**P076  DIFFERENT SURGICAL APPROACH IN DIASTASIS RECTI REPAIR: IMPORTANCE OF AN OVERALL VIEW OF THE DISEASE**

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**Aim:** Diastasis Recti (DR) is characterized by a defect of the linea alba sometimes associated with midline hernias, and frequent lipocutaneous excess. We present our experience in the treatment of diastasis recti with Inter Recti Distance (IRD) > 50 mm - with or without umbilicano - by 3 different approaches.

**Material and Methods:** From January 2018 to February 2020, 104 patients were referred to our unit for clinical and radiological diagnosis of DR with IRD > 50 mm. Three different surgical approaches were used, based on presence of lipocutaneous excess: laparoabdominoplasty, laparominiabdominoplasty and minimally-invasive/endooscopic with Totally Sublay Anterior Repair (TESAR) approach.

**Results:** We performed 28 TESAR (29.8%), 44 laparoabdominoplasties (42.3%) and 32 laparominiabdominoplasties (30.8%). Overall complication rate was 26% (27 patients). In 3 (2.9%) cases major surgical complications (Clavien-Dindo 3-4) occurred, all for open operations. Minor complications (Clavien-Dindo 1-2) included: 13 cutaneous ischemia, 10 small muscular hematomas and 1 subcutaneous seroma. The overall median post-operative stay was 3 days (range 2 – 14 days), and 3, 4 and 3 days for TESAR, laparoabdominoplasty and laparominiabdominoplasty groups, respectively. No recurrence registered to date.

**Conclusions:** Our experience shows the importance of an overall view of the functional and cosmetic impairment created by the DR. The surgeon must obtain an optimal functional outcome also aiming for the best cosmetic result. Therefore different approaches have to be considered, tailored to the clinical, instrumental and psychological aspects of the disease. The complication rate, while in line with the literature, emphasize how in this type of operation the critical issues of functional as well as morphological surgery coexist.