

Robotic Tapp Inguinal Hernia Repair

And a Bit About Undoing ...

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Who do I choose for rTapp Inguinal Repair ?

- Significant extrafascial adiposity
- Short Umbilical pubic distance
- Previous Radical Prostatectomy
- Large Inguinoscrotal Hernias
- Complex Recurrences (previous anterior and posterior approaches)
- Chronic Pain evaluation and Management

Optimization of rTapp Inguinal Repair

- No Discussion about setup or ports or instruments or suture
- Remote Port Placement and Minimize torque on abdominal wall
- Preperitoneal versus Pretransversalis Plane
- Extensive Proximal Dissection - Critical View of MPO
- Large mesh greater than 10 x 15. (extra large 3dMax)
- Appropriate Fixation depending on case
- Port Site Closure

Robotic Removal of Preperitoneal Inguinal Mesh

- **INDICATIONS**

- Severe postop pain persisting for greater than 6 months
- Patient claims of a systemic reaction to the mesh
- Complex recurrence with poorly placed posterior mesh

Robotic Removal of Preperitoneal Inguinal Mesh

• Optimizing Outcomes

- Set Expectations Clearly
- Allow for intraoperative decision that less is more
 - If adhesions look severe enough to be etiology
 - If tack fixation placement appears suspicious
- Plan and discuss options for management of residual hernia
 - Observe
 - Defect closure
 - No mesh - likely future anterior repair