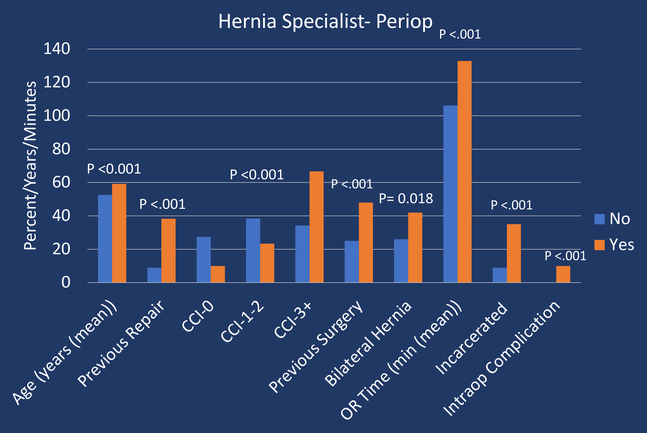
Robotic Inguinal Hernia Repair For The New Robotic Surgeon – Safety And Early Outcomes In A Large Academic Medical Center

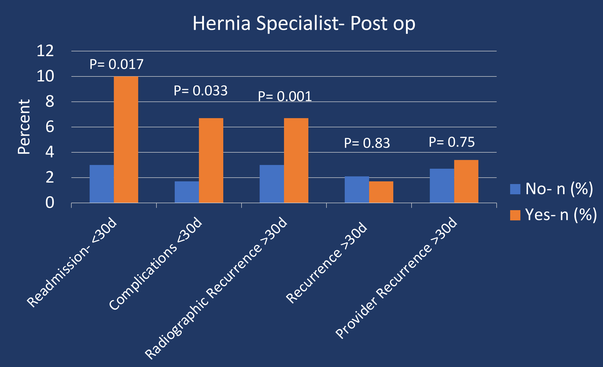
Daniel Tagerman, MD MS, Michelle Nessen, MD, Diego Lima, MD MSc, Ryan Chin, MD, Nawaf Hindosh, MD, Xavier Pereira, MD, Prashanth Sreeramoju MD, Flavio Malcher, MD

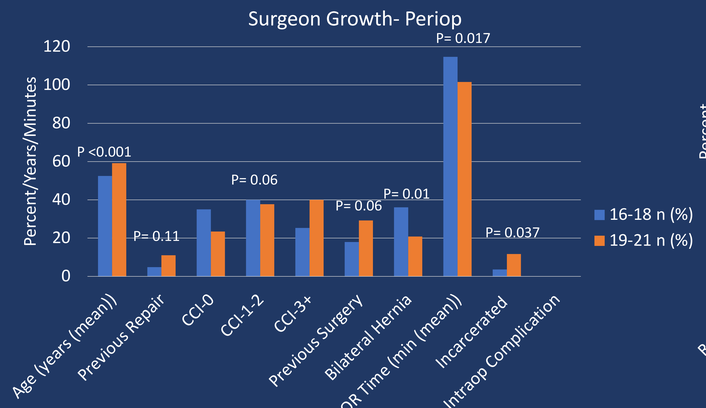
- **Introduction:** As inguinal hernias are a frequent problem for the general surgeon, robotic inguinal hernia repair (RIHR) is a useful tool for the less experienced robotic surgeon to grow skills and confidence. This work aimed to evaluate outcomes of RIHR in a single institution.

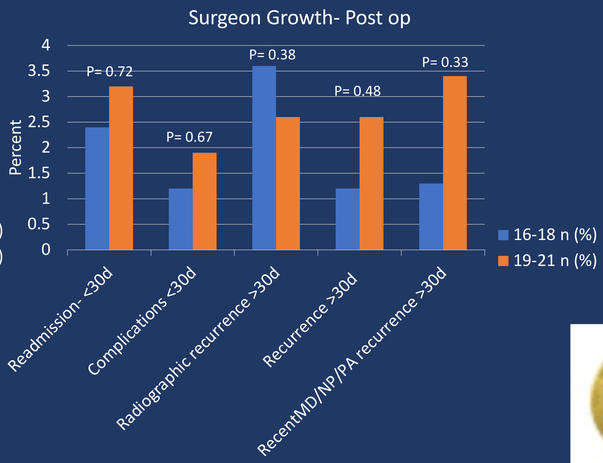
- **Methods:** A retrospective single-center study of all patients with RIHR performed between July 2016 and September 2021 was performed. Baseline characteristics and outcomes between surgeons with greater than five years of robotic experience were compared to those with less. Of those with less, their first three years in the study period were compared against the latter three years to asses for personal growth. Univariate and multivariate logistic regression were performed.

- **Conclusion:** RIHR is safe for both the novice and experienced robotic surgeon. Experienced surgeons seem to take on more complicated patients and hernias with increased surgical risk.









Logistic Regression

Variable	OR (95% CI)	P-value
30d Readmission		
Hernia Specialist	3.69 (1.0-13.5)	0.049
BMI	1.1 (0.99-1.23)	0.082
Previous Repair	0.35 (0.059-2.03)	0.24
Previous Abdominal Surgery	3.18 (0.89-11.4)	0.075
Bilateral Hernia	2.64 (0.75-9.3)	0.13
30d Complication		
Hernia Specialist	4.04 (0.84-19.3)	0.08
BMI	1.01 (0.87-1.2)	0.92
Previous Repair	0.76 (0.12-4.7)	0.77
Previous Abdominal Surgery	3.72 (0.74-18.6)	0.11
Bilateral Hernia	0.99 (0.18-5.6)	0.992