**Aim:** Between 01/2011 and 12/2020 5,068 AWR-patients at our department (tertiary referral center) – 884 (17.4%) incisionals. Over this 10-years period considerable changes (patients characteristics, surgical techniques, results) were analyzed.

**Material and Methods:** Herniamed\(^1\) offers an internet-based registry-platform to document all kinds of abdominal wall repairs on a voluntary basis since 2009. Demographic data, interventional details and outcomes are documented using the EHS-classification-system.

Follow-up is standardized and scheduled for 10 years.

**Results:** Up to 54.7% of patients (in 2020) show at least one risk factor (diabetes, smoking …), in contrast to the age pyramid patients >70 years are decreasing (47.2% in 2011 down to 29.3% in 2020), share of ASA III/IV is initially increasing (up to 42.9% in 2017) with a constant decrease after 2017 to 25.3% in 2020. Emergent cases are increasing (6.9% in 2011 up to 10.8% in 2019). Recurrent hernia repairs stays almost constant at median 21.7%. After 2015 we decided – for various reasons - not to routinely apply the laparoscopic IPOM-technique (with an interim ratio of up to 46.2%) – with a post-OP complication rate of median 23.3% anymore. From 2016 onwards we performed an increasing number of „other techniques“ (E-MILOS, E-TEP, …) up to 36% in 2020 instead.

**Conclusions:** By analysing trends we recognized that patients show increasing numbers of risk factors and ASA-scores which led us to implement a prehabilitational strategy in clinical routine. However rate of post-OP complication is still high representing AWR as demanding in many aspects. A temporary cessation of MIS did not led to an extensive increase in post-OP wound complications.