

Opinion

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Robotic by Pass Made Simple

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General Surgery had had a crucial turn in its evolution with the event of laparoscopy. This allowed major surgical procedures with less mortality and morbidity, and a shorter post operative hospital stay. It has become the gold standard surgical approach in many procedures.

Laparoscopic surgery enabled Bariatric surgery to evolve and be done on routine bases. Its operative surgical duration shortened significantly, thus improving the outcome. A laparoscopic by-pass procedure lasts now a day's merely 55 mn to one hour. The post operative hospital stay is about 3 to 5 days. The weight loss and the quality of life after surgery also have improved. Laparoscopy went beyond expectation by its results. One can wonder whether there is place for another technology? To be adopted, this technology should bring significant advantages.

Robotic surgical approach is an evolutionary revolution that is taking the step over. It can be applied to all digestive surgical procedures, especially bariatric ones. It allows the surgeon a priceless 3D operative field vision. It gives him the exclusive full control of the operative theater. He no more is dependent of his aid. This is important in the lake of qualified personnel. The replication of the surgeon wrist gestures allows great dissection possibilities and complex surgical procedures. It issued in routine basis in certain indications in urology. It is less known in bariatric surgery.

The Orleans regional hospital center in France acquired the Da Vinci Si° surgical robot in October 2013. At the moment they were nearly sixty device installed in France. Actually there is over ninety robotic device installed.

In charge of the bariatric robotic surgery program, I had begun the bariatric robotic procedures in January 2014, after a

quick initiation course. Since, I have accomplished 124 robotic procedures including 118 by-passes. While at the same period of time, nearly 500 laparoscopic bariatric procedures were accomplished in our center.

I profit from the whole potential of the Robot by developing a full robotic bariatric technique using its four arms. Only one aid on the surgical field is needed. This is crucial in case of lack of qualified personnel. The anastomosis is fully hand sewn using Veloc° 3/0 string. The learning curve was quickly passed on, with little robotic specific morbidity and no mortality. No specific measures are needed on the post operative patient's course. The actual operating robotic time is about 70mn for a by-pass procedure. The average hospital stay is about three to four days, equal to the laparoscopic one with the same weight lost results and quality of life. The surgical techniques on continual amelioration. It is safe, reproducible, standardized and on the reach of any bariatric surgeon. The bariatric robotic approach is gaining popularity. I believe that, with time and it wide spreading, its cost will be reduced comparatively with the course of laparoscopic approach.

Patients, now, are asking specifically for this particular procedure. It may become the new gold surgical standard.

It would be interesting to share robotic or laparoscopic bariatric experience or to establish multi center studies to improve the Bariatric surgical care [1-3].

References

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