

Ventral Hernia

Association of Robotic Approach with Intraperitoneal Mesh Placement in Ventral Hernia Repair

Ryan Howard, MD, MS; Anne Ehlers, MD, MPH; Abigail Kappelman, MA; Dana Telem, MD, MPH; Jenny Shao, MD

University of Michigan, Ann Arbor, Michigan, USA

Aims

Intraperitoneal onlay mesh placement is a common approach for minimally invasive ventral hernia repair

We evaluated whether adoption of the **robotic platform** was associated with changes in location of mesh placement

Methods

Retrospective analysis of patients undergoing elective minimally invasive ventral hernia repair with sublay mesh placement

Outcome of interest was intraperitoneal mesh location

Multivariable logistic regression performed to evaluate the association between robotic approach and mesh location



Results

4,512 patients 79.5% robotic 20.5% laparoscopic Mean hernia size 3.7 cm

80% intraperitoneal mesh 20% extraperitoneal mesh

Robotic approach associated with **Iower likelihood** of intraperitoneal mesh



Conclusions



Compared to laparoscopic approach, robotic approach to ventral hernia repair is associated with **significantly lower likelihood** of intraperitoneal mesh placement

Future research should investigate whether this difference in technique impacts patient outcomes

Likelihood of intraperitoneal mesh placement