PO33 IMPLEMENTATION OF A ROBOTIC VENTRAL HERNIA REPAIR PROGRAM IN A EUROPEAN CENTER: RESULTS DURING THE LEARNING CURVE AND EARLY DEVELOPMENT

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Aim: This study aims to describe the early results after implementing a robotic ventral hernia repair (RVHR) program in a European university center.

Material and Methods: All patients undergoing primary (PH) or incisional (IH) RVHR were included in an institutional open-label prospective quality database. Patients’ baseline characteristics, intra-operative data, postoperative, and follow-up outcomes recorded from September 2018 to September 2020 were analyzed.

Results: Twenty-six PH and 58 IH were included; respectively, mean BMIs were 32.8±7.1 and 30.3±5.0kg/m2. Hernia resulted from median laparotomies in 69.0% of the IH patients; 5 patients (8.6%) had defects >10cm in width. In the PH group, the mean total operative room (OR) time was 98.1±42.5min. Mean VAS (Visual Analog Score) was 2.5±1.7 at day 0, 61.5% of patients were ambulatory, and 38.5% stayed 1-2 nights. One (3.8%) recurrence and 1(3.8%) surgical complication (umbilical perforation) occurred with no general complications. In the IH group, 15 patients required transversus abdominis release (TAR, 25.9%). Mean OR time was 179.6±82.3min, mean VAS 1.9±2.0 at day0, 19% of patients were ambulatory, 44.8% stayed 1-2 nights and 27.6% 3-4 nights. Mean follow-up was 71.6±51.8 days. One (1.7%) postoperative complication (bleeding, embolization, no reoperation), 2(3.4%) recurrences occurred. Successful completion of an extraperitoneal (eTEP) RVHR with bilateral TAR was achieved after 18 months and 40 cases, after which we began training a second surgeon.

Conclusions: Implementation of a RVHR program showed promising results with acceptable operative time even during the learning curve. Postoperative outcomes suggest a potential advantage in postoperative recovery.