

Patient-ID

Date: ____ / ____ / ____

Surgeon: _____

**r-TAR
(rh-TAR)**

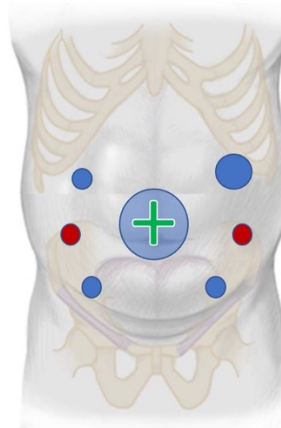
Supien position
Arm positioning not relevant

Intraoperative
Re-dock

Manual targeting

daVinci Anatomy:
• (none)

daVinci Position:
• (none)



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: Prepare for double docking.

Distance of trocar line to the hernia gap is approximately 15cm: Yes No

It is a recurrent hernia: Yes No

Number of previous repairs and history of adhesiolysis known: Yes No

Ropivacaine infiltration of port incisions: Yes No

Laparoscopic visual inspection of port placement Yes No

Console:

Start through left-sided trocars: Yes No

Complete adhesiolysis of the abdominal wall needed: Yes No

Entry to the contralateral rectus sheath at the hernia gap border: Yes No

Transversus abdominis release, top-down (yellow arrow) or down-to-up (green arrow)

Preparation at costal margin, diaphragm and xiphoid, complete cranial transection of the posterior rectus sheath: Yes No

Preparation in the spaces of Retzius and Bogros: Yes No

Re-dock, analogous preparation from the right, extraperitonealisation of ports Yes No

Check for peritoneal tears/lesions (suture if necessary): Yes No

Median running suture of posterior rectus sheath (V-Loc 0): Yes No

Median running suture of anterior rectus sheath (including hernia sac)(V-Loc 0): Yes No

Measuring of mesh size, roll the mesh for insertion and positioning: Yes No

Revision of hemostasis and application of Arista: Yes No

Reduction of pneumoperitoneum to 4mmHg for 3min or RR>160mmHg Yes No

Positioning of 2 silicone drains (retroxiophoidal and suprapubic): Yes No

Ending:

Hybrid skin resection: Yes No

OR-data recorded in the hernia registry: Yes No

Laparoscopic visual inspection of port removal: Yes No

Pre-stationary preparation:

CT abdomen with transverse and sagittal sections (morphology and probability of adhesions)
Dietz incisional hernia classification (2007)

Sutures and materials:

V-Loc 180 (green) 0 USP V-21 (30cm)
Vicryl 3-0 SH (20cm)
Vicryl 3-0 (Sutupak) for mesh rolling up
Ruler
Versatex mesh 30x30cm
Marking pen
2 silicone drains #18
Arista AH
Arista FlexTip XL-R Applicator

Positioning of the patient on OR-table

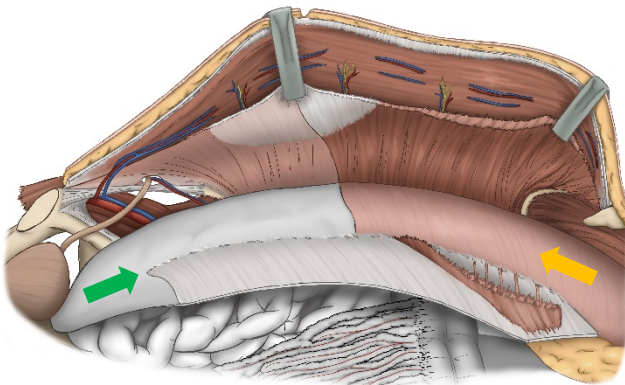
Supine position
No pink pad needed
Both arms extended

Planned OP time: 4-6h

CIRS record: Yes No

Instruments:

30° optics
Prograsp Forceps
Mega SutureCut Needle Driver
Hot Shears MCS
5x 8mm daVinci Port
1x 12mm daVinci Port



Dietz (Hrsg.) (2021) Offene Hernienchirurgie. Springer Verlag.

Skin closure:

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

Postoperative prescription:

PONV-prophylaxis
Mobilisation on the same evening
Small dinner
Thromboembolism prophylaxis
Keep drains for 2-3 days

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

Planned discharge: ____/____/____

Dietz et al (2007) J Plast Reconstr Aesthet Surg 60: 383-388.

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

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

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