

Outcomes in Robotic Ventral and Incisional Hernia Repair; the first 50 cases

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Background

- The proportion of robotic ventral and incisional hernias repairs is increasing.
- Real-time analyses of patient outcomes provide valuable data regarding feasibility and safety of integrating these techniques in practice.

Method

- Prospective data capture on patients undergoing ventral or incisional hernia repair during the introduction of robotics into a single-surgeon, high-volume hernia practice.
- Aim:** analysis of perioperative safety profile and efficacy of robotic ventral/incisional hernia repair.

Results

Jan 2023-Dec 2024: **50** robotic ventral and incisional hernia repairs (figure 1)

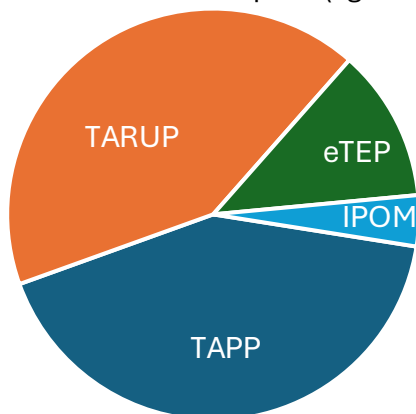


Figure 1: distribution of surgical techniques used in robotic ventral/incisional hernia repair

Demographics:

- Male n=22 (44%)
- Median age **54** (IQR 42–68)
- 34% ASA I, **44% ASA II**, 22% ASA III

Perioperative Outcomes

- Median blood loss: **0mL** (no transfusions)
- Conversion to open: **4%** (n=2)
- Median console time= 48 minutes (IQR 36-72).
- Median Length of Stay: **1 day** (IQR 0-1)

Postoperative Outcomes

- Complication-free** recovery: **90%** (n=45)
- Major complications** (CDIII/above): **8%** (n=4)
- Readmission:** n=1 (postoperative infection)
- Return to theatre:** n=1 (haematoma evacuation)
- No** mesh explantations.
- No** deaths within 60 days.
- No** early recurrences.
- Median follow-up: 84 days.

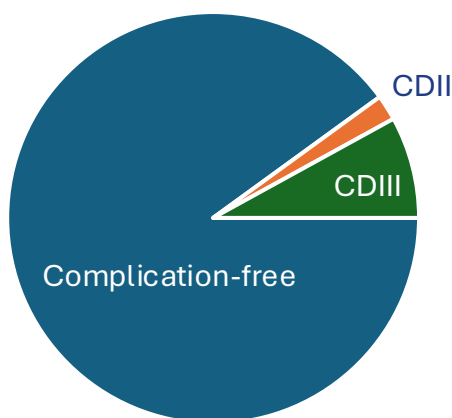


Figure 2: outcomes following robotic ventral hernia repair
 CD=Clavien-Dindo Grade

Conclusion

These 50 cases demonstrate the **safe introduction of robotic surgery** into ventral and incisional hernia practice, with **90%** of patients making an entirely **complication free-recovery**, alongside short length of stay, low rates of readmission and return to theatre, and **no** associated mortality or early recurrences.