

## Growing Pains

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There is a growing sense in emerging and developing markets around the globe that minimally-invasive surgical techniques will become more prominent as time goes on, and that prominence is being driven by certain factors.

Surgeons in markets such as China, Indonesia, and Brazil are recognizing this trend and acting accordingly. They are starting to learn new surgical techniques to satisfy patients who are choosing to undergo minimally-invasive surgery over open procedures. As a result, the adoption of these procedures and the investment of tools, equipment, and technology related to them have steadily increased over the past several years. Furthermore, the prevailing thought is that MIS surgery in emerging markets will continue to develop over time and move into even more advanced applications in the future.

“Of late we’re seeing more adoption just because of the benefits of these types of procedures for healthcare providers, physicians, and now the well-informed patients,” says Sandeep Chalke, Global Growth Leader, GE Healthcare Surgery. “I think MIS is here to stay.”

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Increased awareness has come about due to efforts to educate the public in these markets about MIS procedures, how they work, and some of the expected outcomes. As with developed markets such as Western Europe and the United States, there remain many surgeons capable of practicing open surgery with great results.

“You can’t really dispute their success or accuracy when it comes to open surgery,” Chalke says.

It wasn’t all that long ago that patient awareness was a significant barrier to adoption of minimally-invasive surgical techniques. However, economic pressure has forced many patients to consider all their options related to surgery in these countries. Realizing the potential benefits of minimally-invasive surgery – reduced costs, reduced time in the hospital, less recovery time, fewer complications, and the potential for outpatient surgery – has led many patients to go that route instead of open surgery. Improved technology, the increased prevalence of social media, and easier modes of communication have all helped patients make more informed decisions about MIS procedures and open surgery.

“Patients are evaluating the risk, they are more informed, and they have better access to quality information – even in the emerging markets,” Chalke says.

This has led surgeons in emerging markets to reconsider their brands, reevaluate what they offer patients, and develop new skills to enhance their standing. Like their patients, they too have seen the value of minimally-invasive surgery. Even experienced surgeons with a long track record of performance are altering their practices to reflect the changing times. This is something equipment providers are trying to influence through education and training, as well as bringing in doctors from developed markets to create workshops and other informational sessions.

“You can educate and make them aware that the procedure types are different, but the outcome is much more powerful and successful,” Chalke says. “Once you demonstrate that, and let them manage some of these practices in cadaver labs, they build their own confidence and trust in moving from open procedures to MIS procedures,” he says. “A few things you look at are what the doctor is doing today and how he is looking at his own brand. If you start working on both, we do see adoption and results.”

Not that there isn’t a significant hurdle standing in the way of continued growth of this trend: infrastructure. The issue is whether or not it will support the implementation of expensive, but necessary, medical equipment. Support and advice from equipment suppliers or medical device companies on issues such as power supply, accessories, training, and technical support is crucial to ensure successful implementation. According to Chalke, they need to partner with facilities and try to create a solution for them versus just providing a product.

“It has to be bundled together, so as not to have them be forced to make their own decisions,” he says.

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For example, some physicians from small or less developed markets have traveled to bigger ones to shadow physicians at big hospitals for added training. Sometimes six to seven months of training is needed to help physicians and surgeons learn how to do a procedure. This allows them take the requisite knowledge back to their home countries and help them ensure a strong future success rate.

Then the question becomes what is the return on investment of equipment necessary for MIS procedures. In some cases, they can be leased over time with the equipment being returned if the efforts to adopt MIS in certain emerging markets are not successful.

"It is not enough to be an equipment supplier in these emerging markets," says Chalke. "You have to provide complete solutions from operating the system to maintaining the system to ensure things work."

The increased prevalence of MIS surgery in emerging markets is driven by the procedures, not the technology. The technology is being developed to help make the surgeons' jobs easier. Products are also being designed and manufactured in some of these emerging markets.

Access to more patients will drive this trend, as will improved infrastructure and growing economies in these developing markets.

"Also, new physicians being trained are being trained on MIS, and that certainly is driving the acceptability, the adoption and the actual implementation of MIS in these countries," Chalke says.

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