

A prospective clinical trial on the outcomes and quality of life of the enhanced-view Totally Extraperitoneal Rives-Stoppa technique

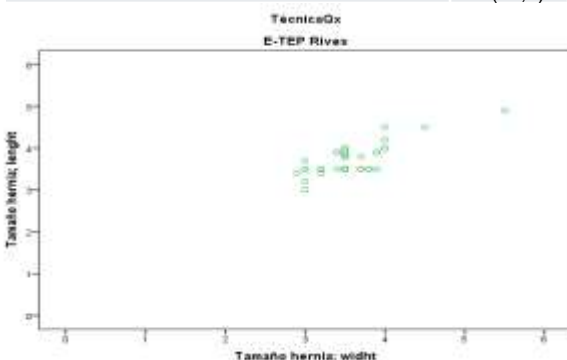
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AIM. Evaluate the quality of life (QoL), postoperative complications and hernia recurrence rate following eTEP-RS for primary (PVH) and incisional ventral hernia (IVH), M2 and M3, W1-2.

MATERIAL AND METHODS. Prospective unicenter observational cohort of eTEP-RS conducted from May 2022 to May 2024, with a CT scan and a QoL assessment (EuraHS-QoL) before and at 6th. postoperative month.

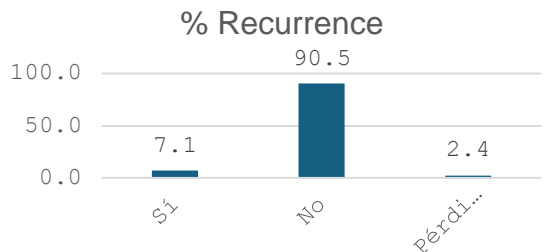
Table. EPIDEMIOLOGY

	E-TEP RS (n = 42)
Female, n (%)	11 (26,19)
Age, mean (sd)	53,69 (12,3)
Body Mass Index, mean (sd)	28,04 (2,63)
Weight, mean (sd)	83,48 (10)
Diabetes Mellitus, n (%)	4 (9,52)
High Blood Pressure, n (%)	16 (38,09)
Chronic Obstructive Pulmonary Disease, n (%)	1 (2,38)
OSAHS/CPAP, n (%)	0 (0)
Without immunosuppressant, n (%)	41 (93,62)
Anticoagulation, n (%)	2 (4,76)
Smoking, n (%)	
Ex-smoking	0 (0)
No	32 (76,19)
Yes	10 (23,81)
ASA, n (%)	
ASA I	28 (66,67)
ASA II	14 (33,33)
ASA III	0 (0)
Type of hernia, n (%)	
Primary	36 (85,71)
Incisional	6 (14,3)
M2/M3, n (%)	
M2	7 (16,67)
M3	35 (83,33)
W1/W2	
W1	37 (88,1)
W2	5 (11,9)

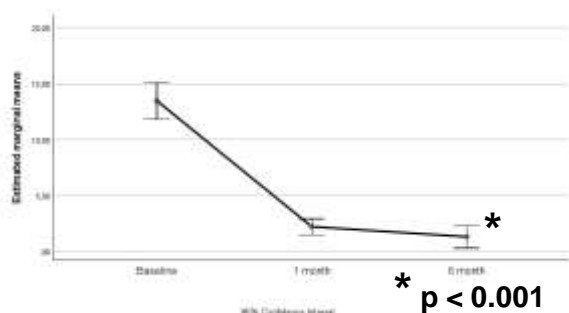
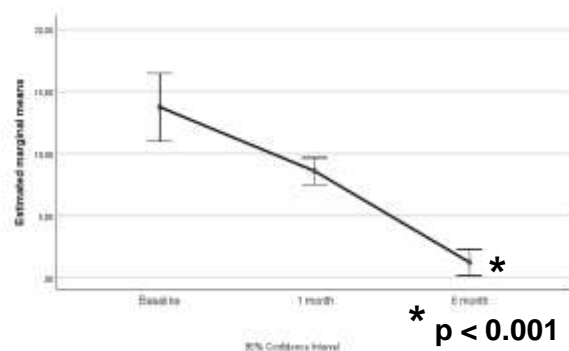
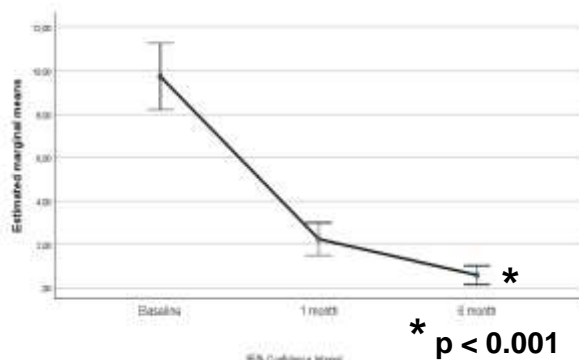


RESULTS

- SSI: 0%



QUALITY OF LIFE-EuraHS QOL



CONCLUSIONS. eTEP-RS technique for the repair of PVH and IVH, M2-M3 and W1-W2, improves subjective QoL but with a low recurrence rate in a short-term of follow up.

REFERENCES. Belyansky, I. et al. (2018). *Surgical endoscopy*, 32(3), pp. 1525. Sanna, A. et al. (2020.) *Journal of laparoendoscopic & advanced surgical techniques. Part A*, 30(3), pp. 246. Penchev, D., Kotashev, G. and Mutafchiyski, V. (2019). *Surgical endoscopy*, 33(11), pp. 3749. Radu, V.G. and Lica, M. (2019). *Hernia: the journal of hernias and abdominal wall surgery*, 23(5), pp. 945).