

ROBOTIC VENTRAL HERNIA REPAIR: EARLY INSTITUTIONAL EXPERIENCE FROM A TERTIARY CARE CENTRE		
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Introduction- Robotic platforms improve surgical visualization, precision, and range of motion through articulated robotic arms, enhancing dissection and suturing. Studies show that minimally invasive surgery (MIS) offers advantages over open repair for ventral hernia. Various extraperitoneal approaches can be performed more precisely with robotic systems compared to laparoscopy. This study presents the early experience of robotic ventral hernia repair at a tertiary care institution and evaluates its intraoperative and postoperative outcomes.		
Methods: A retrospective analysis of a prospectively maintained database of patients who underwent robotic ventral hernia repair between December 2024 and June 2025. Data about demographic characteristics, type of hernia, prior surgical history, operative findings, and postoperative outcomes were collected and analyzed.	Results: A total of twenty-four patients (mean age 48.9 years; 66.7% female) underwent robotic ventral hernia repair, predominantly via the trans-abdominal retromuscular (TARM) approach. Out of 24 patients, primary ventral hernia were (n=12), incisional hernia were (n=10), and diastasis recti were two. The mean operative time was 105 minutes, and the mean defect size was 13.04 cm ² . All defects were closed, with mesh sizes most commonly 20 × 18 cm. The mean hospital stay was 1.4 days, and most patients were discharged by postoperative day two. No major complications or conversions were recorded. Three patients developed postoperative seroma at the hernia site, which were managed conservatively.	Conclusion: Robotic ventral hernia repair is a safe and effective technique with minimal complications, short hospital stay, and good early outcomes. Further studies and trials are needed to compare long-term outcomes and cost-effectiveness in resource-poor countries.