

FINANCIAL REVIEW

Robotic surgery can cut the cost divide

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It is still the experience and skill of the surgeon, rather than the technique, that is paramount in achieving good results, although robotic surgery is gaining popularity.

Robotic surgery has come of age and is mature enough to deal with men's private business in public hospitals.

It is widely available in the private sector and now there's a push to make it equally available in the public sector.

In public hospitals, most men have open surgery, which is some \$4000 cheaper, but a new analysis has shown that robotic operations can be as cost effective.

Funded by the Department of Health, a group of urologists from Melbourne's Peter MacCallum Cancer Centre audited all radical prostatectomies in Victoria over the past three years. There were more than 5000 cases.

The audit, presented at the recent American Society of Clinical Oncology meeting, showed that if a public hospital hosted more than 140 robotic operations a year, it reached a "tipping point" making these procedures cost effective.

Australia's first private robotic procedure was performed in Melbourne at the Epworth in 2003.

As the procedure grew in popularity and more robots were purchased, there were claims that growth was driven by smart marketing, not smart science.

While such claims have been largely dispelled, it remains true that the learning curve for surgeons using the robot is very steep.

Largest public robotic program

The Peter Mac performed the first public robotic prostate operation in Victoria in 2010 and has the largest public robotic program for prostate cancer in Australia. The group wants three more public centres in Victoria so more public patients can benefit.

The group is led by Declan Murphy, associate professor and head of robotic surgery at Peter Mac, and includes Daniel Moon, director of the largest private robotic surgical program in Australia based at Epworth Healthcare.

Murphy says a robotic procedure provides better outcomes.

“Our large-scale analysis shows the average hospital stay after a robotic assisted radical prostatectomy was 1.4 days compared with 4.8 days for an open procedure, with 85 per cent of men being discharged the day after surgery.”

Of the 284 men who had a robotic procedure at Peter Mac, none required a blood transfusion, compared with 15 per cent of conventional surgery cases elsewhere in the public system.

“Men having an open procedure also had a one-third greater chance of cancer remaining on the fringes of excised tissue, which in turn makes them five times more likely to require additional cancer treatment in the 12 months following surgery.”

Moon says the robot simply provides a platform to allow optimal vision and instrumentation for surgeons.

Hospitals, surgeons must monitor results

“Open surgery is still performed to a high standard in many centres, however given the findings of this audit it is critical for all hospitals and surgeons to monitor their own results so that patients can be accurately informed as to their expected outcomes when consenting to surgery,” he says.

Last year, a Queensland study published in the *ANZ Journal of Surgery* showed the average cost for a standard open operation was \$13,605 compared with \$17,582 for a robotic procedure.

Anthony Lowe, of the Prostate Cancer Foundation of Australia, supports the idea of men having a choice over the most appropriate treatment option. “So making robotic surgery available in the public system is a good thing.”

Last year, a study in the *Journal of Clinical Oncology* followed 6000 patients and found a year after surgery, robotics produced similar outcomes to open surgery.

Mark Frydenberg – professor and president-elect of the Urological Society of Australia and New Zealand – says broadly speaking, for equity purposes, if a robotic operation is available to be chosen in private, then it should be able to be chosen in public.

But he notes that because this was not a randomised controlled study, some of the results are potentially explainable due to other causes.

Most studies have shown robotic surgery leads to minor improvements in length of stay and transfusion rates and no difference in cancer outcomes, continence or potency compared with open or laparoscopic surgery, when all three are performed by experienced surgeons.

He stresses it is the experience and skill of the surgeon, rather than the technique that is paramount in achieving good results .