Robotic Converted to Open Right Inguinal Hernia Repair for Large Right Inguinal Hernia

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BACKGROUND

This is a case report which highlights the use of combined technology and its role in repairing large complex hernias. This is a case of a 70-year-old man whose large inguinal hernia was repaired using laparoscopic robotic technique in combination with open technique. The combination of both lead to improved pain control, lower risk of inadvertent injury to surrounding structures due to improved visualization while using the robot.

Introduction

Robot assisted laparoscopic hernia repairs are one of the most common surgical procedures performed. This case looks at a complex hernia containing small bowel and large bowel. It demonstrates that in complex hernias, sometimes there can be a need to convert to open, but the robot is a powerful tool that can be used to assist a complicated operation. Ultimately patients can benefit from a combined procedure as it can lower the risk of complications.

Procedure

The patient was a 70-year-old male who presented to the clinic for repair of a large right inguinal hernia. He had a known right inguinal hernia but had chosen not to have it repaired over the course of 10 years. During that time, the hernia increased in size and became burdensome to manage. Due to the hernia's size, the patient could only wear sweatpants, as slacks were not accommodating. He requested a surgical procedure to improve his quality of life and prevent potential complications, such as bowel strangulation, later in life. The patient was scheduled for a robotic right inguinal hernia repair. The risks associated with the possibility of converting to open surgery were explained to the patient due to the large size of the defect. Despite this, the patient elected to proceed with the procedure to improve his quality of life. He underwent a robotic laparoscopic hernia repair, which was converted to an open right inguinal hernia repair. The procedure also involved a partial colectomy, ileocolonic anastomosis, and the use of biologic mesh to repair a large defect in the inguinal canal.



Image 1. Pre operative image.



Image 2. Intraoperative image.



Image 3. Post operative image.



Image 4. Post operative image.

DISCUSSION / CONCLUSION

This case highlights the benefits of usage of the robot to assist with even complex surgical procedures. The advantage of beginning robotically was lysis of adhesions and mobilizing colon to allow for reduction of bowel into the abdomen. By doing this we were able to avoid a larger midline incision, and the complications which arise from that. Patient was able to undergo hernia repair and was discharged home on post operative day one with minimal pain.

70-year-old male with large complicated right inguinal hernia containing colon and small bowel which had become a burden to manage underwent a robot assisted laparoscopic converted to open right inguinal hernia repair with partial colectomy and ileocolonic anastomosis and biologic mesh placement to repair large defect in inguinal canal. Patient's quality of life improved, and a large burdensome right inguinal hernia was repaired.

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