient appointments, including standardized dynamic abdominal wall ultrasound (DAWUS). The defect width in this cohort was 15.8 cm on average. 87 % of all patients were pre-treated with Botulinum Toxin A.

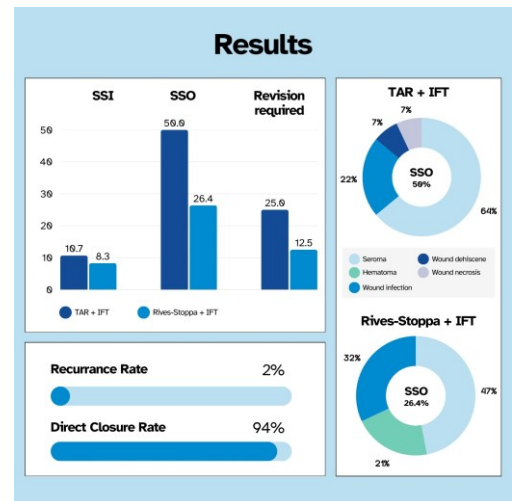


Figure created by fasciotens



Low recurrence rate of 2%



Direct closure rate of 94%



Mean follow-up time of 19.6 months



Significantly higher complication rate if additional TAR was performed

Springer Hernia, 28:2273-2283 (2024)

Preoperative botulinum toxin A (BTA) and intraoperative fascial traction (IFT) in the management of complex abdominal wall hernias

Niebuhr, H., Wegner, F., Dag, H. et al.

The study provides an overview of using IFT and BTA in complex hernia surgery and assesses short-term outcomes (after 30 days). Cases were included if BTA and Rives-Stoppa alone did not lead to a reconstruction of the abdominal wall. Intraoperative reduction of transverse hernia diameter of 9.81 cm (mean) is in line with findings from previous studies. The **Hamburg algorithm** was developed based on the results.

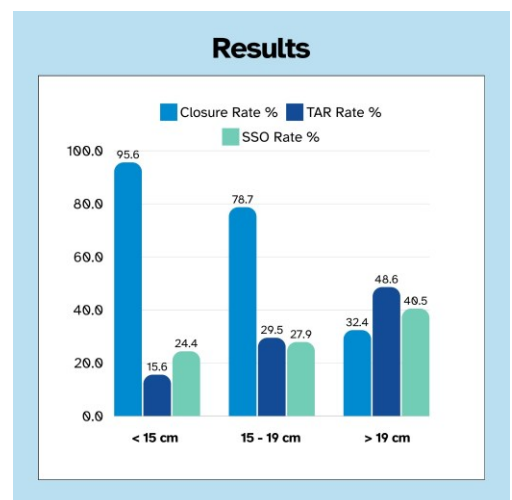


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Closure rate of 95.6 % in cases up to 15 cm width



TAR rate increases with hernia diameter



Mean operative time of 183.6 min including 30 min of IFT (less than comparable data for TAR - Novitsky Y. W. et al, Ann Surg. 2016)



Complication and re-operation rates are significantly higher if additional TAR was performed (see graph for details)

Chirurg 93, 292-298 (2022)

Intraoperative fascial traction (IFT) for the treatment of large ventral hernias

Niebuhr, H., Malaibari, Z.O., Köckerling, F. et al.

This study summarizes a retrospective analysis of 50 cases treated with IFT. 94 % of the patients had a hernia width above 10 cm (W3 according to EHS). Mean defect size before traction was measured at 16.1 cm intraoperatively.

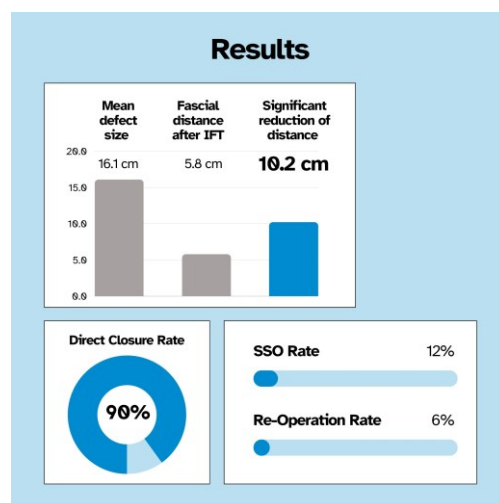


Figure created by fasciotens



90% successful closure



All patients received augmentation in sublay position



Low complication rate: 12% postoperative complications whereof 50% didn't need surgical intervention



No cases of abdominal compartment syndrome

Journal of Abdominal Wall Surgery, 1:10356 (2022)

Intraoperative Fascial Traction in Robotic Abdominal Wall Surgery; An Early Experience

A. L. A. Bloemendaal

The first article reporting three cases combining robotic ventral hernia repair and intraoperative fascial traction (IFT). A retromuscular hernia repair was performed, followed by a transcutaneous IFT.

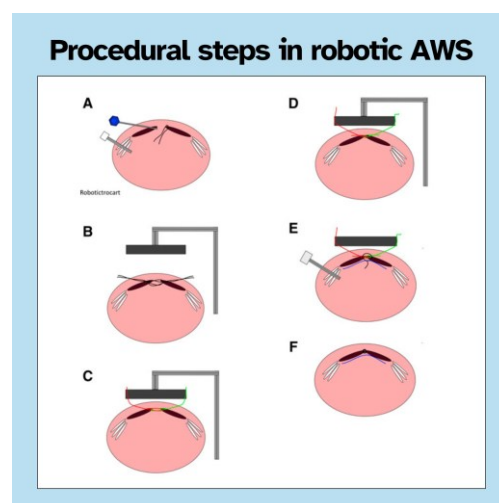


Figure created by fasciotens with images from publication



First cases showed promising results



IFT facilitates robotic suturing of the hernia defect



IFT is easily combinable with robotic hernia repair



IFT can potentially be used in robotic repair for very large defects

Assessment of myofascial medialization following intraoperative fascial traction (IFT) in a cadaveric model

Niebuhr, H., Reinpold, W., Morgenroth, F., Berger, C., Dag, H., Wehrenberg, U., Trzewik, J., Köckerling, F.

This study provides controlled, comparable data on the impact of IFT on the abdominal wall, aligning with similar studies for component separation.

Procedure:

- ✓ Retromuscular dissection (Rives-Stoppa) performed on 4 fresh-frozen specimens
- ✓ Followed by 30 minutes of fascial traction using fasciotens®Hernia
- ✓ Medial advancement of the lateral abdominal wall measured after 15 and 30 minutes
- ✓ Total medialization of 10.5 cm (mean) after 30 minutes with mean traction forces of 16.28 kg

In summary, the study confirms the results from the intraoperative use of fasciotens®Hernia.

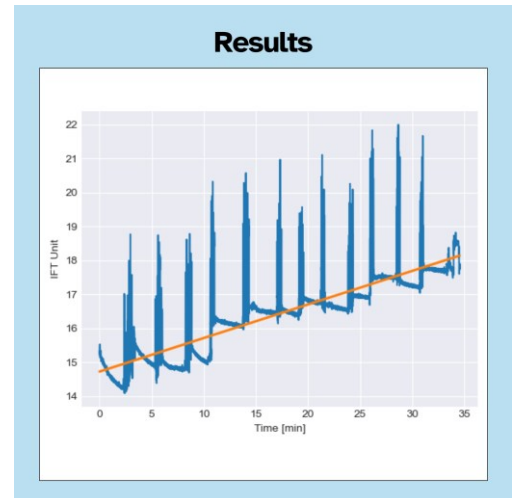


Figure created by fasciotens, graph from publication

fasciotens®Abdomen

Front. Surg. 11:1449702 (2024)

Evaluating a novel vertical traction device for early closure in open abdomen management: a consecutive case series

Dohmen, J., Weissinger, D., Peter, AST, Theodorou, A., Kalff, JC, Stoffels, B., Lingohr, P., von Websky, M.

This study is the first to examine the effect of the application of fasciotens®Abdomen on intra-abdominal pressure (IAP). The study concludes that fasciotens®Abdomen is a safe and feasible option for managing OA cases. By promoting early definitive fascial closure, fasciotens®Abdomen may help reduce complications associated with OA.

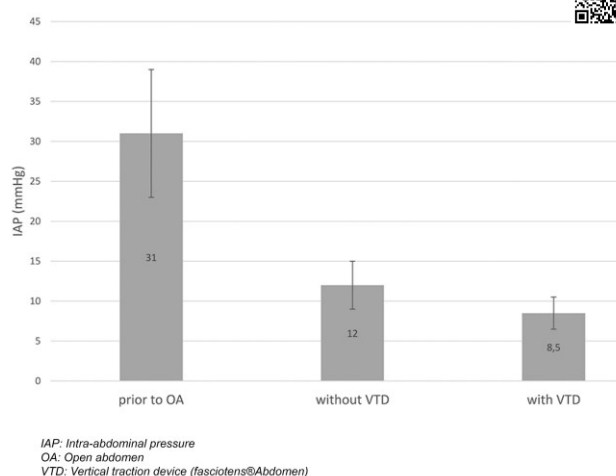


Figure is part of publication

- ✓ Reduction of IAP from 31 ± 8 mmHg (before OA) to 8.5 ± 2 mmHg after fasciotens application
- ✓ Reduction in the fascia-to-fascia distance by 76% until definitive fascial closure
- ✓ Average of 3 ± 1 revisional surgeries
- ✓ Definitive fascial closure in 6/9 patients

Surgical Technology Int. 44th Edition (2024)

Vertical Mesh-Mediated Fascial Traction and Negative Pressure Wound Therapy: A Case Series of Nine Patients in General and Vascular Surgery

Thomas Mones et al.

This publication shows the positive outcomes of the standardized combination of vertical mesh-mediated fascial traction (VMMFT) and negative pressure wound therapy (NPWT) while following a strict treatment pathway. Additionally, it describes the VAC draping technique.

Algorithm for VMMFT using a device to apply controlled and reproducible traction to the abdominal wall (fasciotens®Abdomen) in combination with NPWT:

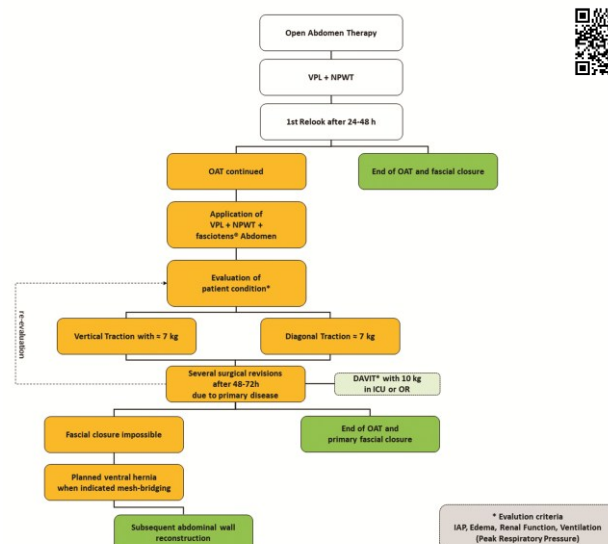


Figure is part of publication

- ✓ Treatment algorithm for VMMFT in combination with NPWT
- ✓ Definitive fascial closure in 7/9 patients (initial mean fascial dehiscence 14.2 cm)
- ✓ Mean closure time of 6.2 days
- ✓ No treatment-related complications

Fasciotens® Abdomen system application for delayed primary fascial closure and observed physiological improvement of the patient

Mavc, Z., Kunst, G.

fasciotens® Abdomen was used in a middle-aged patient with severe peritonitis after small bowel perforation.

"Post-installation of the device, rapid improvements in respiratory dynamics, diuresis, stoma output, and hemodynamics were observed within hours, suggesting a profound impact on overall well-being. This cascade of physiological benefits hints at broader implications in optimizing patient recovery."

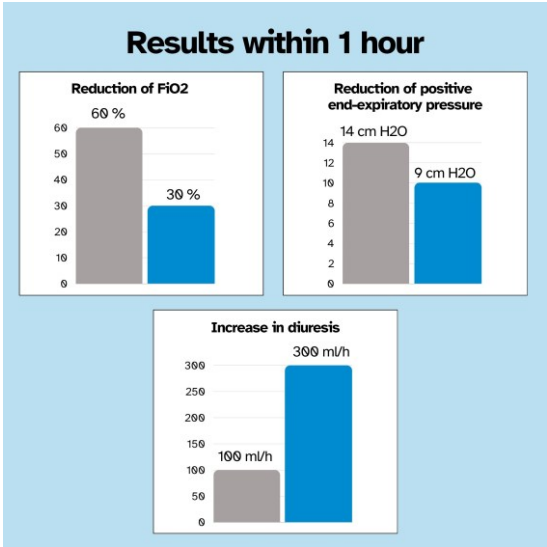


Figure created by fasciotens

- ✓

Overall stabilization of the patient
- ✓

Increased renal output
- ✓

Successful fascial closure after 6 days of using fasciotens
- ✓

Improvement of ventilation parameters

Vertical traction device prevents abdominal wall retraction and facilitates early primary fascial closure of septic and non-septic open abdomen

Fung, S., Ashmawy, H., Krieglstein, C. et al.

First retrospective multicenter study on fasciotens® Abdomen showing promising results and demonstrates safety and feasibility of the device.

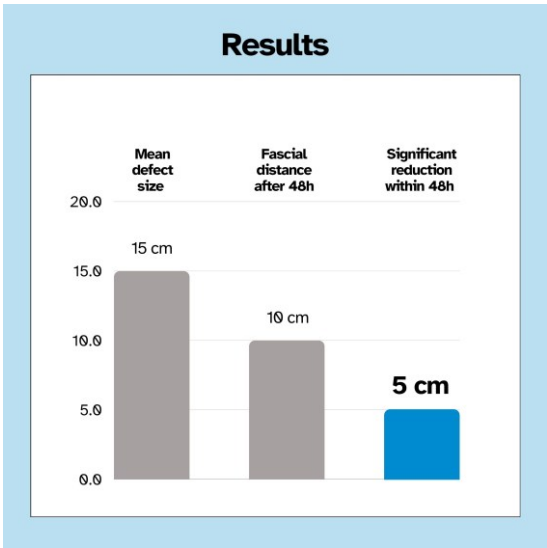


Figure created by fasciotens

- ✓

100% successful early closure
- ✓

Mean of 7 days for definitive fascial closure
- ✓

After 48h: Fascial distance significantly reduced
- ✓

Initial mean fascial dehiscence 15 cm

fasciotens®Pediatric

Pediatric Surgery International 40, 172 (2024)

Use of a new vertical traction device for early traction-assisted staged closure of congenital abdominal wall defects: a prospective series of 16 patients

Ziegler, AM., Svoboda, D., Lüken-Darius, B. et al.

First multi-center study to explore feasibility and safety of fasciotens®Pediatric device in giant Omphaloceles (GOC) and complex Gastroschisis (GS). The authors conclude that the device enabled an early tension-free closure of the defects.

Day 3 of traction



Figure created by fasciotens, picture from publication

- ✓ **Traction forces btw. 500g - 1.000g (<50% of the patient's weight) applied**
- ✓ **No hernia formation after mean follow-up of 12 months**
- ✓ **Definitive abdominal wall closure after a median time of 7 days (GOC) / 5 days (GS)**
- ✓ **No device-related adverse events**

Publications about fasciotens®

HERNIA

Woeste, G., Dascalescu, G., Wegner, F. et al., 2025: **Follow-up of Complex Hernia Repair with Intraoperative Fascial Traction**

Niebuhr, H., Wegner, F., Dag, H. et al., 2024: **Preoperative botulinum toxin A (BTA) and intraoperative fascial traction (IFT) in the management of complex abdominal wall hernias**

Niebuhr et. al., 2024: **Assessment of myofascial medialization following intraoperative fascial traction (IFT) in a cadaveric model**

D. Eucker, R. Rosenberg, 2023: **„Loss of domain“ und Verringerung der medianen Nahtspannung**

J. Gorjanc et. al., 2023: **The use of intraoperative fascial traction in W3-incisional hernia repair: A revolution or an emergency exit (two case reports)**

Niebuhr, H., Malaibari, Z.O., Köckerling, F. et al., 2022: **Intraoperative fascial traction (IFT) for the treatment of large ventral hernias**

A. L. A. Bloemendaal, 2022: **Intraoperative Fascial Traction in Robotic Abdominal Wall Surgery; An Early Experience**

B. Romain, G. Sauvineta, T. Rebierea, 2022: **A complex incisional hernia repair with Intraoperative Fascial Traction device (with video)**

H. Niebuhr et. al., 2021: **Intraoperative Fascia Tension as an Alternative to Component Separation. A Prospective Observational Study**

Scan for all
hernia
publications:



OPEN ABDOMEN

Dohmen J, Weissinger D, Peter AST, Theodorou A, Kalff JC, Stoffels B, Lingohr P, von Websky M., 2024: **Evaluating a novel vertical traction device for early closure in open abdomen management: a consecutive case series**

Thomas Mones et al.. 2024: **Vertical Mesh-Mediated Fascial Traction and Negative Pressure Wound Therapy: A Case Series of Nine Patients in General and Vascular Surgery**

P. Nguyen, Ramana Balasubramaniam, 2024: **AbThera, Botox, and Fasciotens: A Trifecta in Open Abdomen Management**

Mavc, Z., Kunst, G., 2023: **Fasciotens®Abdomen system application for delayed primary fascial closure and observed physiological improvement of the patient**

Fung, S., Ashmawy, H., Kriegelstein, C. et al., 2022: **Vertical traction device prevents abdominal wall retraction and facilitates early primary fascial closure of septic and non-septic open abdomen**

T. Halama, R. Nazzal, T. Nowroth, 2020: **Fasziendehnung zum Bauchverschluss nach perforiertem Bauchaaortenaneurysma**

A. Hees, F. Willeke, 2020: **Prevention of Fascial Retraction in the Open Abdomen with Novel Device**

Gombert, A., Eickhoff, R., Doukas, P. et al., 2020: **Vollständiger Bauchdeckenverschluss bei offenem Abdomen nach notfallmäßiger komplexer Aortenrekonstruktion bei „mid-aortic syndrome“ durch Anwendung von Fasciotens Abdomen® im Fall eines 16-jährigen Patienten**

Eickhoff, R. et al., 2019: **A new device to prevent fascial retraction in the open abdomen - proof of concept in vivo**

S. Fung et. al., 2019: **Fasciotens® Abdomen ICU: Novel Device Prevents Abdominal Wall Retraction and Facilitates Early Abdominal Wall Closure of Septic Open Abdomen**

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PEDIATRIC

Ziegler, AM., Svoboda, D., Lücken-Darius, B. et al., 2024: **Use of a new vertical traction device for early traction-assisted staged closure of congenital abdominal wall defects: a prospective series of 16 patients**

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ABDOMINAL WALL SOLUTIONS