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DR. N. BASTE, & Dr. N. Dabhade, Dr. Rahade, Dr. S. Bobade, Dr. V. Patil
 SMBT IMSRC, INDIA

EARLY OUTCOMES OF LAPAROSCOPIC 3 PORT eTEP RS SOS TAR FOR VENTRAL HERNIA SURGERY, SINGLE INSTITUTE RESULTS

An Observational Study

INTRODUCTION

- Ventral hernia repair has evolved with minimally invasive techniques offering improved outcomes.
- The enhanced-view totally extraperitoneal Rives-Stoppa sublay repair with transversus abdominis release (eTEP RS SOS TAR) using a laparoscopic 3-port approach is a recent advancement aimed at reducing morbidity while ensuring durable repair.
- This study presents early outcomes from our institution, evaluating the feasibility, safety, and efficacy of this technique in ventral hernia management.

AIM

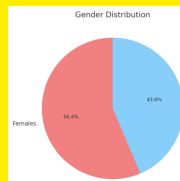
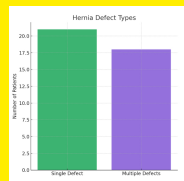
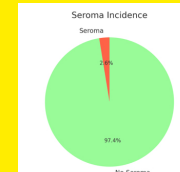
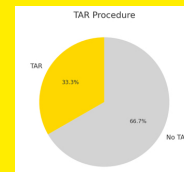
To publish our technique and early outcomes of 3 port laparoscopic eTEP RS sos TAR

MATERIALS AND METHODS

- 1st Port- 10 mm left subcostal, 5 cm from midline, camera port
 - 2nd Port- 5 mm, 5 cm below first port at linea semilunaris, for bipolar sealer and needle holder
 - 3rd Port- 5 mm, 5 cm below 2nd port at linea semilunaris, for scissors
 - Conversion of 10 mm port to 12 mm for mesh insertion
- Camera port is not switched for retrorectus dissection, cross over and hernia sac dissection

RESULTS

- Total patients - 39
- Females-22, Males- 17
- Average defect size- 3.8 cm
- Single hernia defect in- 21 patients
- Multiple hernia defects in- 18 patients
- TAR done in - 13 patients
- Seroma- 1 patient
- No recurrence on mean follow up of 6.5 months



CONCLUSION

- 3 port eTEP RS is a safe and feasible procedure for laparoscopic hernia repair.
- Only disadvantage is suturing has to be done by unilateral port rather than the diamond port concept
- Suturing can be difficult for large defects