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LAP-T® (LAPAROSCOPIC ABDOMINOPLASTY POZZI TECHNIQUE) IN WOMEN WITH POST-PARTUM RECTUS MUSCLE DIASTASIS AND HERNIA. 1.305 PATIENTS TREATED, MONITORING AND FOLLOW-UP ON 53 WOMEN WITH SUBSEQUENT PREGNANCY. SINGLE SURGEON SETTING

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**Background:** Aim of this retrospective review on 1,305 female patients undergoing LAP-T® Repair for Diastasis Recti (DR) and Abdominal Wall Hernia (AWH) developed after pregnancy, is evaluating the safety and efficacy of LAP-T® technique, in terms of intra and post operative complications. Secondary aim, proving the feasibility of subsequent pregnancies in 53 women who received the LAP-T® Repair, evaluating complications and recurrence during the pregnancy and after delivery.

**Methods:** 1,305 cases from January 2007 to January 2022, minimum follow-up 24 months. Elected patients, BMI < 30, 3 < IRD > 13 cm. According to LAP-T® Technique rectus muscles are re-approximated from xiphoid to pubis using tailored double row, laparoscopic, running Musculo-fascial suture and intra-peritoneal mesh when needed. After receiving the LAP-T repair, 53 women came back pregnant. Follow-up with clinical examination and ultrasound during pregnancy a 4, 6 and 8 months, and 3, 6 and 12 months after delivery.

**Results:** In all 1,305 cases, full abdominal physiologic functioning and anatomy were successfully restored. No intra operative bleeding, no seroma formation, nor mesh infection or chronic pain reported. All 53 women coming back pregnant carried out subsequent pregnancy after LAP-T repair with no complications related to repair, no parietal pain recorded. No midline pathologic relapse, DR or AWH recurrence observed.

**Conclusions:** LAP-T® allowed for DR and AWH sound reconstruction, with restitutio ad integrum of anatomy and physiologic functioning of AW, reduced trauma, fast recovery and no intra or post operative complications. LAP-T® proved to be compatible with carrying out further pregnancies without complications or recurrence.