Robotic Parastomal Hernia Repair
When and How?
Whitney L. Webb MD, FACS
NO DISCLOSURES
## Robotic Experience

<table>
<thead>
<tr>
<th>Year</th>
<th>Ventral</th>
<th>Incisional</th>
<th>Inguinal</th>
<th>Cholecystectomy</th>
<th>Appendectomy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>9/2016</td>
<td>15</td>
<td>8</td>
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<tr>
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<td><strong>Total</strong></td>
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<td><strong>285</strong></td>
<td><strong>577</strong></td>
<td><strong>7</strong></td>
<td><strong>2</strong></td>
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Parastomal Hernia

Broadly defined as an incisional hernia located at or immediately adjacent to a stoma
Parastomal hernias develops in more than 50% of patients with a stoma and typically occurs within 2 years of ostomy creation but may develop as long as 20 or 30 years after surgery.
When to operate

1. Can the stoma be reversed?
2. How many times has a repair been attempted and should it be relocated?
3. How symptomatic is the hernia?
Should the parastomal hernia be repaired robotically??
Keyhole vs Sugarbaker
PRE-OPERATIVE

Routine pre-operative screening
  - Hgb A1C
  - BMI
  - Cardiac or Pulmonary clearance
PATIENT EDUCATION

PRE-OPERATIVE

- Detailed education packet
  - Explanation of hernia
  - Surgery instructions
  - Restrictions
  - Custom plan for resumption of normal activity
  - Plan for pain control
- Realistic goals for surgery
- Plan for follow up and participation in ACHQC
ROOM SETUP
PATIENT SETUP: FLEX BED
TROCAR PLACEMENT
TROCAR PLACEMENT

![Diagram of TROCAR PLACEMENT showing muscle layers and markers labeled PSH.](image)
WEAPONS

Cadiere
Monopolar Scissors

Mega Needle Driver

Grasper
TAPP BLOCK DONE LAPRASCOPICALLY BEFORE DOCKING THE ROBOT
PATIENT EDUCATION

Post-operative
  - Custom plan for return to normal activity
  - Continued follow up for ACHQC