QI Summit

Robotic UHR

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In association with Utica Park Clinic
Exceptional Doctors. Extraordinary Care.
TOPICS

- Alternative technique
- QC data
3 “SECRETS”

Flex

Roll

Pressure
PATIENT SETUP

**FLEX**

- Break bed (ASIS at break of bed)
- Make abdomen parallel to floor
- Slide patient to edge of bed on side of trocars
- Arms on armboards (NO TUCK)
LOW PRESSURE EXTERNAL VIEW
How big a bite should we take?

36x2 = 2 (pi) (r)

r=11.5 mm
Temporary transfascial sutures (1-3) (Keith needle)
RUNNING SUTURE
UMBOPLASTY
Surgeons Contributing Cases (n)

![Bar chart showing the number of surgeons contributing cases for different surgical procedures: Lap eTEP, Lap IPOM, Lap TAPP, Open Mesh, Open No Mesh, R-eTEP, R-IPOM, R-TAPP. The chart indicates a significant number of cases for Open No Mesh compared to others.]
Mean Mesh Size (cm²)

- 13x16
- 12x13
- 16x22
- 7x6
- No mesh
- 16x32
- 11x12
- 13x10

Mean Mesh Size (cm²)
Length of Surgery

- Lap eTEP
- Lap IPOM
- Lap TAPP
- Open Mesh
- Open No Mesh
- R-eTEP
- R-IPOM
- R-TAPP

0-1 hr, 1-2 hrs, 2-3 hrs, 3-4 hrs, >4 hrs
Type of fixation (%)

- **Lap TAPP**
  - 8% No Fixation

- **R-TAPP**
  - 20% No Fixation

**Legend:**
- Suture
- Tacks
**Patients Reporting ANY Complication (%)**

- Lap eTEP
- Lap IPOM
- Lap TAPP
- Open Mesh
- Open No Mesh
- R-eTEP
- R-IPOM
- R-TAPP
30-day Outcomes

ER Visit (%)  Recurrence(%)  30 day Readmission (%)
SUMMARY

• Open still KING
• Robot eroding Lap
• MIS allows larger mesh choice
• Outcomes similar
• Recurrence rates
• Do What You Do Best

#DWUDB