

Robotic Transabdominal Preperitoneal (TAPP) Repair of Complex Inguinal Hernias

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OBJECTIVE

- Complex inguinal hernia repairs (IHR) have been defined based on previous relative contraindications for their minimally invasive repair.
- In this study, we aim to describe outcomes after complex robotic IHR (rIHR) and its associated challenges

METHODS

- A retrospective analysis was performed of patients who underwent complex rIHR in an elective setting between 2013-2020
- Inclusion Criteria:
 - Recurrence after posterior IHR
 - History of prostatectomy
 - Large scrotal hernia
 - Irreducible hernia after anesthesia induction (incarcerated)
- Exclusion Criteria:
 - Concomitant procedures
 - Emergent repairs
- Complications were assessed with the Clavien-Dindo (CD) and Comprehensive Complication Index (CCI[®]) scoring systems

RESULTS

- A total of 88 patients and 110 complex rIHRs were included.
- No procedures were converted to an open approach, but one patient required a hybrid procedure.
- The average length of stay (LOS) and follow-up period were 0.2 days and 33 months, respectively.
- Four major complications (CD-grade III/IV) were observed:
 - 3 seromas requiring drainage (one necessitating readmission)
 - 1 postoperative ICU-admission
- No chronic pain or recurrence was observed. In a univariate analysis, no significant difference was found between patients with and without postoperative complications.

CONCLUSION

- Complex rIHR may be performed with minimal LOS, complications, and adverse long-term sequelae.
- A patient-tailored approach and adequate surgical training and knowledge are essential to attempt these procedures.

DISCLOSURES

The authors have no financial conflicts of interest to disclose concerning the presentation

