



Initial experience in eTEP Rives-Stoppa ventral hernia repair in two Chilean hospitals

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Introduction

Minimally invasive (MI) hernia repair provides faster recovery time and lower surgical wound infection rate in comparison to open repair. The Rives Stoppa (RS) technique is an excellent option for ventral hernia repair with sublay mesh position that can be performed by extended totally extraperitoneal repair (eTEP) approach. However, eTEP RS technique has been associated with a long learning curve.

Objective

To report our initial experience and short-term outcomes with eTEP RS for MI management of ventral hernias in two Chilean hospitals associated with *Pontificia Universidad Católica*.

Methods and Procedures

Prospective cohort study of the first 43 patients with ventral hernias who underwent MI abdominal wall surgery with eTEP RS approach between December 2016 and August 2019.

Demographic, perioperative data and early outcomes were retrieved for analysis.

Figure 1. Learning curve with regards to operative time



Table 1. Demographic and perioperative characteristics

	n or $\bar{x}$ (% <i>or range</i>)
Age	55 (38 – 77)
Male	28 (65%)
Midline defect	8 cm (1 – 8)
Multiple defects	27 (63%)
Diastasis recti	25 (58%)
Mesh size	510 cm ² (100-720)
Operative time	122.4 min (60-200)
Length of stay	1.8 days (1-3)
Conversions	0
Complications	3 (7%): Hematoma (2), minor bladder injury (1)
Median follow-up	8 months (4 – 24)

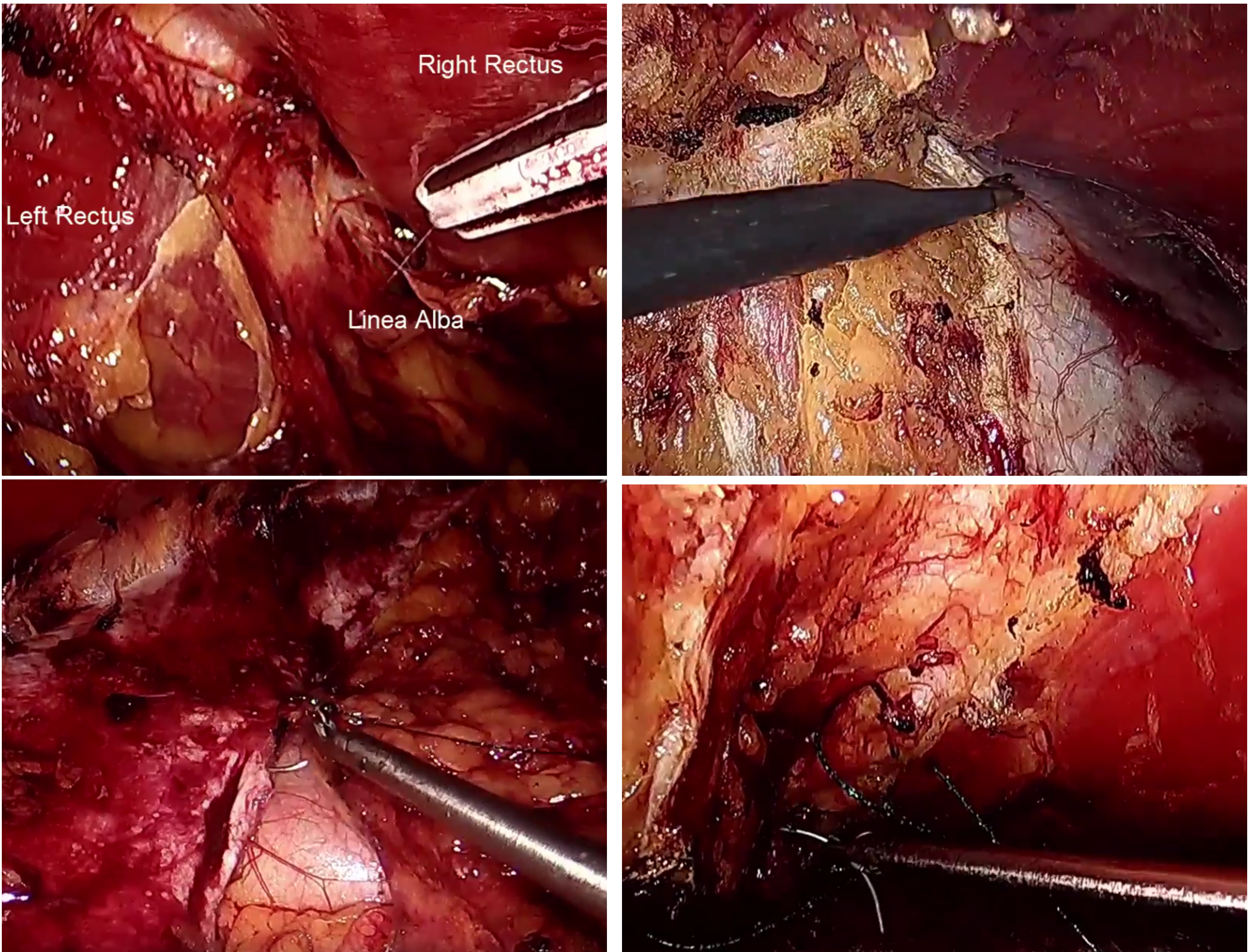


Figure 2. Intraoperative findings

Results

Demographic data is presented in Table 1. All patients had a midline defect with a maximum width of 8 cm (1-8); of which 27 (63%) had multiple midline defects and 25 (58%) had associated diastasis recti. All of them achieved midline closure. Average operative time was 122.4 minutes (60-200), which shortened towards the second half of the learning curve (Figure 1).

Four patients underwent hybrid approach for the management of large hernia sacs. Average mesh size was 510 cm².

Three patients had complications in early postoperative period (7%):

- Two hematomas which were treated laparoscopically.
- One minor bladder injury that was detected and repaired during surgery.

We observed no mortality in this series, and no recurrences in median 8 months follow-up.

Conclusion

The eTEP RS technique has been performed safely in our two Chilean hospitals, with results similar to those reported in the literature. Towards the second half of the learning curve, we observed a lower operative time with no relative increase in perioperative complications.