

Question

My hospital system has purchased a robotic surgical system (RSS). I'm excited about the possibility of using it for surgical procedures, but I'm also concerned about the potential risks. What should I do to prepare?

Answer

First, you should be commended for asking the question. It's always better to examine the risks proactively, rather than after an adverse event. If you plan to perform robotic surgery, at a minimum, you and your surgical team should consider the following risk strategies:

- Document all physician and staff training and ongoing competency specific to the RSS for each type of procedure you plan to perform. Various sources have suggested that robotic device manufacturers are not providing adequate training. Supplementing the manufacturer's training, as well as arranging a mentorship, is advised.
- In conjunction with your anesthesia team, develop screening criteria to identify the best candidates for RSS surgeries. Include exclusions for patients who might be at higher risk for surgical complications, nerve injuries, or other complications.
- The surgeon and anesthesiologist should evaluate each potential candidate for a robotic procedure using both patient history and physical exam findings to identify the risks and benefits of this type of surgical approach. Opt for a conventional approach when indicated based on risk.
- Both the surgeon and anesthesiologist should discuss and document informed consent with the patient, including the risks, benefits, and alternatives treatment options.
- Ensure a contingency plan is in place for converting from a robot-assisted procedure to a laparoscopic or open procedure. Be aware of, and plan for, the risks that might occur during such a conversion.
- In the patient's medical record, document any special actions taken before, during, or after the RSS procedure that specifically minimized the risks associated with robotic surgery (e.g., positioning of the patient or special monitoring).

Resources

- American Association of Gynecologic Laparoscopists: Guidelines for Privileging for Robotic-Assisted Gynecologic Laparoscopy — <https://www.aagl.org/wp-content/uploads/2013/10/AAGL-privileging-guidelines-for-robotic-assisted-laparoscopy-for-member-comment.pdf>
- American College of Obstetricians and Gynecologists: Robotic Surgery in Gynecology — <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Robotic-Surgery-in-Gynecology>
- American Urological Association: AUA BLUS Handbook of Laparoscopic and Robotic Fundamentals — <https://www.auanet.org/education/blus-handbook.cfm>
- American Urological Association: Standard Operating Practices for Urologic Robotic Surgery — <http://www.auanet.org/common/pdf/about/SOP-Urologic-Robotic-Surgery.pdf>
- *Outpatient Surgery*: Robotic Surgery Linked to 144 Patient Deaths Over 13-Year Timespan — <https://www.outpatientsurgery.net/outpatient-surgery-news-and-trends/general-surgical-news-and-reports/robotic-surgery-linked-to-144-patient-deaths-over-13-year-timespan--07-22-15>
- *Outpatient Surgery*: Robotic Surgery Patients May Have Unrealistic Expectations — <https://www.outpatientsurgery.net/surgical-services/robotic-surgery/robotic-surgery-patients-may-have-unrealistic-expectations--e-01-31-12>
- Society of Gastrointestinal and Endoscopic Surgeons–Minimally Invasive Robotic Association: A consensus document on robotic surgery — <http://www.sages.org/publications/guidelines/consensus-document-robotic-surgery/>
- U.S. Food and Drug Administration: Computer-Assisted Surgical Systems — <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/SurgeryandLifeSupport/ComputerAssistedSurgicalSystems/default.htm>

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