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**“The Effect of Hernia Size on Length of Stay and Outcomes in Robotic Ventral Hernia Repair”**

Hernia repairs are common procedures that have been performed laparoscopically for many years. However, the Federal Drug Administration approved the Intuitive Surgical robot for use in hernia repair surgeries in 2014. Since then, Our Lady of the Lake's Surgery Department in Baton Rouge has primarily adopted robotic surgery for elective surgical operations. It has become the standard surgical approach for the institution over the laparoscopic approach, particularly for ventral hernia repair. Using robotic surgery, rather than laparoscopic surgery, allows for better ergonomics in terms of greater surgical dexterity, precision, vision, and ability to close hernia defects. However, one factor that still seems to influence outcomes, such as length of hospital stay and complications, is the size of the hernia itself.

The purpose of this retrospective study is to identify patients who underwent robotic ventral hernia repair at this institution and compare hernia size to outcome measures—such as length of stay at the hospital, pain, complications, and issues up to 30 days post-operatively. The study population will include adult patients (>18 years) who had robotic ventral hernia repair surgery performed between January 1, 2015 to July 31, 2020 at Our Lady of the Lake Regional Medical Center in Baton Rouge, Louisiana. The following variables will be extracted and recorded onto REDCap: date, diagnosis, hernia size, mesh used, suture used, operative time (first incision to close), console time, length of hospital stay, intra-operative complications, side effects, pain reporting, and post-operative complications (any adverse event related to the hernia repair that requires an intervention) up to 30 days. Hernia size measurements (width, length, and area) will be compared to length of stay and patient outcomes.