P050 INTRODUCTION OF MINIMAL INVASIVE PROCEDURES WITH EXTRAPERITONEAL MESH PLACEMENT MAY REDUCE MORBIDITY AND LENGTH OF HOSPITAL STAY IN PATIENTS WITH INCISIONAL HERNIA - A SINGLE CENTER’S EXPERIENCE

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**Aim:** “Sublay mesh placement is the gold standard in the treatment of incisional hernias. In open surgery, high rates of wound complications are reported. Various minimal invasive procedures with extraperitoneal mesh placement (MIPEX) are currently under evaluation in order to improve the clinical results. We report our experience with an increased use of MIPEX techniques”

**Material and Methods:** “The perioperative results of all consecutive patients from 1/2018 to 4/2021 with incisional hernia surgery were reviewed. For the purpose of this study, the results of patients with MIPEX were compared to STANDARD treatment (open surgery and/or intraperitoneal mesh). All patient data were registered prospectively in the Herniamed database.”

**Results:** “103 out of 170 patients were treated with MIPEX and 67 with STANDARD. MIPEX were MILOS/E-MILOS (n = 48), TAPP (n = 15), laparoscopic sublay (n = 9), ETEP (n = 17) and other (n = 18) with additional TAR in (n = 16). Five procedures were performed robotically. Mean duration of surgery (DOS) was 150 minutes in MIPEX and 116 minutes in STANDARD (n.s.). Morbidity was 7% in MIPEX and 19% in Standard (p < 0.5). Mean length of hospital stay (LHS) was 4 days in MIPEX and 8 days in STANDARD (p < 0.5). In subgroup analysis of patients with large hernias (EHS-3, n = 31), DOS was 320 minutes (MIPEX) vs. 159 minutes (STANDARD); p < 0.01 and LHS was 8 days (MIPEX) vs. 12 days (STANDARD), p < 0.01.”

**Conclusions:** “MIPEX included a broad spectrum of procedures. With the implementation of MIPEX, DOS increased significantly in large hernias. Morbidity and LHS were significantly reduced in all patients.”