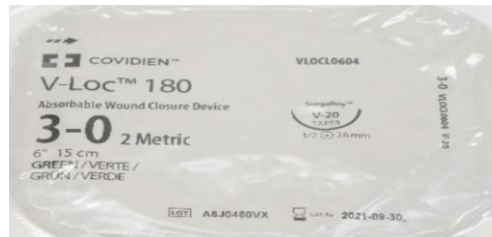


Leyba's Robotic eTEP/TAR cheat sheet:

Based on questions others have had:

Please add questions to the attached sheet and I'll adjust for the next group

- **Robotic Ports:**
 - a. All 8 ports (bipolar, scissors, mega suture cut)
 - b. If planning to place **Synercor** mesh >15 cm size will need to be a 12 or higher port depending on size of mesh
 - c. Can place this larger mesh port closer to midline as to have adequate coverage
 - d. Can utilize bariatric length trocars to minimize collisions on obese, muscular, or very thin patients especially near ASIS and rib areas.
- **Suture:**
 - a. For thin peritoneal holes I use a 2-0 vicryl
 - b. For larger thin peritoneal holes I use a 6 inch 3-0 vloc suture, 90 day.



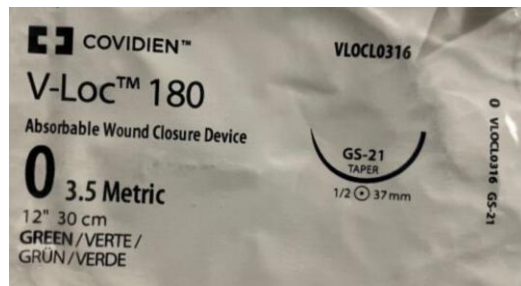
i.

- c. For fascia, I use a #1 Stratifix Symmetric, 18 inch on a CT1







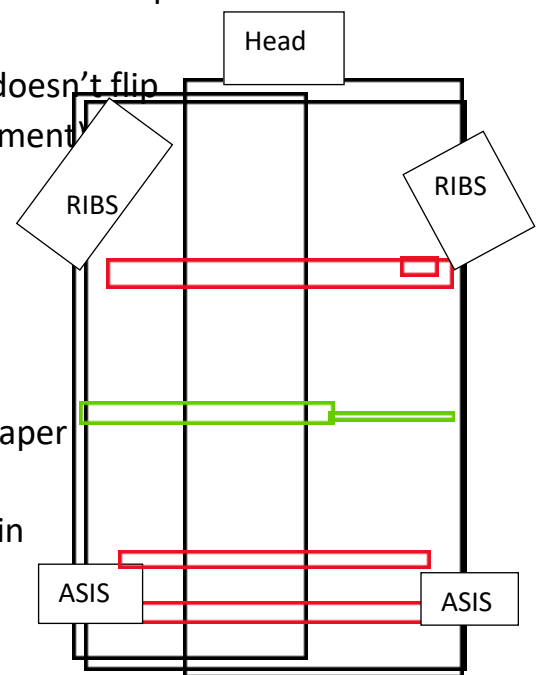
i.

- d. For posterior sheath closure: 12 inch, 0-vloc



i.

- **Mesh:**
 - a. Synecor (Preperitoneal) for any retromuscular/preperitoneal repair
- **Pressure:**
 - a. Abdominal pressure is set at 15 for entry into abdomen and 10- 12 mmHg for dissection and 8 mmHg for closure of fascia/peritoneum
 - b. Air seal can also be used low pressure
- **Left upper quadrant port assists in:**
 - a. Eval of hernia and abdomen prior to committing to repair
 - b. Venting of abdomen during case if any preperitoneal holes made
 - c. Eval at end of procedure to document no mesh exposure
- **Securing of mesh:**
 - a. Single vicryl along superior aspect so it doesn't flip
 - b. Vistaseal fibrin glue (hemostasis/securement)
- **Measuring of abdomen for mesh:**
 - a. I give my assistant four measurements
 - i. Total length 
 - ii. Total width 
 - iii. 7 cm from top width 
 - 1. Where abdomen starts to taper
 - iv. 7 cm from bottom width 
 - 1. Where ASIS starts to taper in
- Abdominal binder to all with tonsil ball over hernia
- Preop lovenox or heparin to all
- **Positioning:**
 - a. Arms tucked and butt blanket bump
 - b. Flexed at 15 degrees
 - c. OG tube/foley
- **Meds:**
 - a. Ancef
 - b. Sugammadex at the end
 - c. Exparel/Marcaine intraabdominal or u/s guided tap block
 - d. ERAS, minimal to NO narcotics
- Poor man's space maker: 22 Fr foley with 30 cc balloon. Inflate to 50 cc

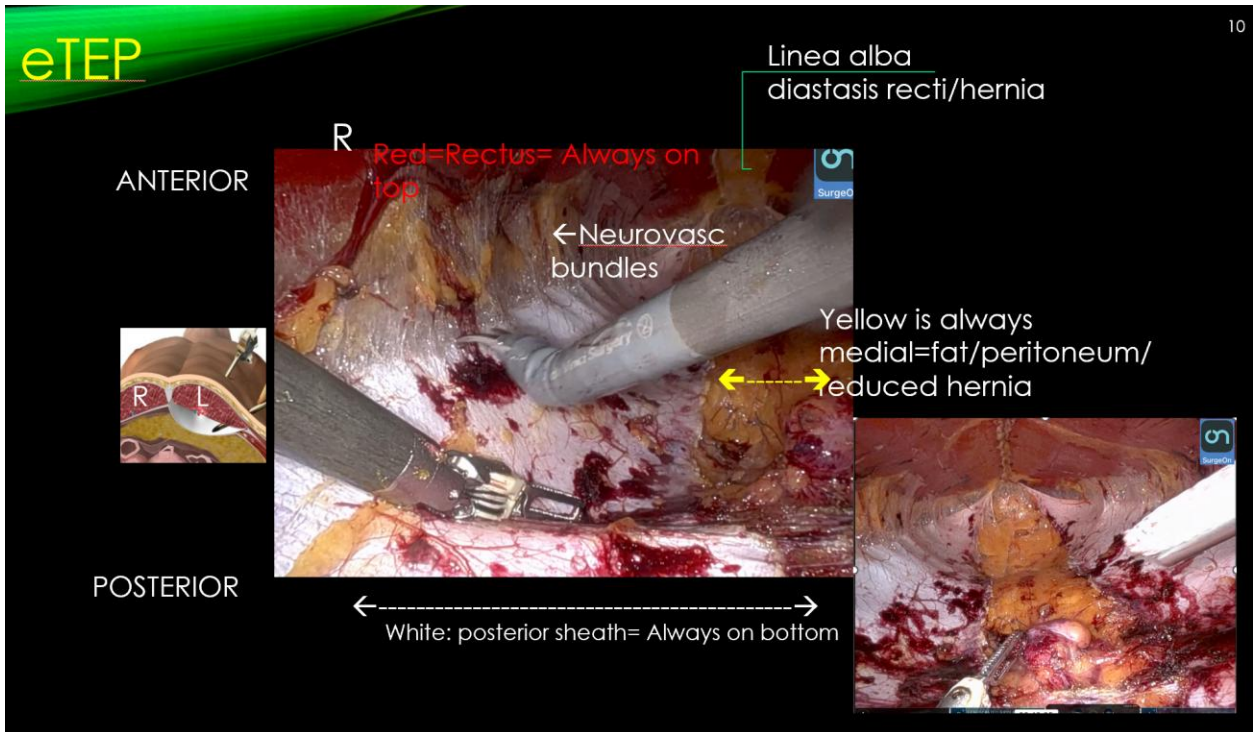


- Outpatient eTeps 95% of the time
- Inpatient x 1 day for robotic TAR as usually done late in the day
- **Drains:**
 - a. Typically, no drain for eTEP's but 15 Fr round Blake if I do
 - b. TAR's gets two drains, 15/19 Fr round Blake to upper abd port sites
 - i. Take one out discharge POD#1
 - ii. Second one out in less than 1 week.
- Raytec kittners:



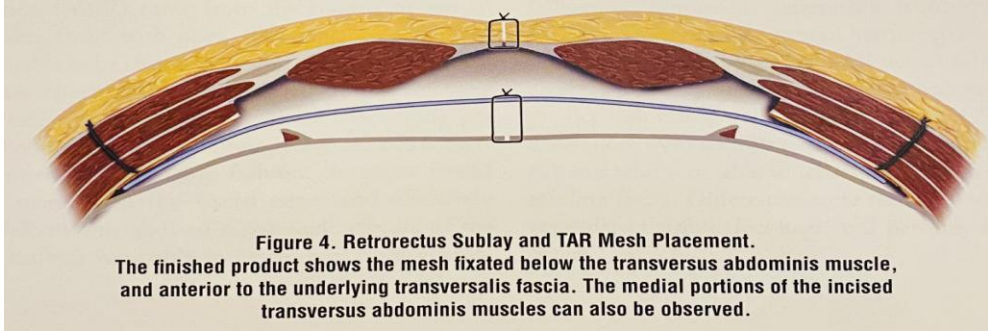
Quick Recipe to eTEP

- 1) Access the retrorectus space (10 minutes)
- 2) Ipsilateral Retrorectus dissection (10 minutes)
- 3) Crossover to other retrorectus space. (10 minutes)
- 4) Identify boundaries of dissection
- 5) Reduce the hernia (variable depending on size 10-20 minutes)
- 6) Close the fascial and peritoneal defects (15 minutes)
- 7) Deploy the mesh (10 minutes)
- 8) Re-evaluation



Quick Recipe to TAR

- 1) Place ports on left/right side and dock
- 2) Access contralateral RR space 1 cm lateral from hernia edge
- 3) Retrorectus dissection
- 4) Identify Neurovascular bundles
- 5) Start TAR 1 cm medial to NV bundles
- 6) Mobilize TAR space as lateral as possible for desired coverage
- 7) Place contralateral ports to mirror initial ports
- 8) Deploy mesh
- 9) Re-dock
- 10) Repeat steps 2-6
- 11) Close posterior sheath o-vloc
- 12) Close linea alba/diastasis recti #1 Stratifix
- 13) Deploy mesh of choice
- 14) Leave a drain, 15 French/19 french



Abdominal wall reconstruction, 2014 edition