

# GYNECOLOGY . . . In the News

## ROBOTIC vs. VAGINAL Hysterectomy

Recently I had a woman request a second opinion consultation after seeing another surgeon with her primary complaint being incontinence. After explaining to the physician she leaks every time she laughs, jumps and coughs, she's told she needs a robotic hysterectomy and if that doesn't fix her problem, they could address her incontinence later (undergo a SECOND surgery). WHAT? A hysterectomy does NOT correct INCONTINENCE! And what about vaginal prolapse of the bladder or rectum, the robot has not routinely been used to correct this at the time of robotic hysterectomy.

**Up to 35% of adult women suffer from stress incontinence and 26% of women will suffer from one or more prolapse disorders that CAN be surgically corrected.**

ACOG (American Congress of Obstetricians & Gynecologists) just came out and DISCOURAGED routine use of robotics for benign hysterectomy. The reason is COST vs. BENEFIT. In medicine before any surgery is performed as surgeons we are MANDATED to discuss with patients the risks vs. benefits, options and ALTERNATIVES, including nonsurgical options and less invasive minor surgical procedures. And yet despite this, there is a HUGE media blitz regarding robotic hysterectomy. Why, each one of these machines cost 1-2 million dollars, with MANDATORY maintenance contracts over \$100,000 yearly, and that cost, much like the government bailout gets passed on to the consumer. So, the company selling this equipment has a HUGE stake in CONVINCING patients they're better, and the facility purchasing them in convincing patients it's THE PROCEDURE OF CHOICE, touting quicker recoveries, less blood loss and shorter hospital stays to PAY for their investment. And patients don't ask "less than or quicker as compared to WHAT"? The studies used to come up with these numbers looked at RADICAL hysterectomy, a much more morbid and debilitating hysterectomy than even conventional abdominal hysterectomy.

**Published average times for robotic hysterectomies vary from 192 minutes to 242 minutes and one report indicated operative times ranging from 4.5 to ten hours.**

The facts are this, the AVERAGE operating time for a robotic hysterectomy is reportedly between 202-249 minutes depending on the study you look at. The average operating time for a vaginal hysterectomy is 62 minutes, an abdominal hysterectomy is 76 - 92 minutes, and for laparoscopic hysterectomy 85 - 108. So, the OPERATING TIME for a robotic hysterectomy is **4 TIMES longer** than a vaginal hysterectomy, **almost 3 times longer** than an abdominal hysterectomy, and **2.5 times longer** than laparoscopic hysterectomy. In addition to this, every minute patients are in the OR they are billed for the operating room time AND the anesthesia time. Patients can PAY up to an average of 67 minutes of anesthesia and operating room time just to get set up and dock the robot - (average room to incision time for robotic hysterectomy 44 minutes, average time from incision to docking in robotic hysterectomy is 23 minutes) this is in addition to the times above to perform the operation! Patients also pay for additional equipment - during robotic hysterectomy expensive disposable instruments are used versus the reusable sterilized instruments used for vaginal and abdominal hysterectomy. Furthermore, studies looking at the learning curve indicate to become PROFICIENT at these procedures requires an average of 50 hysterectomies!

**The use of a robot to perform a hysterectomy can cost patients 2.5 to 4 times more just for operating times, in addition to increased operating room and anesthesia costs for set up and docking, and increased costs for the disposable instrumentation**

The benefit, 1/2 day shorter hospital stay and possible quicker return to work (2.8 weeks) with less blood loss as compared ONLY to ABDOMINAL hysterectomy, NOT vaginal or laparoscopic hysterectomy. A vaginal hysterectomy, laparoscopically assisted vaginal hysterectomy and even abdominal hysterectomy have lower anesthesia and operating room costs than robotic hysterectomy. Vaginal and laparoscopic hysterectomy have the SAME OR LESS time in the hospital. Vaginal and abdominal hysterectomy have lower equipment costs, and vaginal and laparoscopically assisted vaginal hysterectomy have and THE SAME OR LESS return time to work.

The risks - "Google" robotic bowel injury during hysterectomy, robotic cuff dehiscence and robotic bladder injury with hysterectomy. So, why are these complications not readily discussed. Because the studies that Da Vinci has PAID search engines and search engine optimization companies to place at the top of all the search sites quotes injuries DURING surgery. These injuries are occurring after DISCHARGE and patients are ending up back in intensive care units, operating rooms and hospitals. Patients can experience a significant burn to the bowel that is not seen during surgery, but days later, these result in holes in the bowel which can cause these women to get critically ill. Because they also use these same devices to cut around the cervix, the vaginal incision can later open up spilling bowel into the vagina - documented in over 4% of patients undergoing robotic hysterectomy, yet the TOTAL complication rate quoted by Da Vinci is only 2%! These thermal instruments are NOT typically used while performing a vaginal hysterectomy. So there's a reason ACOG says there are no current indications for a robotic hysterectomy for benign reasons versus a vaginal hysterectomy or laparoscopic hysterectomy. So, unless your Donald Trump and earn thousands of dollars a day, the difference in your quicker return to work vs. having even an abdominal hysterectomy not to mention the risk and cost of its associated complications is obviously not worth it.

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## Robotic vs. Vaginal Hysterectomy (Con't)

**In this country, 600,000 hysterectomies are performed each year with only 22% performed vaginally.**

So, if vaginal hysterectomy is THE procedure of choice, why is it not offered to more patients? The answer is training and marketing. Newer gynecologic surgeons are less comfortable performing vaginal hysterectomies. They performed many more laparoscopic, robotic and abdominal hysterectomies by the time they graduated, and in fact, many may have only performed fewer than 10-20 vaginal hysterectomies as the primary surgeon by the time they leave residency training. Some are not comfortable performing any vaginal procedures. Additionally, unless a patient's uterus is nearly falling out, patients are given reasons why vaginal hysterectomy is not feasible. A recent study however revealed that in "300 patients with no prior vaginal births who were to have hysterectomy, 75.7% were selected as candidates for vaginal hysterectomy. Authors found that planned removal of ovaries, suspected adhesions or scar tissue, an enlarged uterus, prior abdominal surgery, or even prior cesarean delivery did not prevent successfully completing 92% percent of hysterectomies via a vaginal route".

The second factor appears to be the effect of marketing and demand by patients. Most of us tend to associate new with improved, and as a country we are enticed with technology. Whether it's the latest craze, toy or gadget, we not only want innovation we love sharing we have it or have experienced it. I'm no different, I had to get the HD DVD player, and now I can't even find movies for it! Let's hope the robot is around a little longer! The medical community is no different, in fact I think I've seen WAY more commercials for heart centers than I have for the new IPAD ! By offering new procedures hospitals and surgeons can attract more patients and patients want to say they've experienced cutting edge technology.

**There ARE less expensive and less invasive options than robotic hysterectomy with comparable or an even quicker recovery, fewer complications, a shorter hospital stay with minimal associated blood loss, no abdominal incisions (the robot places 3-5 small incisions in the abdomen) and no expensive disposable equipment charges and it's a vaginal hysterectomy. Furthermore, nowadays this procedure can additionally be performed on an outpatient basis which decreases hospital associated charges and often requires NO precertification with a patients insurance company.**

I'm always amazed at how easily patients can be influenced by commercials and not look at the costs and risks of a particular surgery yet will these same patients spend months saving a few dollars by clipping coupons and comparing prices in grocery stores, or before buying a new computer, TV or car. Shouldn't patients display the same fortitude in comparing physicians and surgeons and the associated costs, NECESSITY of the procedure or even the risks vs. potential benefits?

Did you know most insurance companies require patients to pay a PERCENTAGE of any surgical procedure as well as a percentage of the hospital charges, which includes operating room time and anesthesia time. If the procedure overall is 2.5 - 4 times more expensive, 20% of that increased expense could have gotten these patients SEVERAL new TV's and computers and even a facelift instead of a little botox! (Don't get me wrong, I LOVE my Botox!)

**Don't be afraid to ASK Questions  
Consider a Second Opinion before Surgery**

If you, your friends or loved ones are told they need surgery or a hysterectomy - ASK QUESTIONS!

- What is causing my problem?
- Is my problem life threatening and if not, what are the consequences to my health if I do not have the surgery?
- What are other options to treat my problem? (be sure to inquire about non-surgical therapies and alternative surgical options, including alternative routes of hysterectomy as well as the risks and benefits of each)
- What is the surgeons experience doing the operation and their complication rates? (ask the same regarding the alternative options, you may find that the reason an alternative procedure is not offered is because the surgeon is less comfortable performing an alternative approach)
- Should I have my ovaries removed?
- Always consider getting a second opinion. It's your body and your life so make completely sure you're comfortable that you know all there is to know about your condition or problem and that all the treatments and options have been thoroughly explained to you. As physicians and surgeons we often ask our colleagues for their opinions and are not offended when patients take the time to get a second opinion.