P016  A COMPARATIVE STUDY BETWEEN ROBOTIC AND LAPAROSCOPIC VENTRAL AND INCISIONAL HERNIA REPAIR WITH THE ETEP - TAR TECHNIQUE

Fotis Archontovasilis, Ioannis Tselios
1Metropolitan General Hospital, Athens, Greece, 6th Surgical Department, Center of Excellence in Hernia Surgery, Cholargos, Greece, 2Metropolitan General Hospital, Athens, Greece, 6th Surgical Department, Cholargos, Greece

Aim: The aim of this study is to present a single centre’s experience in Robotic and Laparoscopic eTEP TAR technique in ventral and incisional hernia repair. Additionally, the purpose of this study is to compare these Robotic and Laparoscopic techniques in terms of feasibility, efficacy, safety, advantages and disadvantages.

Material and Methods: This is a case-series comparative study of patients with M1-M5 / W3 ventral and incisional hernia that underwent Robotic or Laparoscopic eTEP-TAR repair in a single institution. Patients’ characteristics were reviewed and perioperative outcomes were extracted. All patients were followed-up at the outpatient surgical unit. Intraoperative and postoperative parameters were analyzed.

Results: 35 patients (19 males) with a mean age of 57 years underwent Robotic eTEP-TAR (21 patients) and Laparoscopic eTEP-TAR (14 patients) repair of M1-M3/W3 ventral (12 patients) and M2-M5/W3 incisional hernia. There were 3 conversions to open repair in the Robotic group (Rg) and 1 for the Laparoscopic group (Lg). The mean operative time in Rg was 345 minutes, while in Lg was 320 min. All patients were discharged between the first and fifth postoperative day. No major complications or recurrences were revealed during a mean postoperative follow-up time of 26 months.

Conclusions: Both techniques are feasible, reproducible, and safe, with no major differences in operative time, recurrence and complications rate. Nevertheless, these techniques are highly demanding procedures that should be performed by experienced hernia surgeons, in well-organized centers of excellence in hernia surgery.