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In the robotic era, most of the reported robot?assisted laparoscopic hernia repairs were performed with the trans?abdominal pre?peritoneal approach. According to the evidence extrapolated from laparoscopic ventral hernia repair,

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simultaneous fascial defect closure and mesh repair can significantly decrease the risk of seroma formation and recurrence over those without fascial closure.

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Recent studies have shown that using this technique has helped clinicians overcome the limitations of endoscopic thyroidectomy.^{7, 8, 9} However, these studies mainly compared total operation time and perioperative outcomes between the two techniques, and few analyses have determined which aspects of the surgery are enhanced using the robotic technique. Robotic and endoscopic transaxillary thyroidectomy procedures are relatively similar, making direct comparisons possible.

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