


LAPAROSCOPIC VENTRAL HERNIA REPAIR WITH ONLY TWO TROCARS

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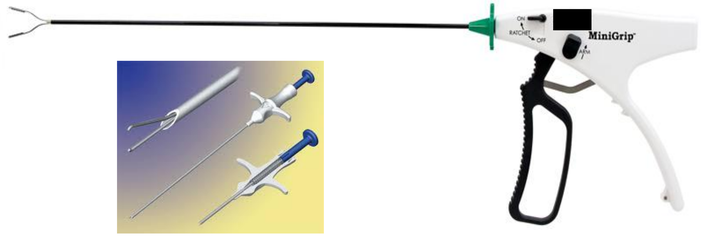
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Background:

- ❑Ventral hernia repairs may be open, laparoscopic (most common), or robotic
- ❑ Traditional laparoscopic approach uses one 12mm and two 5mm ports
- ❑ Using fewer and smaller ports may decrease pain, achieve faster recovery and produce better cosmetic results.

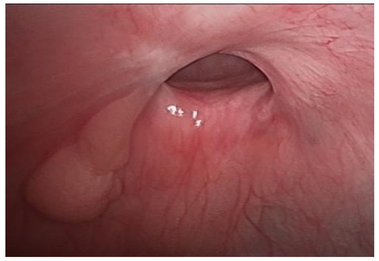
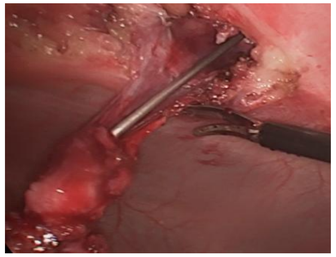
Patients and Methods

- ❑ Database of a single MIS fellowship trained surgeon
- ❑ Included all ventral hernia repairs using only two ports from three institutions during an eight year period

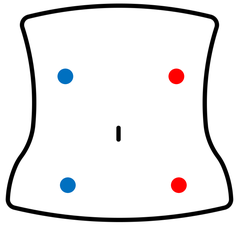


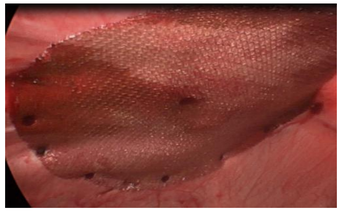
Results

- ❑60 patients (63% male), median age 51.1 (range 22.8-86.3 years)
  - ▪Two 5 mm ports 73%
  - ▪5 & 8 mm port 22%
  - ▪5 & 10-12 mm port 5%
- ❑ Port placement:
  - ▪ Midline/right sided hernias: LU&LLQ
  - ▪Left sided hernias: RU&RLQ
- ❑ Mini-grasper 15%, suture passer 35%
  - ❑retraction, dissection and/or suturing
- ❑Technique:
  - ❑Hernia contents reduced/ sac resected
  - ❑ Falciform ligament partially dissected off

- ❑ Transfacial 0-Vicryl on suture passer (rectus diastasis approximated in the same fashion)
  - ▪Hernia sac& lipoma removed
  - ▪Small hernias→ round 8-12cm coated mesh
  - ▪Large hernias/rectus diastasis→ oval mesh





- ❑2 Spigelian and 2 ostomy site hernias repaired using TAPP technique (2port&mini-grasper): → preperitoneal Progrip mesh
- ❑ No recurrent hernias developed during follow-up

Summary and Conclusions

- ❑ Many small (<5cm) ventral hernias are amendable to laparoscopic repair with only 2 trocars
- ❑ High patient satisfaction can be achieved
- ❑Technique offers alternative to the robotic approach