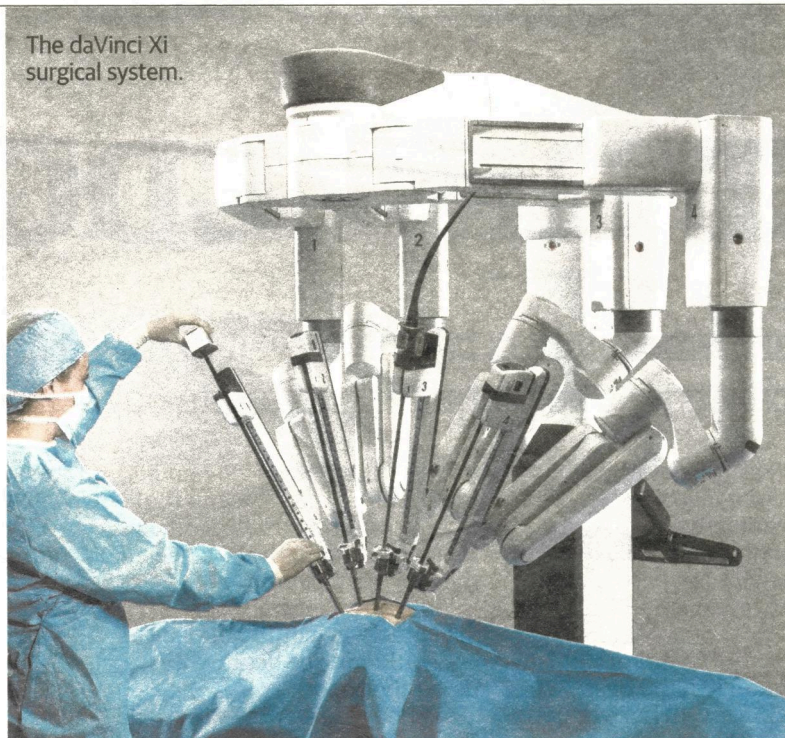


MEDICAL CUTTING EDGE

Robots can help with tricky cases

There are gynaecology benefits for the patient and the surgeon, discovers **KRISTEN WATTS**



Gynaecological oncologist Jason Tan has been using the da Vinci system for about six months.

"The system has been used in America a lot in this field for many years and with great success.

"But here in Western Australia, we have already been doing minimally invasive, or keyhole surgeries and the general consensus was that we didn't need a robot," he said.

"There is often a lot of marketing and hype attached to the release and sale of this kind of equipment.

"And I think it is fair to say sometimes it can be met with a bit of scepticism, because there have been times where expectations have been high but the instrument doesn't necessarily deliver all it is promised to."

He said surgeons in Perth were traditionally very highly skilled in laparoscopic, or minimally invasive keyhole surgery, so there wasn't much motivation to try out yet another machine.

"It has been around but I have put it on the backburner for the past four years," he said. "But recently I have noticed we are needing to do more and more complex cases and from my

point of view, these put a bit of strain on my body and that's not ideal for a number of reasons.

"There is no question that one of the potential benefits of using a robot is that the surgeon is more comfortable and that is going to eventually be of benefit to the patient."

He said there was no hard evidence to show that the use of the robot resulted in better outcomes and more research was needed to categorically show improvements in the end results.

"But having said that, what we do know for sure is that when you use the robot you get better vision than . . .

laparoscopic surgery and you definitely have improved dexterity. There's some evidence to suggest that when you compare laparoscopic surgery with robotic surgery, there could be less pain.

"In a way I am able to tackle more difficult cases without having to open the patient up completely because the robot allows for greater dexterity.

"Any surgery I am able to do laparoscopically, I can now do with the da Vinci and that includes things like removal of fibroids, excision of severe endometriosis, removal of ovaries and tumour debulking."

But he said the robot was not suitable for all patients. "It does cost more and for a few extra thousand dollars we don't have lots of evidence to say the outcome is better," he said.

"I tend to tell my patients that while they could travel to Mandurah in a Mercedes and probably enjoy better vision along the way and maybe some more comfort, that is not the only way to get there and they will still get there if they don't travel in such luxury."

He said until a formal trial was conducted, he would not be able to categorically advise patients any other way.

But it was clear this would just be the start of a long journey in the use of robotic surgery and there was plenty of room for refinement.

"The next prototype for the da Vinci will involve a single-hole incision," he said.

"Basically, it will be one instrument that goes in and that will have multiple tentacles which spread out, allowing the surgeon to avoid three or four incisions.

"I have already seen this prototype about eight months ago and it was evident that you will be able to place a very small hole in the belly and do everything you need to do."



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