Perspectives on the 9th Worldwide Robotic Surgery Event

BY BEN CHALLACOMBE

I was honoured to be invited again to participate in this year's Worldwide Robotic Surgery Event (WRSE). Taking place in the midst of the COVID-19 global pandemic, when medical meetings and congresses have been cancelled, training disrupted and health systems compromised, the event was made even more relevant and crucial.

WRSE's remote platform allowed us to come together as a speciality and exchange best practice, knowledge and learning with the very best of the international robotic-assisted surgery (RAS) community. We urologists are very collaborative and like-minded so it is a terrific opportunity for all.

This year, the semi-live format allowed my team at Guy's and St Thomas' to pre-film an extremely complex robotic partial nephrectomy in a single kidney for a totally endophytic tumour. This was likely the first time a single kidney partial has been broadcast semi-live from the UK and I might not have been brave enough to do it if it were broadcast truly live! We recorded a postoperative voiceover which discussed the procedure, options and specific techniques employed in greater detail and context, bringing the real-time learning to life in a way which live surgery does not permit.

The potential of RAS across disciplines is immense; the da Vinci surgical system, for instance, has been used by surgeons in the NHS for the past 20 years, particularly in urology, with over 89% of radical prostatectomies now performed with robotic assistance [1].

Given that prostatectomy is difficult to do laparoscopically, this is a real paradigm shift, with UK patient outcomes for prostate surgery on par with the best in the world.

Delivering RAS in a COVID-19 environment is also highly relevant, and was the subject of a nearly 30-strong expert panel discussion. We have seen our surgical lists reduce by two thirds, due to only high priority cases being performed, and this drop is reflected around the world. In Italy, for example, numbers of procedures are down to around 15% comprising only the most urgent, emergency surgery.

We are, of course, committed to doing everything we can for our patients, as quickly as we can; this may include working extra shifts to reduce the backlog, developing new procedures to discharge patients early, utilising 'cold site' areas in hospitals to perform surgery safely, and collaborations between the NHS and private hospitals to perform surgeries in specialised hubs. The British Association of Urological Surgeons has rapidly developed guidelines on urological surgery during COVID-19, which will reinforce the vital role RAS could play in helping the NHS ease out of this crisis.

Reference

1. ISI Analysis of NHS England HES data through Harvey Walsh Health Informatics and NHS digital (April 2018 through March 2019); unpublished results, analysis performed by Intuitive.

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