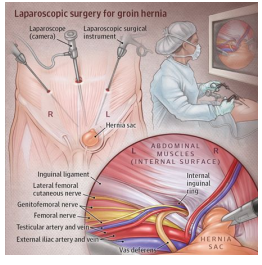
Bleeding after robotic bilateral inguinal hernia repair in a patient on Coumadin

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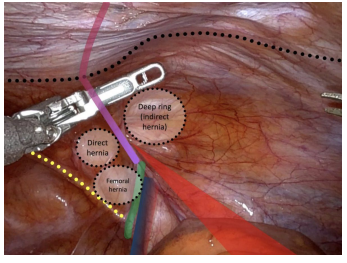
BACKGROUND

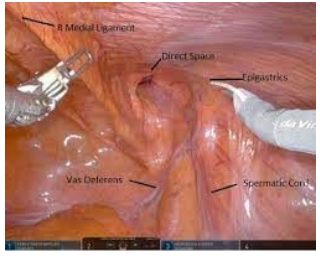
- Inguinal hernias: most common hernia type managed by general surgeons
- Robot-assisted techniques are gaining popularity due to their precision and reduced recovery times
- Complications such as postoperative bleeding can occur, leading to extended hospital stays, readmissions, and reoperations.
- Bleeding complications occur in approximately **0.9%** of cases
- Anticoagulants like warfarin are a known independent risk factor.



Case Presentation

Case of a 68-year-old male with a history of a mechanical heart valve on Coumadin, who underwent robotic bilateral inguinal hernia repair with mesh. Warfarin was restarted on POD1 with Lovenox bridging. On POD 3, the patient presented in extremis with abdominal pain & distention.





The patient was urgently taken to the OR. 2-liters of hematoma evacuated on entry. Inspection showed blood clots in the preperitoneal space, with active bleeding from a vessel at the lateral edge of the left side mesh controlled with hook cautery. Minor raw surface bleeding on the right side was also controlled with cautery, Visteaseal, and Surgicel powder. Peritoneal flaps were re-secured, and the patient's heparin drip started on POD 3 was bridged to Coumadin by POD 5.

The patient was discharged home without further incidents.

Discussion/Conclusion

Robotic inguinal hernia repair, while minimally invasive, carries a risk of significant bleeding, especially in patients on anticoagulation therapy.

This case highlights the critical need for careful management of anticoagulation during robotic hernia repair to reduce bleeding risk.

Warfarin is an independent risk factor for postoperative bleeding, underscoring the importance of vigilant monitoring and prompt surgical intervention for complications.

REFERENCES / ACKNOWLEDGEMENTS

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