ROBOTIC INGUINAL HERNIA REPAIR AFTER PROSTATECTOMY: OUTCOMES OF A SMALL SERIES.

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Background:

- Prior urologic pelvic operations is a classic contraindication for minimally invasive inguinal hernia repair.
- We aim to outline a feasible robotic-assisted inguinal hernia repair technique in patients with previous radical prostatectomies.
- We report the outcomes of nine patients who underwent repair at a single institution.

Methods:

- Retrospective case series at single Institution.
- Nine patients who underwent robotic trans-abdominal preperitoneal approach (r-TAPP) repair of their inguinal hernias after prostatectomy.
- Demographics, intraoperative variables, and outcomes of our cases were evaluated for analysis.
- Patients (9), aged 63-78, all with a history of prostatectomy performed 2-18 years prior, were included in the cohort.

Table #1: Patient's characteristics.

Patient	Duration (minutes)	Mesh type	Mesh (cm)	Intra-operative complication	Post-operative complication
1	153	3D Max - L	10.8 x 16	No	No
2	124	3D Max - L	10.8 x 16	No	No
3	124	3D Light L	10.3 x 15.7	No	No
4	267	3D Max - XL	17 x 12	No	No
5	233	Symbotex	20x15	No	No
6	281	3D Max XL	17 x 12	No	No
7	116	3D Max XL	17 x 12	No	No
8	139	3D Max - XL	17 x 12	No	Seroma
9	96	3D Max - XL	17 x 12	Minor Bleeding	No

Table #2: Operative results.

Patient	Age	BMI	ASA	Laterality	Surgical history
1	78	24.7	2	Bilateral	Open prostatectomy
2	77	20.5	3	Bilateral	Robotic prostatectomy
3	68	27.1	2	Right	Open prostatectomy
4	70	24	2	Right	Robotic prostatectomy
5	67	22.9	2	Right	Laparoscopic prostatectomy
6	63	37.4	2	Right	Laparoscopic prostatectomy
7	75	27.5	2	Left	Robotic prostatectomy
8	65	23.7	2	Right	Robotic prostatectomy
9	71	22.5	3	Right	Robotic prostatectomy

Results:

Hernia defects were bilateral in 2 patients and unilateral in the rest. Peritoneal closure was always performed using a continuous running barbed suture.

There were no documented intraoperative complications.

Post-operatively, only one seroma (n=1) was documented during the follow-up as complications.

There were no 30-day readmission or recurrences recorded.

Conclusions:

The robotic platform can provide enhanced capabilities.

Robotic inguinal hernia repairs in patients with previous prostatectomy may be safely performed in most patients, but larger series should confirm these findings

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