Foreword

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LAPBOTIC SURGERY
"Blending the Expertise of an Advanced Minimally Invasive Surgeon with the Precision of a Robot"

Surgical Technology International attempts to keep its readers appraised of the latest surgical developments in all surgical specialties. Over the last 10 years, the application of robotic surgery has been introduced into many of our special fields. We welcome this introduction and will keep our readers informed about these developments.

For all intents and purposes, laparoscopic surgery began in 1989. Historically, as this technique gained in popularity, initial evaluations were often lacking when compared to open surgery; however, since that time there has been marked improvements in our minimally invasive technology (MIT), (i.e. advanced techniques, camera systems, instrumentation, and educational curricula) to develop the skills needed to perform laparoscopic procedures safely and effectively. Not surprisingly, as skill levels and instrumentation have evolved, minimally invasive technology has clearly been shown to have consistently more favorable outcomes than open procedures in the appropriate clinical setting.

In the mid-2000s, computer-assisted, a.k.a "robotic surgery" became another usable tool in the minimally invasive surgical toolbox. With the inception of this technique, there too, came heated debates whether the robot or laparoscopic surgery has better outcomes for patients. Both of these technologies offer clear advantages to the patient over open surgery; that point has never been debated.

From an economic standpoint, such as that of a Fortune 500 company, the only concern is that a patient (their employee) is returned to work sooner with less disability with an excellent outcome. The cost associated with how that outcome is achieved is not important. Conversely, from an insurers' point of view, importance is placed more on both cost and outcome as "a package", if you will.

What if both robotic and laparoscopic surgery procedures had the same outcomes and cost... Would this debate still exist? And, is it possible to "have your cake and eat it too"? Hard line Laparoscopic and Robotic surgeons often take a "my way or the highway" stance on which side of the debate fence they are on regarding laparoscopic or robotic techniques. But what if we could combine them? Getting the cost effectiveness, efficiency and expertise of the laparoscopic surgeon AND the precision of the robot...now THAT makes sense.

Clearly the precision of robotic surgery has a marked advantage over the human tactile equanimity; however, human skills and judgment are needed to operate the robot for favorable patient outcomes. The important thing for the medical professional on either side of the debate is to understand new technology will continue to be introduced. I think it is beneficial for the surgeon, whether it be a general, colorectal, urologic or gynecologic to understand the advantages of all these technologies and incorporate them properly into their practice. By the same token, device manufacturers have an obligation to incorporate a "what is best for the patient" mantra when determining device cost and introducing new technologies and instrumentation to the market, versus the "for profit only" line that has been "standard in the industry" thus far. Like recycling, reducing healthcare cost should be EVERYONE's responsibility. It IS a realistic goal that both sides come to a mutually amenable end. Achieving that "end" will make us ALL better surgeons, better insurers, better employers, and most importantly, better humanitarians.

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