Robotic colorectal cancer resections in a DGH: An analysis of short-term outcomes in Fife

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Background:

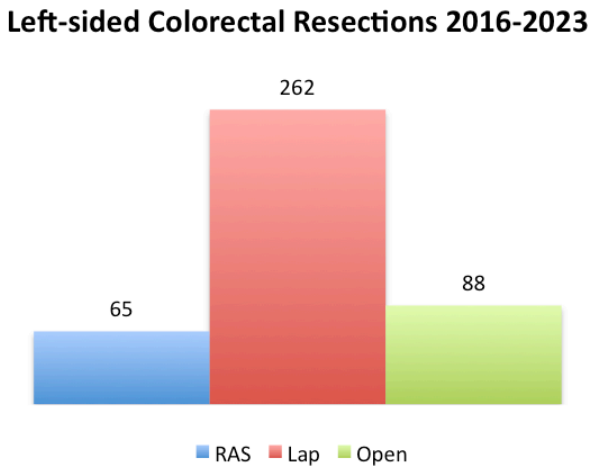
Robotics in colorectal surgery is an area of rapid development. There are a number of potential advantages including better visualisation, improved ergonomics and better articulation of instruments.

However, there is also a recognised long learning curve. Resections for colorectal cancer using Da Vinci Xi (RAS) began in Fife in August 2021.

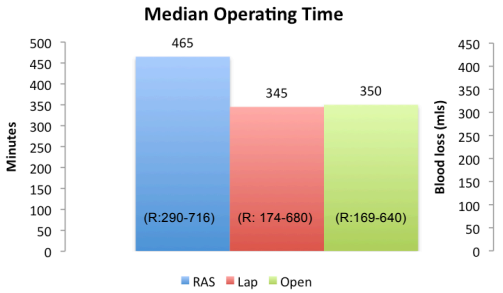
Methods:

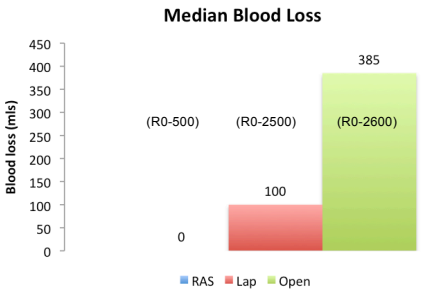
All patients undergoing elective colorectal cancer resection (Jan 2016 - April 2023) had prospective data collected as part of NERCI. Short-term outcomes following left-sided resection (splenic flexure, high and low anterior resections) were compared according to surgical approach.

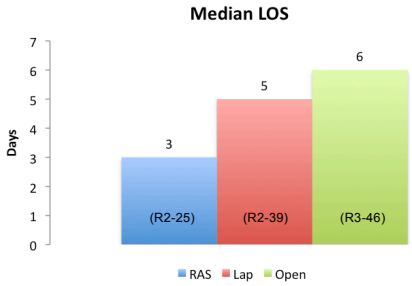
Results:

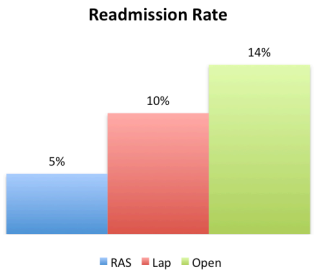


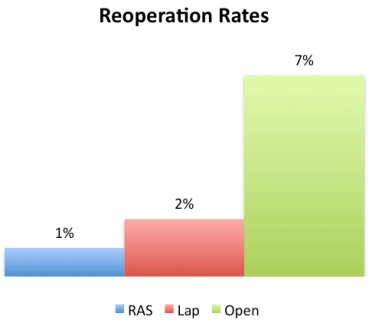
Median (range)	RAS	Lap	Open
Age	68 (34-86)	68 (30-92)	68 (41-91)
BMI	28 (21-38)	27 (19-45)	31 (21-47)

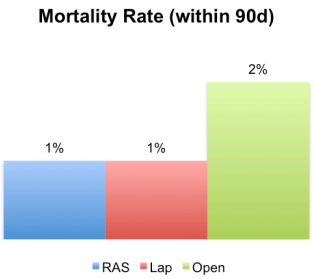












Conclusions:

- Robotic colorectal resections can be safely introduced in a DGH.
- Longer operating times but lower conversion rates versus laparoscopic.
- Shorter LOS versus open (L + RAS).
- Blood loss and readmission rates appear lowest following robotic resection, which could confer significant cost savings.