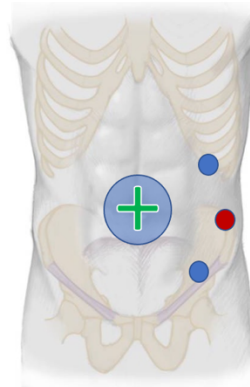
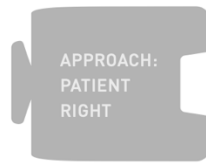


Patient ID

Date: ____ / ____ / ____

Surgeon: _____

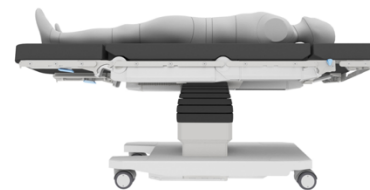
rv-TAPP/r-Rives (lateral approach)



Right arm extended
Align patient to the left border
of the OR-table
Left arm below level of table

DaVinci anatomy:
• Lower abdomen

DaVinci position:
• Patient right



Perioperative Procedures/daVinci Checklist (Note: Does not replace the WHO Team Time-Out).

I have reviewed the patient informed consent sheet and checked it for content and comments: Yes No

Perioperative antibiotics: Yes Cefuroxim 1,5g to 3g (Alternative: Clindamycin 600mg)

Hybrid-Procedure: Yes No If yes, inform nurse to prepare additional instruments.

Before docking: Distance of trocar line to symphysis is approximately 20cm: Yes No

It is a large scrotal hernia, scrotum should be disinfected: Yes No

Previous prostate radiation or prostate pre-surgery: Yes No

It is a recurrence: Yes No

If yes, senior surgeon was informed prior to start of surgery: Yes No

Ropivacaine infiltration of port incisions: Yes No

Laparoscopic visual inspection of port placement Yes No

Console: Complete adhaesiolysis of the abdominal wall: Yes No

r-Rives (Synonym: r-TARUP):

Entry into ipsilateral rectus sheath, far lateral: Yes No

Caveat: Crossover at medial border of the rectal sheath: second incision of the posterior rectus sheath, the linea alba should not be damaged.

Caveat: Instability of the linea alba if accidental entry through the anterior rectus sheath.

Caveat: Do not damage the thin umbilical skin.

Complete mobilisation of fatty tissue from hernia gaps: Yes No

Exclusion of further hernias up to the xiphoid: Yes No

Präparation in the spaces of Retzius- and Bogros needed: Yes No

Umbilical pit was reinserted with absorbable suture: Yes No

Transverse V-Loc-suture of the hernial gap: Yes No

Mesh-Measuring in cm; Fixation with loose absorbable stitches: Yes No

Running suture of ipsilateral posterior rectus sheath (V-Loc 3-0): Yes No

rv-TAPP:

As r-Rives, incise peritoneum to entry the preperitoneal plane: Yes No

Accidental tears of the peritoneum were sutured: Yes No

Alternative: Vicryl mesh interposition if large peritoneal tears: Yes No

Finishing:	Laparoscopic visual inspection of port removal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 12mm port was used: transparietal suture closure performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	OR data entered into registry:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Normal postoperative prescription:	<input type="checkbox"/> Yes <input type="checkbox"/> No

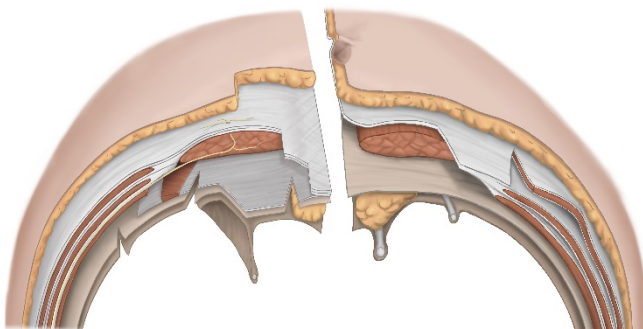
Pre-stationary preparation:
 CT abdomen with transverse and sagittal sections (morphology and adhesions)
 Würzburg incisional hernia classification
 If hernia gap is more than 8cm wide, consider r-TAR or r-IPOM.

Sutures and materials:
 V-Loc 180 (green) 3-0 USP V-20 (15cm)
 Vicryl 3-0 SH (20cm)
 Vicryl 3-0 without needle For mesh rolling up
 Ruler
 DynaMesh Endolap Visible 15x10cm mesh
 (If necessary: Vicryl mesh 28x18cm)
 (If necessary: Progrid mesh 30x15cm)
 Marking pen

Positioning of the patient on OR-table:
 Supine position
 No pink pad needed
 Right arm is extended
 Patient lies flush left on operating table
 Left arm slightly below body level

 Planned OP time: 60-120min

Instruments:
 30° optics
 Prograsp Forceps
 Mega SutureCut Needle Driver
 Hot Shears MCS
 3x 8mm daVinci Trocars
 (event. 1x 12mm daVinci Trocar)



Supraumbilical planes Infraumbilical planes

From: Dietz, Fortely, Beldi, Wiegering (Eds.) Offene Hernienchirurgie (2012) Springer Verlag

Skin closure:
 Ropivacaine 0,5% 10ml
 Caprosyn 4-0 USP with P-24 needle
 Cyanoacrylate-Glue

Postoperative prescription:
 Mobilisation on the same evening
 No limitations for physical activities after day 3

CIRS-report: Yes No

Swiss DRG G09D, Target dwell time: 0 | 3 | 9 days

Planned discharge: ____/____/____

Occurrence	M = morphology	S = size (cm)	RF = risk factors (+ → ++++)
p (primary)	m (median)	a x b	Obesity (BMI >25)
r (recurrent)	u (umbilical)		Male gender
	sp (suprapubic)		Nicotine abuse
	sc (subcostal)		Wound contamination
	t (transversal)		Age > 45 years
	l (lumbal)		Disease
	pm (paramedian)		2nd laparot. < 1 month
	nc (other)		Emergency procedure
			Postop. Complications
			...

v/i M... S...x... RF...

Debriefing: What can be done better in the next surgery?