

Robotic surgery for Ventral Hernias : Monocentric Outcomes of eTEP and TAR Techniques

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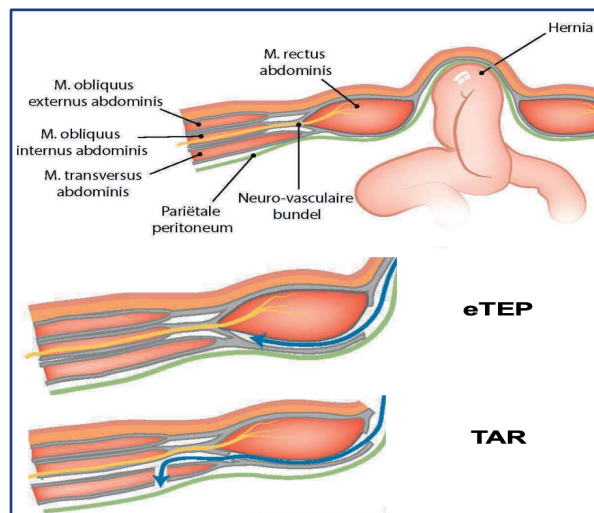
Background / Aim

The **extended Totally Extraperitoneal (eTEP)** approach allow retromuscular mesh placement while minimizing complications.

The **Transversus Abdominis Release (TAR)** technique increases flexibility for complex hernia repair.

Traditionally, these approaches are performed via open or laparoscopic surgery; however, robotic data remain scarce in the literature.

This study aims to evaluate the short-term outcomes of robotic eTEP and TAR procedures in a consecutive series of patients treated at single high-volume institution.



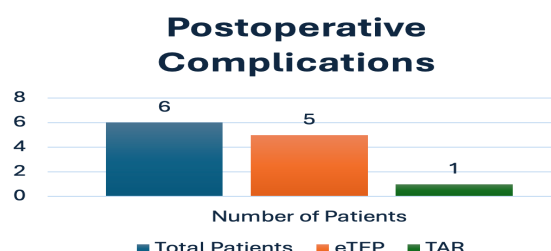
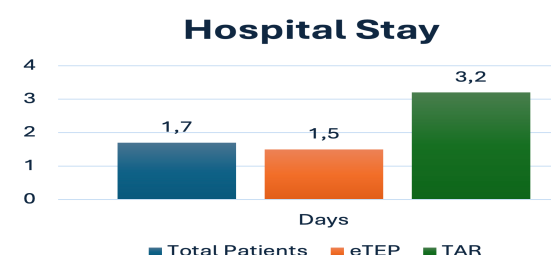
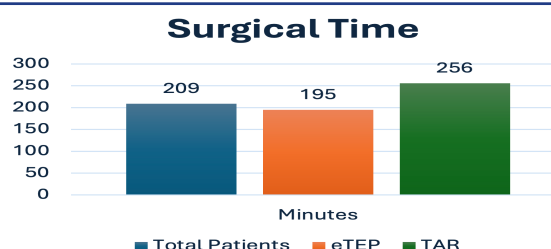
Materials & Methods

A retrospective review of 50 patients undergoing **robotic incisional hernia repair** (May–Dec 2024) at Poitiers University Hospital.

Procedures: 42 eTEP and 8 TAR.

Characteristics	All Patients (50)	eTEP (42)	TAR (8)
Age	51.9	52	50.8
BMI	29.1	29.3	27.8
Diabete	7 (14.0%)	6 (14.3%)	1 (12.5%)
Smokers	23 (46.0%)	18 (42.9%)	5 (62.5%)
ASA Score			
1	13	12	1
2	30	24	6
3	7	6	1
Antiplatelet/anticoagulant Therapy	8 (16.0%)	6 (14.3%)	2 (25.0%)

Results



Conclusions

Robotic-assisted eTEP and TAR techniques show **promising results** in incisional hernia repair, with **low complication rates** and **short hospital stays**. The **precision and ergonomic advantages** of robotic platforms allow for safe dissection and mesh placement, even in complex cases. These findings support the expanding role of **robotics in abdominal wall surgery** and highlight the need for **larger comparative studies** to refine indications and assess long-term outcomes.