P142 IPOM PLUS: WHAT WE DO AND WE WANT SHARE AND DISCUSS
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Aim: In this video we want to share and discuss what we have learned from our 20 year experience in IPOM PLUS procedures
Material and Methods: We use only all 5 mm trocars, instruments and 30 degree optic and we always use a low intraabdominal pressure (10mmHg).
The major technical trick in is to carefully prepare and manage the abdominal wall context, in order to free all the hernia areas.
Results: Our IPOM experience is almost more than 500 case, elective as emergency. Normally we use a double prolene (with the film versus the intestine) mesh with a 5 cm overlap. Besides the well known needed physical characteristics of the mesh, on the surgeon’s side, a mesh should be smooth, stiff, wide enough to cover all the possible defects, easy to handle and, especially for its possible use in laparoscopy, with a certain degree of and thickness just what it is needed in order to let it pass through a 5 mm trocar once rolled up. We use to close the defect in order to avoid serosa and SS - Morbidity and we use to fix the mesh with absorbable tackers

Conclusions: Most of the advantages of laparoscopy rely on the minimal access and the possibility to manage and examine the abdominal context, especially in emergency, and to close the defect and to fix the mesh with tackers.