

Robotic Surgery Shouldn't Be Universally Dismissed

Linda A. Kiley, M.D.

Yes, it's cool. The surgical robot is every gamer-cum-surgeon's dream.

However, I, too, was a skeptic regarding incorporating robotic surgery into my practice. I have been practicing minimally-invasive surgery for over 20 years, including residency. I became convinced of the value of minimally invasive surgery after observing patients postoperatively. I have laparoscopically repaired an obturator nerve transection, done a radical hysterectomy, and more than 100 laparoscopic sacrocolpopexies and urethropexies. I have removed uteruses weighing over 2000g laparoscopically. The robot did not impress me initially as something useful to add, particularly when I had the skills to perform these cases laparoscopically.

However, there is another side to this issue possibly better addressed by a veteran rather than someone still in training. There is something to be said for surgical experience, technical knowledge and expertise gained after performing hundreds of cases on different body types in different circumstances. A surgeon's longevity, even with strict attention to proper operative ergonomics, may be restricted due to problems with arthritis, herniated discs, or other physical ailments which to a non-surgeon might not be as debilitating. I found one day that due to the positioning issues I had with a particular type of case, my lower back began to bother me. For the record, I am in top physical condition, better than most people half my age. But much to my chagrin, I discovered I am human and not indestructible. It was my own physical limitations that led me to engage in training on the robot.

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