



Surgery by robot more likely

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Helping hand: WA surgeons could soon be using robots. Picture: Lincoln Baker/The West Australian

The WA Health Department is looking at rolling out robotic-assisted surgery in public hospitals after a report showed making the expensive technology available to public patients could be cost-effective.

Researchers at Melbourne's Peter MacCallum Cancer Centre conducted a three-year analysis of 5000 men who had prostate cancer surgery.

They found those who had robotic-assisted surgery went home sooner and had less need for follow-up treatment.

The study found making the technology available in public health systems would be cost-effective if it was in high-volume hospitals.

The average hospital stay after a robotic-assisted radical prostatectomy was 1.4 days, compared with 4.8 days for an open procedure, and 85 per cent of men were discharged the day after surgery.

Men who had an open procedure were five times more likely to need further cancer treatment in the 12 months after surgery, as they had a one-third greater chance of cancer remaining on the fringes of the tissue excision.

Associate Professor Declan Murphy, director of robotic surgery at the centre, said the study showed the cost of implementing robotic-assisted surgery became a net positive to the public health system if it was operated in hospitals that carried out more than 140 procedures a year.

Professor Murphy said the robots had not been introduced in many public hospitals because they were very expensive compared with regular surgery, costing between \$2.5 million and \$3 million to buy and more than \$200,000 a year to maintain.

He said robotic-assisted surgery could also be done on patients with kidney, rectal, chest or head and neck cancers, but the economic argument would stack up only for a common cancer such as prostate cancer.

"A tipping point can be reached in larger centres as the cost of commissioning and maintaining this equipment becomes financially viable over the operational lifespan, due to consistent savings in hospital bed days and blood transfusions," Professor Murphy said.

Professor Murphy said he was aware WA was working on a case for introducing robotic surgery to public hospitals and urged the State to introduce the technology in at least one big public hospital.

A Health Department spokesman said it was aware of the study and was assessing the merits of using the technology in public hospitals.

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