Implementation of Robotic eTEP (Extended Totally Extraperitoneal Hernia Repair) for Incisional and Primary Ventral Hernias

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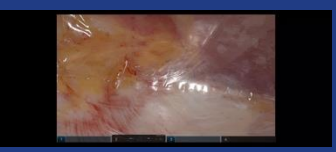
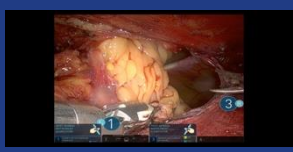
Material and Methods

•The eTEP technique is preferably used in our practice for the repair of incisional and primary ventral hernias
•Between **October 1, 2021** and **May 2, 2025**, we performed **311 eTEP procedures**
•Our **first robotic eTEP** was conducted on **September 4, 2024**
•Since then, **32 patients** have undergone robotic eTEP repair



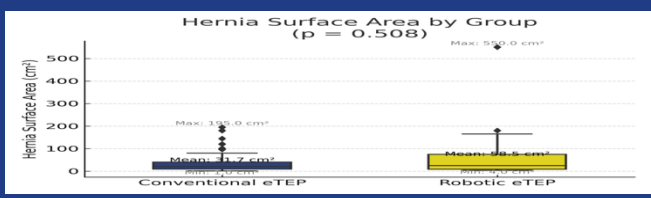
Results

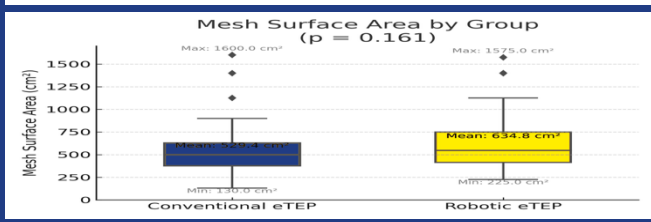
•Patient demographics (n = 32):
•• Mean age: **61.2 years** (range: 34–86)
•• **14 females** and **18 males**
•• Mean **BMI**: **32.0 kg/m²** (range: 24.2–42.1)

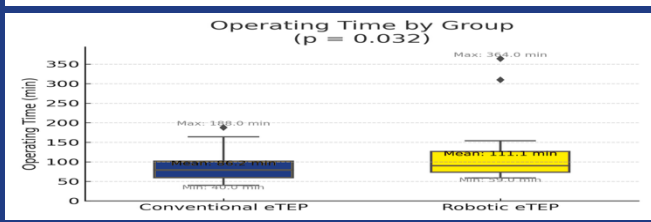
•Hernia characteristics:
•• Mean horizontal diameter: **6.3 cm** (range: 2.0–23.5 cm)
•• Mean hernia defect area: **58.5 cm²** (range: 4–550 cm²)

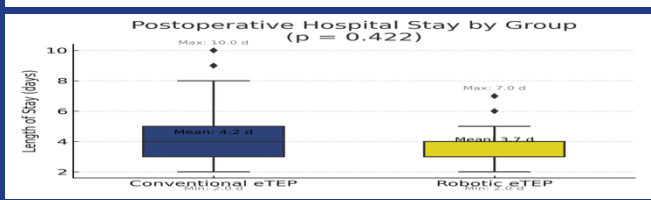
•Operative parameters:
•• Mean operative time: **111 minutes** (range: 59–364)
•• Mean mesh surface area: **634.8 cm²** (range: 225–1575 cm²)

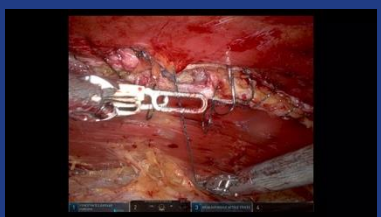
•Postoperative outcomes:
•• No complications
•• No recurrences reported to date










Conclusions

•Robotic extended totally extraperitoneal hernia repair is a **safe and feasible** technique for treating incisional and primary ventral hernias
•It may facilitate the repair of **larger or more complex hernias** and could offer advantages over conventional endoscopic techniques
•Further evaluation is warranted

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