ROBOTIC BILATERAL TRANSVERSUS ABDOMINIS RELEASE WITH SINGLE, BOTTOM DOCK, TOTAL EXTRAPERITONEAL APPROACH FOR VENTRAL HERNIA REPAIR

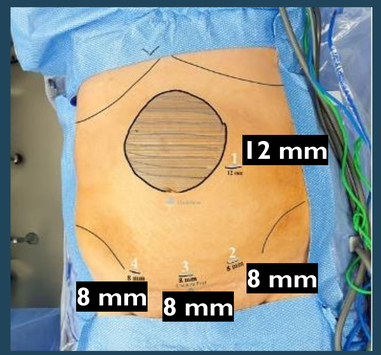
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Background: The eTEP approach is increasingly being used for the surgical repair of large ventral hernias. The addition of a posterior component separation with TAR technique is a procedure for more complex abdominal wall reconstruction. We are proposing a total extraperitoneal robotic approach with a single bottom docking that allows the completion of bilateral TAR for the repair of umbilical and supraumbilical hernias.

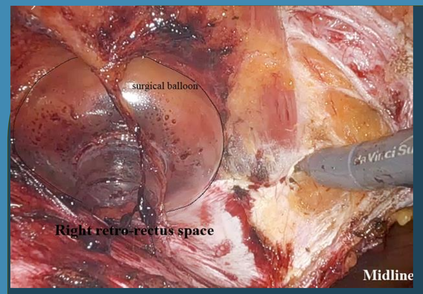
Methods: This study describes pre-operative patient selection, positioning, and critical surgical steps of this technique.



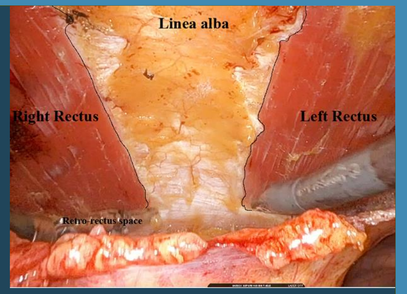
Patient position



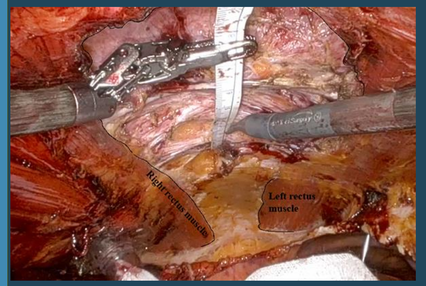
Port placement



Right retro-rectus dissection



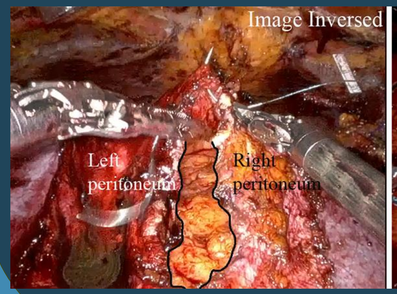
Midline diastasis recti

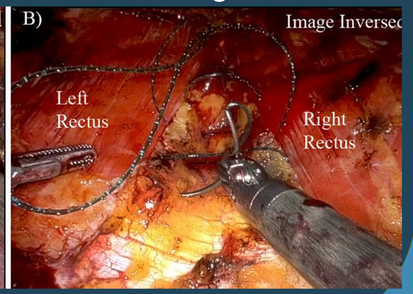


Complete dissection - size



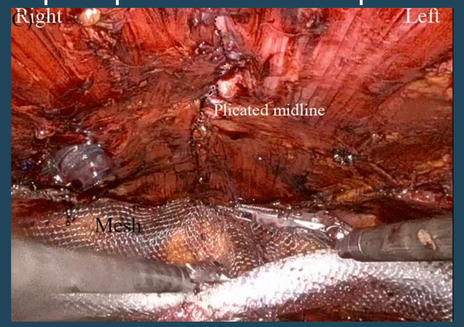
Full right TAR





Peritoneum and linea alba plication

Complete plication and mesh placement



Results: The main goal of this technique is to perform a bilateral TAR with a single docking, as this usually requires double docking. The benefit of adding a bilateral TAR is to create enough space to develop a wider sub-lay retro-rectus mesh overlap and release the tension of the wide defects closure.

Conclusion: Robotic-assisted ventral hernia repair through eTEP approach with single, bottom dock bilateral TAR has multiple advantages and is an excellent alternative for umbilical and supraumbilical hernia repair.