**P065  LONG TERM OUTCOMES AFTER LAPAROSCOPIC REPAIR OF VENTRAL HERNIAS LOCATED ON THE ABDOMINAL BORDERS**

Camillo Leonardo Bertoglio¹, Marianna Maspero², Lorenzo Morini¹, Bruno Alampi¹, Simona Grimaldi³, Oscar Quagli², Giovanni Ferrari¹

¹Niguarda Hospital, Milan, Italy. ²Niguarda Hospital, University of Milan - La Statale, Milan, Italy

**Aim:** To assess the long-term outcomes after laparoscopic repair (LR) of ventral hernias located on the abdominal borders.

**Material and methods:** Out of our prospectively collected LR database, all cases of ventral hernias were reviewed. Defects located near the abdominal borders were identified (M1, M5, L1 and L4 according to the EHS classification). All patients received intraperitoneal implantation of an e-PTFE mesh. The primary aim of this study was to assess long-term outcomes.

**Results:** Out of 175 LR, 105 (60%) had a M1 component, 61 (35%) an M5, 24 (14%) an L1 and 5 (3%) an L4. The median defect width was 9 cm (range 2.5 - 30), the median length 13 (range 2 - 30), with a median defect area of 92 cm² (range 5 - 471). Two (1%) cases required conversion to open approach. After a median follow up of 55 months, there were 7 recurrences: 4/105 in M1 patients, 1/61 M5 patients, 1/24 L1 patients and 1/4 L4 patients. 41 patients (23%) experienced chronic seroma, while 24 (14%) had chronic pain. 6 patients (3%) required a reoperation with mesh removal. At univariate analysis, only previous hernia repair was associated with recurrence; COPD, hypertension and M5 defect were associated with seroma development; seroma development and chronic pain were mutually associated.

**Conclusions:** Laparoscopic repair for ventral hernias is safe and feasible, with good long term outcomes.