AB018. SOH21AS172. Introduction of a robotic rectopexy programme with benchmarking to international standards in published randomised controlled trials

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Background: With the evolution of robotic surgery, the adoption of a robotic approach to perform rectopexy, in particular ventral mesh repair (VMR), is gaining popularity. We aimed to audit clinical outcomes following introduction of a robotic rectopexy (RR) programme and compare outcomes to internationally published randomised controlled trials (RCTs).

Methods: Consecutive patients undergoing RR from July to December were included. The daVinci Xi surgical system (Intuitive, CA, USA) was used for all procedures using a modified left lower abdominal approach. Where VMR was performed, a 4×18 cm Permacol mesh was used as standard and posterior fixation using Ethibond. We compared operative times and 30-day clinical outcomes to international data.

Results: Over a 6-month period, thirteen RR were performed (n=1 sutured, n=2 resection sutured, n=10 VMR). All patients were female with a mean age of 60.4 years (SD 14.12). Mean time from 1st consultation to surgery was 10.7 months. Three patients had an external rectal prolapse and ten patients a rectocele confirmed on dynamic MRI. Seven patients had co-existing urinary symptoms impacting on quality of life. Median docking time was 23 minutes and median robotic operative time was 194 minutes (156 minutes reported). There were no conversions (2.5% reported). Average length of stay was 5 days (4 days reported) and there were no 30-day morbidities (8.6% reported) or readmissions.

Conclusions: RR can be performed with appropriate operative times and clinical outcomes and offers a superior operative platform for critical operative steps including rectal mobilisation and VMR mesh placement and suturing.

Keywords: Outcomes; rectopexy; robotic surgery; robotics; ventral mesh repair (VMR)