

Robot surgery is cutting costs

LUCIE VAN DEN BERG

ROBOTIC surgery gives prostate cancer patients better health results, reduces their hospital stay and can save the health system money, a large-scale study shows.

Men who had the robotic-assisted surgery had their hospital stay cut.

Also they did not require blood transfusions.

And they were less likely to need follow-up cancer treatment.

The Peter MacCallum Cancer Centre study, comparing the results of more than 5000 men in the Victorian public hospital who had robotic or open surgery between 2010 and 2013, found the hi-tech surgery could also become more cost-effective than conventional procedures.

Robotic surgery director Associate Professor Declan Murphy said the surgery was commonplace in the private health system, but it had remained out of reach for public

patients until 2010 when the centre received the robot device through a philanthropic donation.

The Department of Health-funded research found 15 per cent of the men who had traditional surgery required a blood transfusion.

But none of the 284 men who had the robotic surgery required one.

"We found that patients in the public system that had traditional open surgery spent almost five days in hospital

compared with 1.4 days for patients who had robotic surgery," Associate Prof Murphy said.

The patients who had conventional surgery were also more likely to require further cancer treatment.

The findings, presented to the American Urological Association annual meeting overnight, also looked at whether robotic surgery could be cost-effective in the public health system.

The robots are expensive,

costing up to \$3 million to buy and about \$200,000 a year to maintain.

"If you factor in the cost of the robot, running it for six to seven years, and the cost of repairs and equipment – and you offset that against the reduction in bed days, blood transfusions and readmissions, it becomes cost-neutral at 140 cases per year," Prof Murphy said.

For example, if the robot did all the radical prostatectomies in the public system, it could save something like 1400 bed days a year.

The research found that to be financially viable Victoria would need three centres carrying out 140 operations a year.

In 2013 there were 401 operations public operations performed across 20 different hospitals, which indicates services would need to be centralised and funded accordingly.

The Department of Health said it would consider the report's findings.