P119  THE IMPLEMENTATION OF ROBOTIC TEP AND ETEP APPROACH IN THE MODERN INGUINAL HERNIA REPAIR: A SINGLE CENTER EXPERIENCE

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Aim: In a robotic surgery era, the totally extraperitoneal (TEP) inguinal hernia repair is less common than the transabdominal preperitoneal (TAPP) approach. The enhanced-view TEP (eTEP) has been proposed as a modification to the standard TEP technique. The aim of this study is to present a single centre’s experience in Robotic TEP and eTEP inguinal hernia repair technique.

Material and Methods: This is a case-series presentation of patients with inguinal hernia that underwent robotic TEP and eTEP repair in a single institution. Patients’ characteristics were reviewed and perioperative outcomes were extracted. All patients were followed-up at the outpatient surgical unit. Intraoperative and postoperative parameters were analyzed.

Results: 21 patients (10% females) with a mean age of 58.5 years underwent robotic TEP (14 patients) and eTEP (7 patients) inguinal hernia repair. Eight patients were treated for bilateral hernia (total number of 29 hernias) and two were operated for recurrence. No conversion to open or TAPP repair was required. The mean operative time was 108 minutes for the bilateral hernias and 75 minutes for the unilateral cases. All patients were discharged the same day, after 3 to 5 hours postoperatively. Four of the patients used pain medication postoperatively. No major complications or recurrences were revealed during a mean postoperative follow-up time of 14 months.

Conclusions: Robotic TEP and eTEP are safe and efficient surgical options in the treatment of inguinal hernia in experienced centres. The two techniques can result in high-quality outcomes regarding hospital stay, pain control and elimination of hernia recurrence.