P068 ROBOTIC REPAIR OF VENTRAL AND INCISIONAL HERNIAS: A STUDY ON 118 PATIENTS OPERATED BY RV-TAPP AND R-RIVES

Ulrich Dietz1
1Kantonsspital Olten, Kantonsspital Olten, Klinik für Chirurgie, Olten, Switzerland

Aim: The purpose of this study is to compare the results of robotic ventral TAPP and robotic retrorectus repair for ventral and incisional hernias.

Material and Methods: The results of 118 consecutive rv-TAPP (88) and r-Rives (30) surgeries are presented. The study was approved by the ethics committee (Ref. No. 2019-02046). Primary ventral hernias were treated mainly by rv-TAPP approach, incisional hernias by r-Rives Technique. Patients were followed up six weeks postoperatively.

Results: In every third patient, an additional finding at the linea alba was found. Patients in the r-Rives group were significantly older (p = 0.001). Hernia gaps were significantly larger and meshes were significantly larger in the r-Rives group (p < 0.001). The ratio of mesh area to hernia gap area was comparable in both groups (p = 0.142). OR time was significantly shorter for rv-TAPP (82min) than r-Rives (109min). Hospital stay was shorter in the rv-TAPP group than in the r-Rives group (1.5 vs. 2.7 days, respectively) (p < 0.001). There was a significant clustering of type II seromas in the r-Rives group (p < 0.001), however, the total number of seromas was comparable.

Conclusions: rv-TAPP and r-Rives have the advantages of minimally invasive procedures (low complication rate) and most of the advantages of open procedures (morphological reconstruction). Both techniques allow consistent extraperitonealization of meshes. Umbilical and epigastric hernias (<4cm) are treated as rv-TAPP; incisional hernias, large hernia gaps (4-7cm), as well as in case of planned suturing of the linea alba, the r-Rives is indicated. Concomitant hernia gaps of the linea alba are also treated. Both procedures have few complications and are suitable for residents training.