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LETTER TO THE EDITOR

Pain outcomes and recovery after robotic laparoscopic transabdominal preperitoneal inguinal hernia repair

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To the Editor,

We read with great interest the article of Iraniha et al. in a recent issue of the journal [1]. The authors evaluated 82 consecutive patients undergoing robotic laparoscopic transabdominal preperitoneal (TAPP) inguinal hernia repair and concluded that robotic-assisted TAPP inguinal hernia repair appears to be a technically feasible, with low chronic pain and high health-related quality of life in the long term. The authors should be congratulated for performing a well-designed study in an important topic (e.g. quality of recovery) in patients undergoing robotic inguinal hernia repair [2, 3]. In addition, the current growth in robotic surgical procedures across different surgical specialties makes the topic timely in perioperative medicine [4, 5].

Although the study of Iraniha et al. was well conducted, there are some questions regarding the study that need to be clarified to determine the validity of the results. First, it is unclear if the authors standardized the intraoperative analgesic management for these patients as this can alter some of the studied outcomes [6]. Second, it is important to determine if he authors recruited the study patients consecutively or if the study results are vulnerable to selection bias. Finally, the data presentation in Table 1 would benefit from 95% confidence interval estimates rather than just mean scores, so the readers could have a better estimation of postoperative pain outcomes [1].

We would welcome some comments to address the aforementioned issues. This would help to further corroborate the findings of this important clinical study.

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Compliance with ethical standards

Conflict of interest Drs. Mark Kendall and Lucas Castro-Alves declare that they have no conflict of interest.

References

1. Iraniha A, Peloquin J (2017) Long-term quality of life and outcomes following robotic assisted TAPP inguinal hernia repair. J Robot Surg. https://doi.org/10.1007/s11701-017-0727-8 **(Epub ahead of print)**
2. Yonekura H, Hirate H, Sobue K (2016) Comparison of anesthetic management and outcomes of robot-assisted vs pure laparoscopic radical prostatectomy. J Clin Anesth 35:281–286
3. Waite KE, Herman MA, Doyle PJ (2016) Comparison of robotic versus laparoscopic transabdominal preperitoneal (TAPP) inguinal hernia repair. J Robot Surg 10:239–244
4. Moro ET, Leme FC, Noronha BR, Saraiva GF, de Matos Leite NV, Navarro LH (2016) Quality of recovery from anesthesia of patients undergoing balanced or total intravenous general anesthesia. Prospective randomized clinical trial. J Clin Anesth 35:369–375
5. Adding C, Collins JW, Laurin O, Hosseini A, Wiklund NP (2015) Enhanced recovery protocols (ERP) in robotic cystectomy surgery. Review of current status and trends. Curr Urol Rep. 16:32
6. Koo CH, Cho YJ, Hong DM, Jeon Y, Kim TK (2016) Influence of high-dose intraoperative remifentanil with intravenous ibuprofen on postoperative morphine consumption in patients undergoing pancreaticoduodenectomy: a randomized trial. J Clin Anesth 35:47–53