



Preliminary Monocentric Medico-Economic Study of Robotic Ventral Hernia Repair Compared to Laparotomy



D. MASSALOU, S. de FATICO, D. MARIAGE and P. BAQUE
Digestive Surgery, University Hospital of Nice, France



Objective:

Evaluate medico-economic outcomes of the first patients undergoing robotic vs laparotomic ventral hernia repair for median incisional hernias.

Materials and Methods:

Retrospective monocentric medico-economic analysis.

Patients operated on in 2023 and 2024: robotic vs laparotomy.

Costs = purchase of equipment + sterilization + consumables.

Revenue = French healthcare reimbursement system (depending of comorbidities and postoperative morbidity).

Results:

2023-2024	Laparotomy	Robotic
Nb of cases	187	32
Cost /patient (€)	138	1831
Revenue / patient (mean - €)	4339	3009
Length of stay (mean - days)	5.5	2
Morbidity (%)	25%	10%
Profit (without morbidity analysis - €)	911	-18

Conclusion:

Without considering functional outcomes and morbidity-mortality rates, **robotic ventral hernia repair is more costly than open surgery.**

Robotic surgery could become economically viable for managing complex hernias or cases with high morbidity risk.