developed to overcome these challenges. This pilot study reports the first clinical feasibility results.

**Materials and Methods:** the ‘twitch crowdsourcing’ concept was applied: during the interval of unlocking a smartphone or tablet a short question is asked, multiple times a day. Questions from validated questionnaires were implemented. The adaptive question engine generates an individualized set of questions. Alerts are automatically generated when a complication is suspected. All inguinal hernia patients in a high-volume inguinal hernia center were eligible for inclusion. Patients signed informed consent.

**Results:** 229 patients answered over 50,000 pre- and postoperative questions of which 92% were answered. Pre- and postoperative patient characteristics and clinical outcomes confirmed a standard inguinal hernia population. Compliance was 91.7% after 14 days, 69.0% after 3 months and 28.8% after one year. Pain and functional limitations were measured with a numerical scale from zero to ten. After 3 and 7 days, 7.7% and 44.3% returned to work, respectively. Patients were highly satisfied (92.8% preferred the app to usual care).

**Conclusions:** this smartphone application shows promising results for clinical practice. Remote monitoring may become standard postoperative care after (inguinal) hernia surgery. The current application will be further improved and evaluated for cost-effectiveness, safety and validity.

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**O09 CLINICAL FEASIBILITY OF THE Q1.6 INGUINAL HERNIA APPLICATION: A PROSPECTIVE COHORT STUDY**

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**Aim:** Patient Reported Outcomes (PROs) are essential for evaluating hernia surgery. Current measuring instruments for PROs have disadvantages: often lengthy and burdensome paper questionnaires, used at predetermined moments with low patient compliance and time-consuming data processing. The Q1.6 Inguinal Hernia application was