INTRODUCTION

- Minimally invasive inguinal hernia repairs have been shown to be associated with decreased post-operative pain and length of stay.
- Robotic surgery is being increasingly utilized due to its 3-Dimensional visualization and wristed motion.
- The importance of focusing on patient’s quality of life as a post-operative hernia surgery outcome is being progressively recognized.
- The European Hernia Society developed a validated and effective hernia specific quality of life score (EuraHS QoL) that scores patients in three domains: pain, restriction of activities and esthetical discomfort.

AIM

- To examine the European Hernia Society Quality of Life scores at 6 months postinguinal hernia repair comparing laparoscopic versus robotic techniques.

METHODS

- This is a retrospective review of prospectively collected data using the Americas Hernia Society Quality Collaborative data between the years 2013 and 2018.
- Included subjects were >18 years old, had a laparoscopic or robotic unilateral inguinal hernia repair performed electively with 6 month EuraHS information available.
- The EuraHS score is 9 questions in 3 domains, where a higher score from 0-10 is considered a worse state.

RESULTS

- This study included 148 patients, separated into laparoscopic (N=115) and robotic (N=33) cohorts. The two groups had similar basic demographics with respect to age, race, smoking status, ASA class, immunosuppressant use, chronic obstructive pulmonary disease, and diabetes status.
- Post-operative complication rates were also comparable.
- No hernia recurrences or mesh infections were reported.
- The overall median EuraHS scores at baseline were 24 and 33 for the laparoscopic and robotic cohorts, respectively (p=0.16). This was separated into the pain, restriction and cosmetic domains and at baseline the median values were 6, 9, 5 and 10, 17, and 6 for the laparoscopic and robotic groups respectively. At 6 months, the overall change from baseline was similar, -20.0 and -23.0, respectively (p=0.75). At 6 months, the median scores for pain, restriction and cosmetic domains were 0 for both groups.

CONCLUSIONS

- Both laparoscopic and robotic inguinal hernia repairs are associated with improved patient reported quality of life outcomes at six months post-operatively, with no significant outcome differences between the techniques.

DISCLOSURES

- None to declare