P016 A COMPARATIVE STUDY BETWEEN ROBOTIC AND LAPAROSCOPIC eTEP-TAR technique in ventral and incisional hernia repair.

Luis Blázquez Hernando, Alvaro Robin Valle de Lersundi, Pilar Martín Rodríguez, Lucia Gil Cidoncha, Miguel Angel García Ure.

Material and Methods: Patients with M1-M5/W3 ventral and incisional hernia that underwent robotic or laparoscopic eTEP-TAR repair in a single institution. 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 were noted. Fascial closure was achieved in 93% of cases with only 21% needing surgical component separation.

Conclusions: Our study aims to analyze and evaluate the results obtained in the robotic and laparoscopic repair of M1-M3/W3 ventral (12 patients) and M2-M5/W3 incisional hernia. Additionally, the purpose of this study is to compare these Robotic and Laparoscopic techniques in terms of feasibility, efficiency, and short and long-term complications. The robotic technique was associated with a slightly longer operative time, but it provided excellent visibility and control.

P017 COMPLEX ABDOMINAL WALL RECONSTRUCTION IN ELDERLY PATIENTS

Joaquin Munoz-Rodriguez, Javier Lopez Monclus, Carlos San Miguel, Jordi Vadillo, Ricard Sales, Rosa Jorba.

Aim: Complex ventral hernia (CVH) treatment due to large abdominal wall defects or loss of domain is challenging. BTA-injection in lateral wall causes flaccid paralysis and elongation, so called abdominal wall paralysis (AWP). Aim: To analyze the results of complex abdominal wall reconstruction with BTA-injection in abdominal wall paralysis.

Material and Methods: Between January 2018 and December 2019, 42 patients were treated with BTA-injection (100 mg) in the lateral wall of the abdominal cavity. Abdominal wall reconstruction was performed via open retromuscular. All patients were followed-up at the outpatient surgical department of Excellence in Hernia Surgery.

Results: The mean age of the patients was 76.1 years (range 51-93). There were 21 men and 21 women. The mean BMI was 32.6 (range 19-50). The mean size of the fascial defect was 23.2 cm² (range 7-64). All operations were mesh repairs. Surgical approach was mostly (88%) open retromuscular. Abdominal wall reconstruction via fascial closure was achieved in 93% of cases with only 21% needing surgical component separation. Around 40% of all patients had postoperative complications.

Conclusions: The simultaneous repair of incisional hernias (IH) and the reconstruction of the intestinal transit may pose a challenge for many surgeons. Collaboration between units specialized in abdominal wall and colorectal surgery can favor simultaneous treatment.

P018 COLLABORATIVE APPROACH FOR SIMULTANEOUS REPAIR OF COMPLEX INCISIONAL HERNIA AND STOMA REVERSAL

Carles Olona, Aleidis Caro, Raquel Casanova, Beatriz Espina, Jordi Vadillo, Ricard Sales, Rosa Jorba.

Aim: The simultaneous repair of incisional hernias (IH) and the reconstruction of the intestinal transit may pose a challenge for many surgeons. Collaboration between units specialized in abdominal wall and colorectal surgery can favor simultaneous treatment. We present our experience in the collaboration between specialized units for the simultaneous treatment of complex incisional hernias and stoma closure.

Material and Methods: Descriptive study of patients undergoing simultaneous surgery of complex IH repair and intestinal transit reconstruction in the period 2018-2021. All interventions were performed electively and with the collaboration of surgeons experts in abdominal wall and colorectal surgery. Demographic variables, hernias characteristics, surgical techniques, postoperative evolution, morbidity and mortality are recorded.

Results: 16 patients are included. 8 with ileostomy, 3 lateral colostomies and 5 end colostomies. All the patients presented IH of the midline laparotomy and 12 had stomal hernias associated. The mean diameters of the IH were 16.2 cm longitudinal and 11 cm transverse. Intestinal transit was reconstructed in 15 cases (94%) and incisional hernia repair in 100%. Component separation was required in 75% of cases (8 posterior and 4 anterior). Morbidity in the first postoperative month was 18%, requiring 2 reoperations (12%). At the end of the mean follow-up of 10.8 months, 81% of the cases did not present complications.

Descriptive study of patients undergoing simultaneous surgery of complex IH repair and intestinal transit reconstruction in the period 2018-2021. All interventions were performed electively and with the collaboration of surgeons experts in abdominal wall and colorectal surgery.
Conclusions: The collaboration between specialist allows the use of advanced techniques in the simultaneous reconstruction of the abdominal wall and intestinal transit, with good clinical results and patient quality of life.