

OUTCOMES OF eTEP FOR VENTRAL HERNIA -A TERTIARY CARE CENTRE EXPERIENCE FROM INDIA
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INTRODUCTION

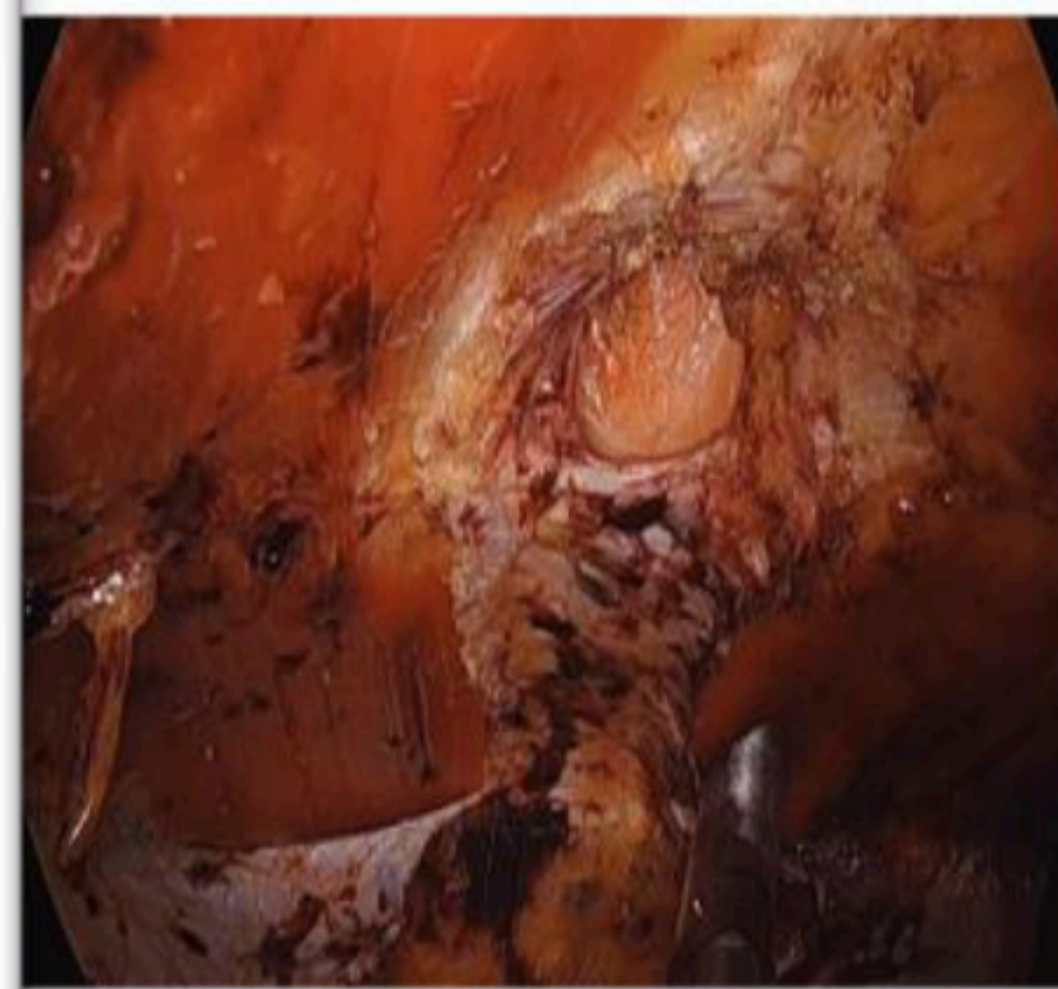
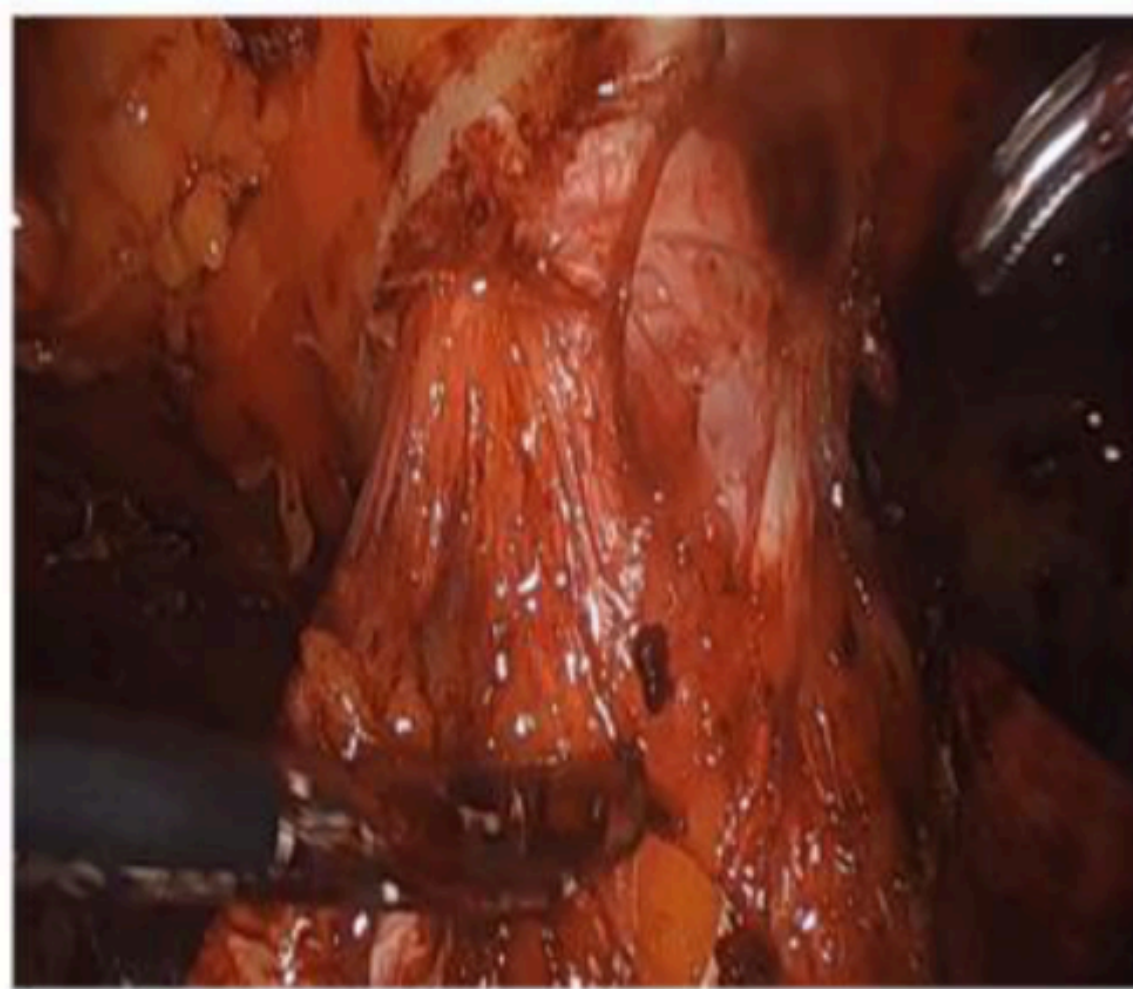
- Laparoscopic ventral hernia repair has undergone a paradigm shift with the introduction of numerous new techniques.
- Enhanced-view extra-peritoneal (eTEP) is a novel approach introduced by Belyansky et al.
- This approach can be easily coupled with a component separation in the form of transversus abdominis release (TAR) for large hernia.
- We present our experience in the last 5 years.



Methodology

- Retrospective analysis of a prospectively maintained database.
- Duration-January 2020 to February 2025
- Patients were evaluated with routine blood investigations, clinical examination, and pre-operative optimization.
- Most patients were ASA I
- Post-operative follow-up was done at 1 week and 4 weeks

GENDER	M=20, F=15	Complications	Number
AGE	45±12 YEARS (26-75)	Seroma 1	(Aspiration)
BMI KG/M2	27.9± 1.5 KG/M2	Conversion	2 (1= e MILOS, 1= Open Retrorectus)
DURATION OF STAY	2.3± 1.8DAY S (1-10)	Re exploration	3 (2= Acute intestinal obstruction, 1= Mesh explantation)
OPERATIVE TIME	114 MINUTE S (60- 180)	Recurrence	None
MESH SIZE (cm2)	415 ± 103		
MEAN DRAIN REMOVAL TIME	7.3 DAYS		



CONCLUSION

- Etep literature suggests lower recurrence rates, reduced wound complications, and shorter hospital stay.
- This technique requires advanced laparoscopic skills and has a steep learning curve.