first period to 5.1% in the third study period. None of the patients experienced pain symptoms due to nerve lesion. The study provided new clarity about the blood supply patterns of the lipoma, the course of the genital branch and the constitution iliac fascia.

Conclusions: Suturing of the transversal fascia, fibrin glue sealing of the inguinal canal, and suture fixation of the mesh are steps who must be validated in future studies. Robotics provides optimal conditions for residents training, without learning curve on the patient and with predictable OR times. Postoperative seroma formation and complication rate of r-TAPP are low.

P114 ROBOTIC INGUINAL HERNIA REPAIR (RTAPP); ANATOMY LESSONS AND RESULTS OF A CASUISTIC OF 302 OPERATED HERNIAS

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Aim: The purpose of this study is to apply the resources of robotics to inguinal hernia repair (r-TAPP) and to investigate where specific optimizations to the surgical technique of can be achieved.

Material and Methods: The results of 302 consecutive r-TAPP surgeries performed over an 18-month period are presented. It is a cohort study without a control group. The study was approved by the ethics committee (Ref. No. 2019-02046). Decisions on interventions (suturing of the transverse fascia or fibrin glue sealing of the inguinal canal) and mesh size were made intraoperatively. Patients were followed up six weeks postoperatively.

Results: In every fourth patient, a femoral, obturator, or Spieghel hernia was diagnosed in addition to symptomatic inguinal hernia. Mesh fixation with absorbable suture at 4 points was matured. The operative time averaged 71 minutes for unilateral, 103 minutes for bilateral and 95 minutes for unilateral recurrent hernias. 48% of procedures were performed by residents. Seroma incidence decreased from 15.0% in the