47th ANNUAL INTERNATIONAL CONGRESS EHS 2025 JUNE 4-6 PARIS - FRANCE

Others

Imperial College London

NHS Chelsea and Westminster Hospital NHS Foundation Trust

Real Life Validation of the European Hernia Society Robotic Training Pathway

Romilly K HAYWARD[1,2], Zeynah Alhadad[1], David Kerella[1], Laura Muirhead[2], Oliver J Warren[1,2]

[1]Imperial College London, United Kingdom; [2]Chelsea & Westminster Hospital NHS Fdn Trust

Background

- With the introduction of robotic surgery, continuous, real-time analysis of clinical outcomes and learning curves is vital, to inform and protect patients, and enable cost-benefit decisions.
- In 2022, the EHS published guidelines detailing a **recommended training pathway** for surgeons adopting **robotic abdominal wall surgery** (RAWS).

Method

- Prospective data capture on one surgeon's introduction of robotics into their high-volume practice aimed to provide **real-life validation** of the RAWS training pathway.
- A **foundation** developed through high-volume **groin and ventral hernia TAPP** repairs allowed expansion into more **complex** operations, facilitating a **rapid learning curve**.

Results

Jan 2023-Oct 2024: **161** RAWS (74% groin/ventral TAPP)

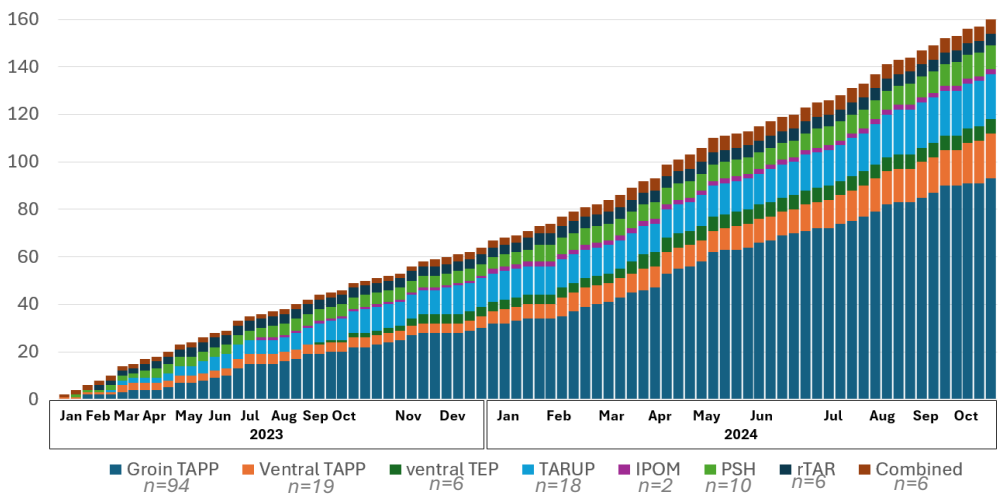
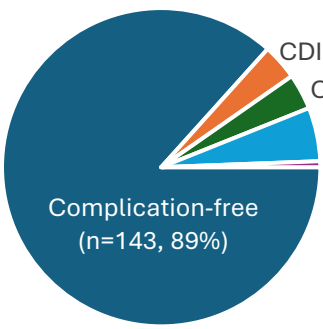


Figure 1: First 161 cases during implementation of the European Hernia Society Robotic Abdominal Wall Surgery (RAWS) Training Pathway.

TAPP=transabdominal preperitoneal, TEP=totally extraperitoneal, TARUP=transabdominal preperitoneal; IPOM=intraperitoneal onlay mesh; PSH=parastomal hernia repair; rTAR=robotic transversus abdominis release; combined=concomitant groin & ventral TAPP.

Surgical Outcomes

- Median Console Time (CT): **41 min** *(improvements in operation-specific CT over time)*
- Median blood loss: **0mL** (**1** blood transfusion)
- Conversion to open: **2.5%** (n=4)
- Readmission: **2.5%** (n=4)
- Return to theatre: **1.9%** (n=3)
- Early recurrence: **0.6%** (n=1)
- **No** mesh explantations.
- Median follow-up: 84 days.



1 patient readmitted, returned to theatre and sadly died within 30 days of surgery (pathology unrelated to his hernia).

Figure 2: outcomes following robotic abdominal wall surgery. *CD=Clavien-Dindo Grade*

Conclusion

This data provides real-life validation of the EHS RAWS training pathway, demonstrating acceptable perioperative outcomes following the introduction of robotic surgery, alongside a clear learning curve, with improvements in CT over time.

For queries, please contact romilly.hayward3@nhs.net