

Supracostal Access in eTEP: Safe and feasible. Our Experience

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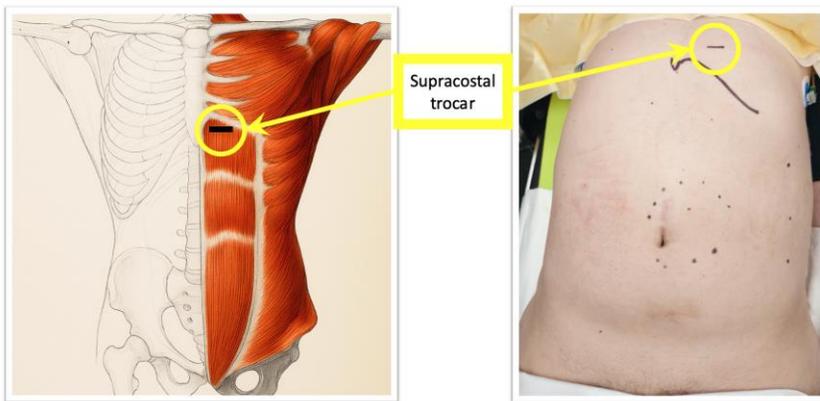
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Aim

This study aims to describe the safety, feasibility, and effectiveness of supracostal access in the enhanced-view Totally Extraperitoneal (eTEP) technique for incisional hernia repair. The trocar is placed 2–3cm cranial and 3–4 cm lateral to the xiphoid process.



Materials and Methods

A retrospective analysis was conducted on 14 patients with incisional hernias who underwent surgery using the supracostal eTEP approach between May 2024 and January 2025. All surgeries were performed by the same team, accessing the retromuscular space without a dissection balloon. Patients were classified based on European Hernia Society (EHS) guidelines, and preoperative abdominal computed tomography (CT) scans were performed to assess hernia characteristics.

Results

The study cohort included 11 males and 3 females with a mean body mass index (BMI) of 31. Hernia types included M1–M4, all classified as W2. Five procedures were laparoscopic, and nine were robotic, with three requiring posterior component separation. Conversion to open surgery occurred in one case due to peritoneal perforation. Postoperative complications included five cases of seroma, with one requiring drainage. Hospital stays ranged from same-day discharge to a maximum of two days. Follow-up (mean 5.5 months) showed no recurrences or infections.

Conclusions

Supracostal access in eTEP Rives-Stoppa provides enhanced surgical space, facilitates midline suturing, and avoids the need for preoperative ultrasonography for semilunar line identification. It is safe, effective, and may serve as a standard approach for eTEP surgeries