

# Correlation between Robotic Gynecological Surgeries and Port Site Hernia

Dear Editor,

With a great deal of interest, we read the manuscript entitled “Acute presentation of port site hernia following robot-assisted hysterectomy: A case report and review of the literature” by Sinha *et al.*<sup>[1]</sup>

The authors presented a rare case report of port site hernia after robotic hysterectomy. Moreover, after conducting a systematic review of the literature, they discuss the management of such a rare complication as well as the possible etiological factors, including the drain placement through the port, no fascial closure, improper placement of the remote center, and poor abdominal tone.

Risk factors associated with port site hernia can be subgrouped into patient and surgical factors. Patient factors that affect the possibility of hernia formation are female sex, older age and high body mass index (BMI). The medical team should be aware of such patients. Surgical factors include site and size of the trocar incision, intraoperative maneuvers through the specific trocar, such as incorrect placement of the remote center of the trocar, and insufficient closure of trauma that occurred from the trocar.

By this letter, we would like to highlight a possible approach to prevent port site hernia, although the methods of port site closure are still debatable, and it is unclear whether the 8-mm trocars are conventionally used to robotic surgeries should always be sutured. Regarding that, in a recent survey, the majority of participants responded that they are closing trocar sizes more than 10 mm, and only 15% are closing 8-mm trocar sites. Moreover, two-thirds of the participants are using manual closing and not a fascial closure device.<sup>[2]</sup> A recently published literature mentioned no statistically significant difference between incidence rate of port site hernia in 5- and 10-mm trocar size. Furthermore, the authors declared that leaving the fascia open can minimize operative time and risk of needlestick injuries.<sup>[3]</sup>

Apart from the commonly used hand suture technique, several fascial closure devices can be used, including Maciol suture needle set, Endo Stitch suturing device, Carter-Thomason suture passer, Gore suture-mediated closure system, and Tahoe surgical instrument ligature device.<sup>[4]</sup> In our department, we use blunt bladeless trocars that were described to minimize the risk of port-site hernia.<sup>[3,5]</sup> Moreover, we use a simple and low-cost closure method with the inner needle of a 16G venous catheter and a 2-0 absorbable suture before withdrawing the laparoscope.

Once again, we would like to thank the authors for their case presentations.

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Nil.

## Conflicts of interest

There are no conflicts of interest.

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