Robotic Assisted Sleeve Gastrectomy is Better than Laparoscopic Sleeve Gastrectomy

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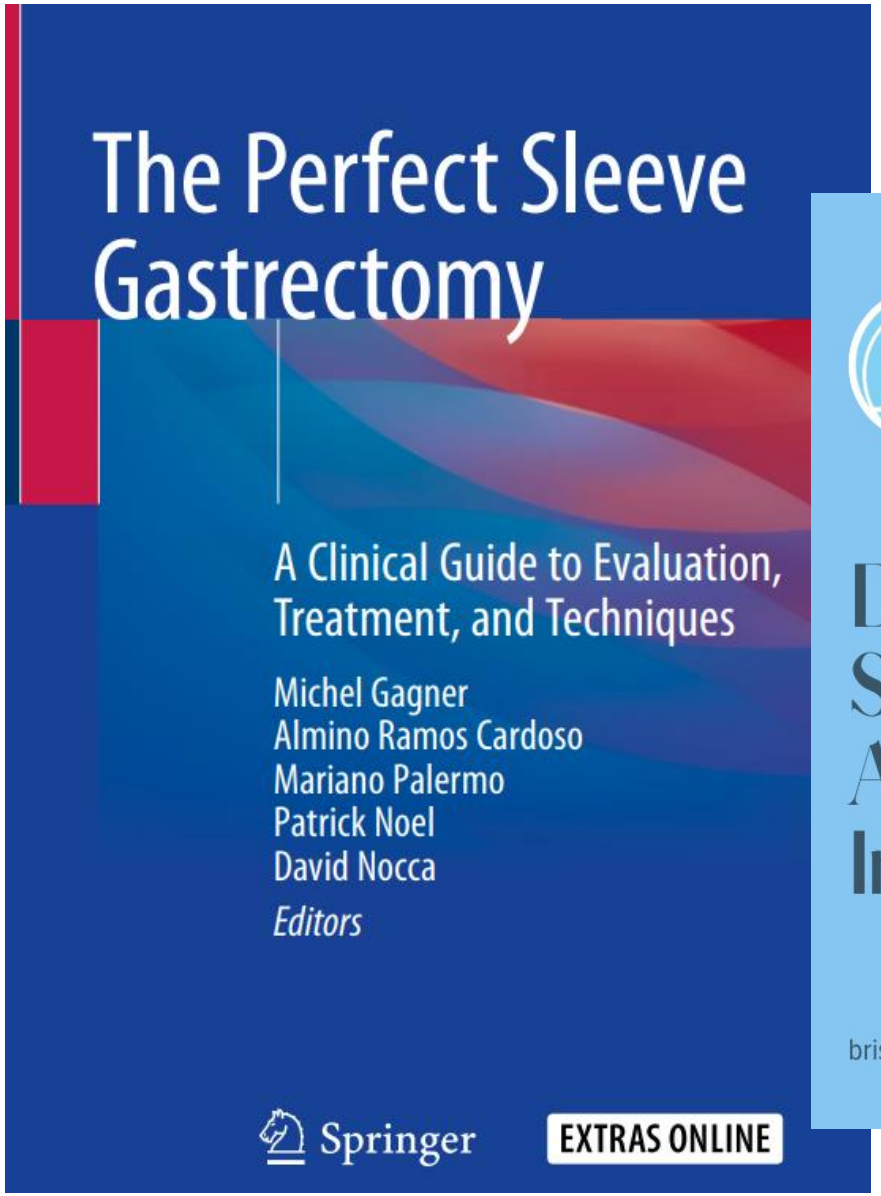
CONFLICT OF INTEREST DISCLOSURE

I have the following potential conflict(s) of interest to report:

- Gore: Education
- Device Technology (Intuitive): Proctoring, Case Observation, Education
- Medtronic: Consulting


The Perfect Sleeve Gastrectomy
A Clinical Guide to Evaluation, Treatment, and Techniques
Michel Gagner
Almino Ramos Cardoso
Mariano Palermo
Patrick Noel
David Nocca
Editors
Springer
EXTRAS ONLINE

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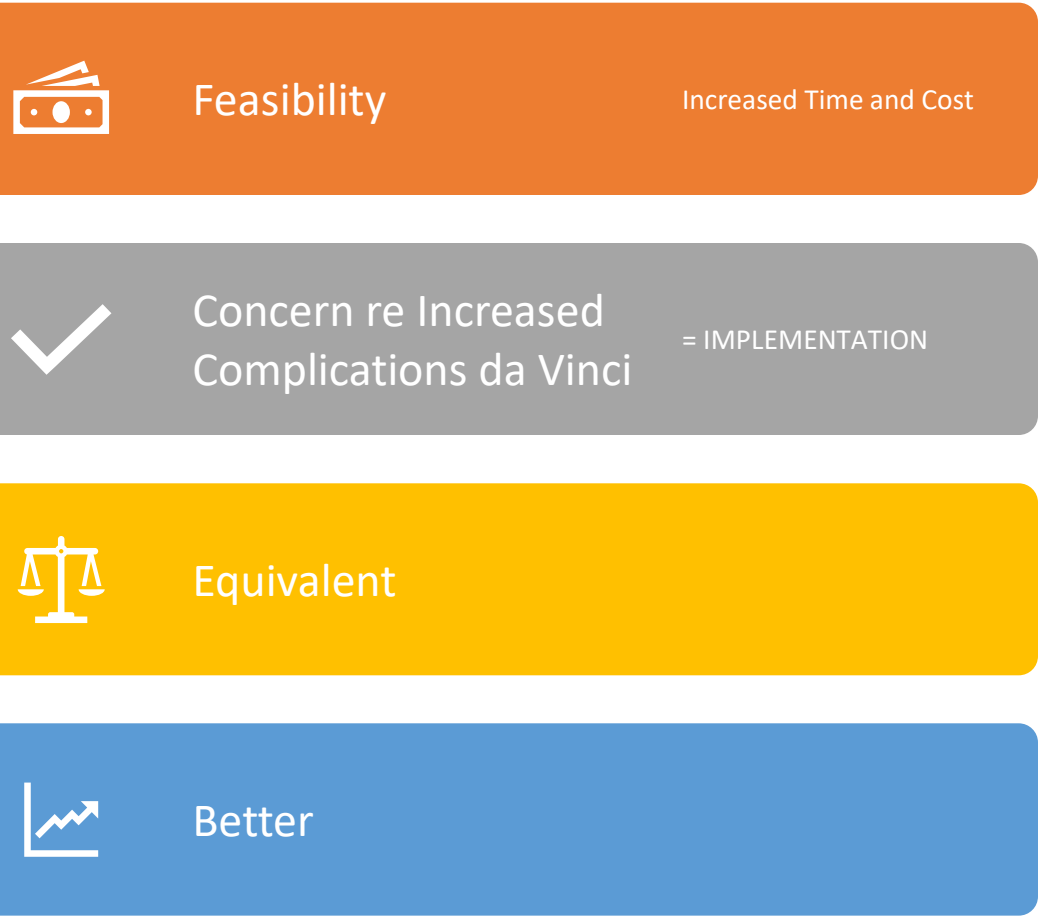
Dr. Reza Adib receives Surgeon of Excellence Accolade for Minimally Invasive Surgery
brisbaneobesityclinic.com.au

Evidence for Robotics

- Open Vs Robotic
- Lap Vs Robotic
  - Need big data
  - Historical Controls
  - Learning Curve Effect
  - Watch out for anti-robot people



Negates the Effect of BMI

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https://doi.org/10.1007/s00464-024-10955-z
2024 SAGES ORAL
and Other Interventional Techniques

A superior approach? The role of robotic sleeve gastrectomy in patients with super super obesity using the 2019–2022 MBSAQIP
database

Alba Zevallos[1,3] · Jorge Cornejo[1] · Jennifer Brown[1] · Joaquin Sarmiento[1] · Fatemeh Shojaeian[2] · Farzad Mokhtari-Esbuie[2] · Alisa Coker[2] · Gina Adrales[2] · Christina Li[1] · Raul Sebastian[1,2,4]
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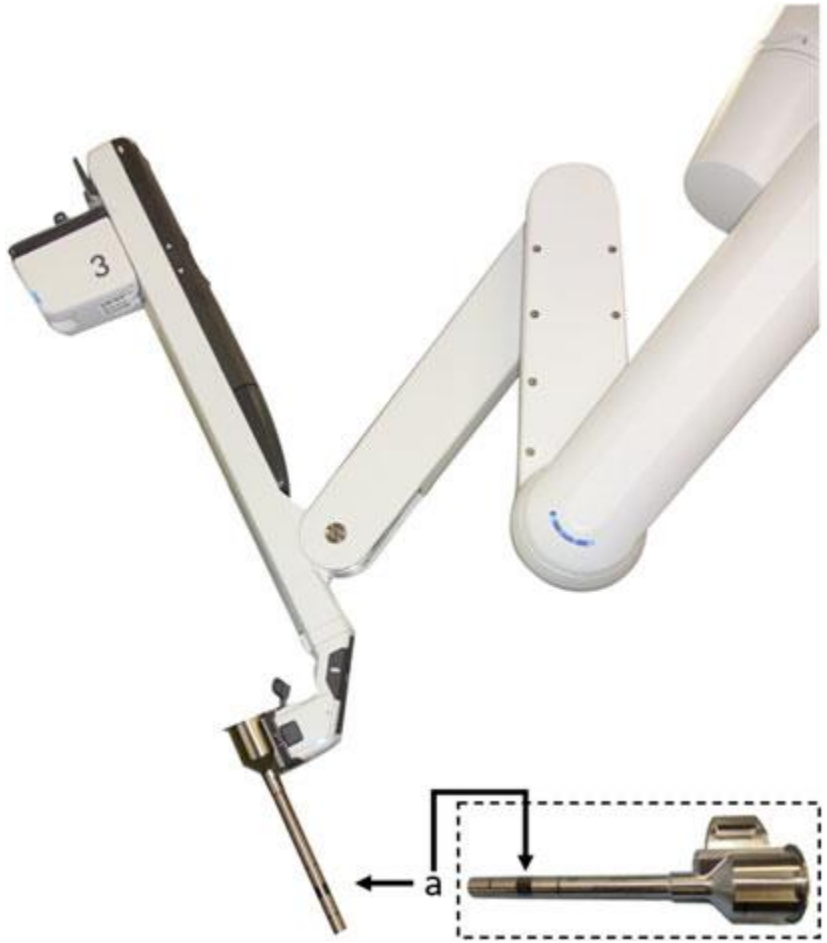

"The Robotic Approach Benefits those that use it routinely" Candice Silverman

Sleeve Gastrectomy

- Sets you up for success
- Similar set up for all foregut procedures
- Camera, instrument handling, suturing
- No angst of an anastomosis
- Work Horse BSR: 85%
- Fellow Training

ORIGINAL ARTICLE

ANZJSurg.com

Early Australian experience in robotic sleeve gastrectomy: a single site series

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Key words
bariatric surgery, learning curve, robotic sleeve gastrectomy, robotic surgery, sleeve gastrectomy.

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This study was presented at the 20th World Congress of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO), Vienna, Austria, 2015.

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doi: 10.1111/ans.13545

Abstract

Background: The use of robotic platforms in bariatric surgery has recently gained relevance. With an increased use of this technology come concerns regarding learning curve effects during the initial implementation phase. The sleeve gastrectomy though may represent an ideal training procedure for introducing the robot into bariatric surgical practice. The present review of the first 10 consecutive robotic sleeve gastrectomy procedures performed in an Australian bariatric programme by a single surgeon describes the evolution of the technique, learning curve and initial patient outcomes.

Methods: Between 2014 and 2015, robotic sleeve gastrectomies were performed as primary and revisional procedures by a consistent surgeon–assistant team. Technique evolution and theatre set-up were documented. Patient demographics, operative time (robot docking and total operation time), additional operative procedures performed, operative and post-operative complications at 1, 3 and 6 months post-procedure and weight loss achieved at 6 months were retrospectively reviewed from a prospectively maintained database.

Results: Ten robotic sleeve gastrectomies were performed without significant operative complications. One patient was treated as an outpatient with oral antibiotics for a superficial wound infection. The median total operative time was 123 min (interquartile range (IQR) 108.8–142.5), with a median incision to docking time of 19 min (IQR 15.0–31.8). Length of stay in hospital was 2–3 days. Median excess weight loss achieved at 6 months was 50% (IQR 33.9–66.5).

Conclusion: This study describes a method of safely introducing the *da Vinci* robot into bariatric surgical practice.

Advanced Stapling Technology
Sure Form
Smart Fire Technology
120 deg of articulation

ELSEVIER

The American Journal of Surgery

journal homepage: www.americanjournalofsurgery.com

Original Research Article

Thirty day outcomes for laparoscopic versus robotic sleeve gastrectomy: Does the stapler matter?

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Association for Academic Surgery

Bariatric Surgeon Ergonomics: A Comparison of Laparoscopy and Robotics

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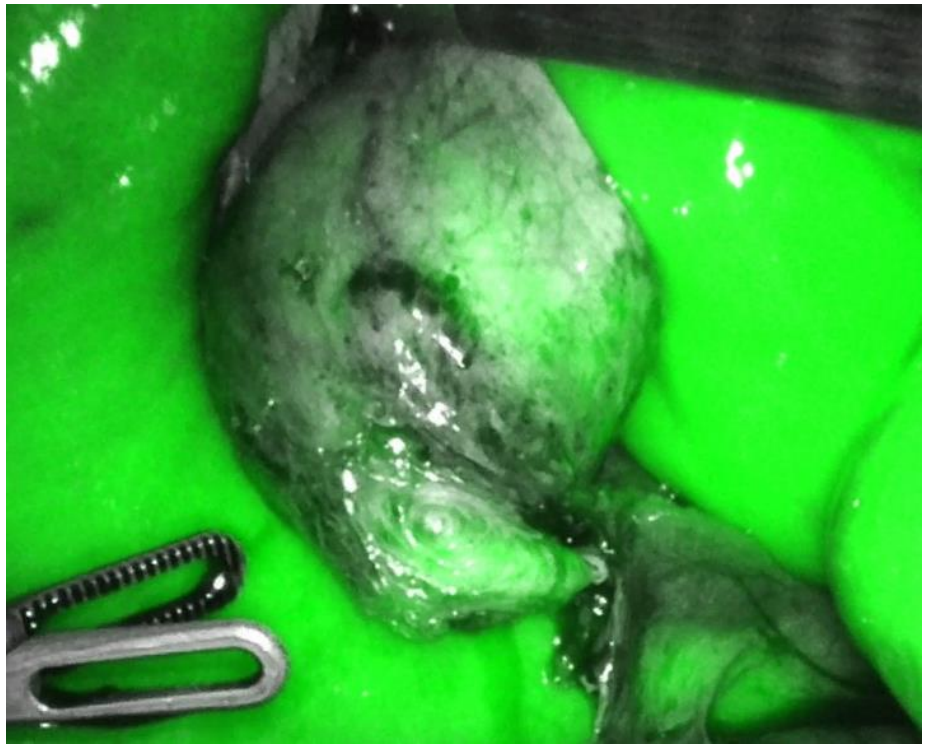
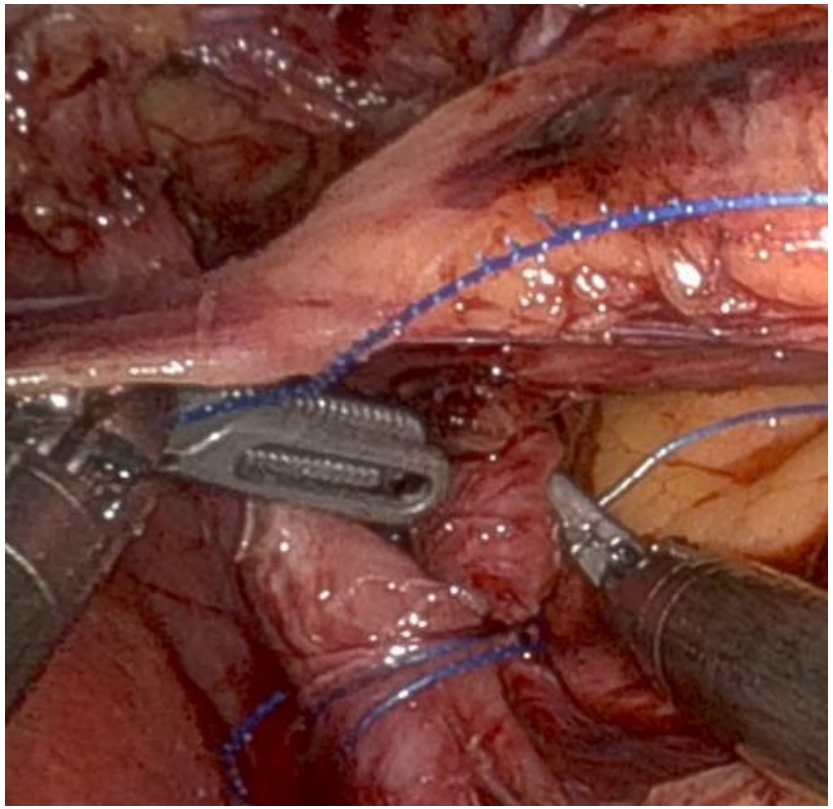
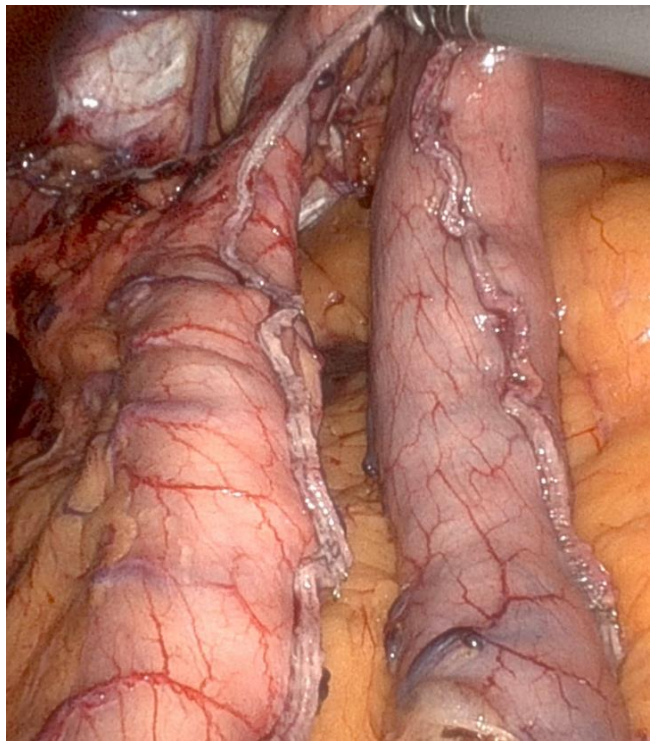
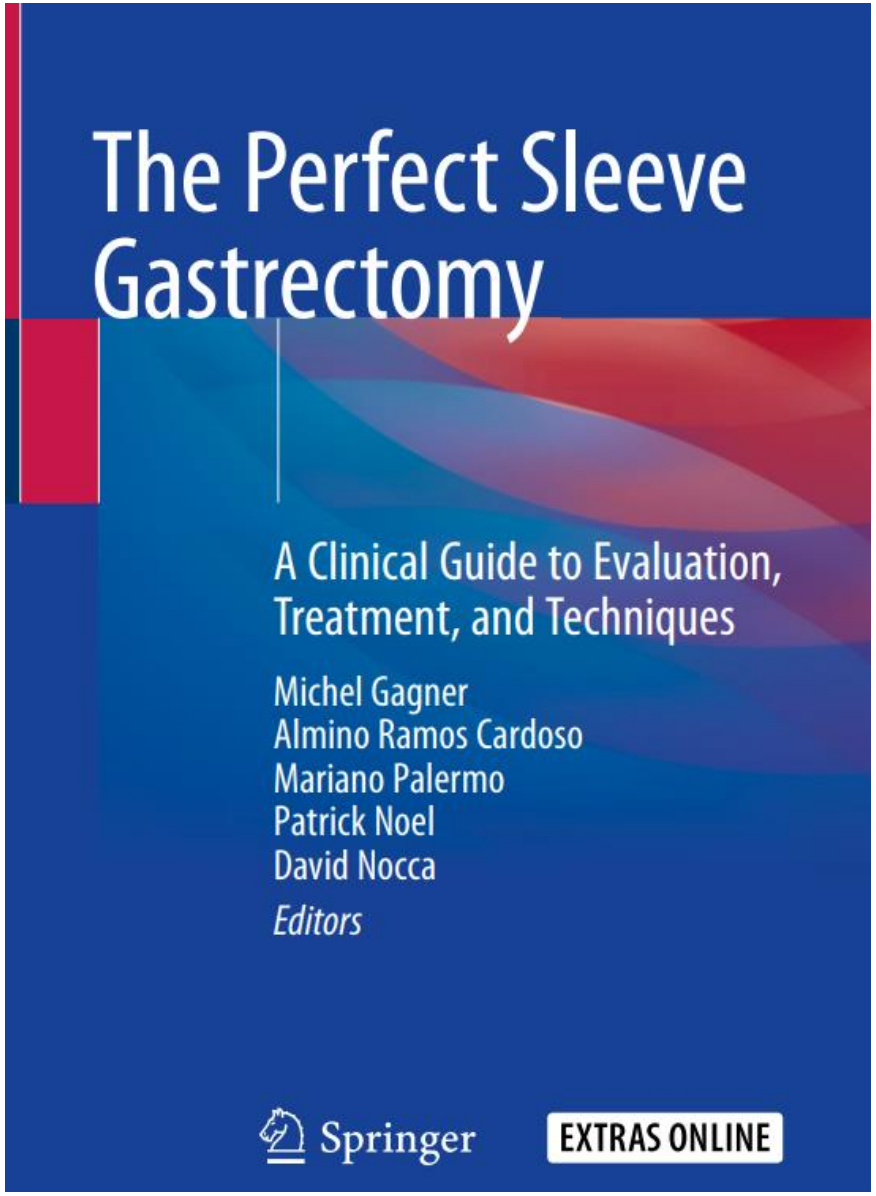






INTEGRATION



Laparoscopy is just a historical transitory phase between open and robotic surgery

- Needed for access, division of adhesions to allow for robot docking

Robotic Surgery = Computer Assisted Surgery. Data Analytics

Global Surgical Consciousness

THANK YOU FOR YOUR TIME AND TO IFSO for THE OPPORTUNITY TO PRESENT and I HOPE TO SEE YOU SOON

CANDICE SILVERMAN

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