

# Hospitals race to get hands on 'robot'

By Katie Fincher  
CONTRIBUTING WRITER

A robot's four arms — equipped for slicing, stitching, grasping and filming — are moving inside a 50-year-old man's groin.

Across the room, Dr. Nikhil Shah pivots, pinches and pumps hand and foot controls at a console, commanding the robot to manipulate the flesh he sees through a 3-D viewer.

The man is undergoing a prostatectomy, and he chose as his surgeon Shah, director of minimally invasive and robotic urology at **Saint Joseph's Hospital**. He also chose to have his prostate removed through the use of a robot, the da Vinci Surgical System.

Use of the da Vinci has been growing in metro Atlanta in the past four years, with Saint Joseph's buying three models, **Northside Hospital** purchasing one and both considering another.

And **Piedmont Hospital** is planning to try to get a da Vinci, said Diana Lewis, public relations director for **Piedmont HealthCare**.

Doctors who use the da Vinci say it offers better results for patients, and administrators say it reduces some costs and brings in business. But not everyone is convinced. Detractors cite uncertain benefits and inflated costs.

In 2002, Saint Joseph's became the first hospital in Georgia to buy and use the da Vinci. The hospital now has three robots, and performed 31 robotic procedures last month.

Northside bought its da Vinci in June 2005. Vicki Barnett, Northside's director of surgical services, said the hospital is at full da Vinci procedure capacity of about 10 per week.

There are more than 330 da Vinci units in the United States, according to **Intuitive Surgical Inc.**, maker of the da Vinci. It is the only FDA-cleared robotic surgical system on the U.S. market.

Robotic surgery uses incisions measured in centimeters, as opposed to several inches for "open" surgery. So does traditional endoscopic surgery, but its view is only 2-D, and the instruments are at the ends of long sticks that the surgeon must maneuver by hand.

Under a surgeon's command, the da Vinci holds and moves the long arms, uses wristed instruments, and delivers a 10X-magnified, 3-D image.

"My first reaction was, 'I can't believe how good this picture is,'" said Dr. Zachary Voeltz, staff urologist at Northside. "I can truly see, in three dimensions, the anatomy of the male pelvis in a way I've never seen before."

Some surgeons aren't impressed. "Patients and referring doctors are seduced by the promise of advanced technology, regardless of the fact that benefit is questionable," wrote Dr. Robert Guyton, chief of cardiothoracic surgery with **Emory Healthcare**, in an e-mail.

Dr. Douglas Murphy, chief of cardiothoracic surgery at Saint Joseph's, is familiar with Guyton's position.

"Everyone says it can't be better. In fact, it is better." Murphy said his research suggests use of the da Vinci



JOANN VITELLI

**Robot wrangler:** Kay Payne assists during a prostatectomy performed with a da Vinci robot (shown, center) at Saint Joseph's Hospital.

can lead to a higher rate of mitral valve repair, as opposed to replacement.

Shah said the da Vinci's agile instruments and enhanced vision allow surgeons performing prostatectomies to preserve nerves and blood vessels involved in erectile function.

But robots are expensive. In addition to the base cost of a da Vinci — about \$1.5 million — annual maintenance is about \$100,000, said Marti Taylor, president of Saint Joseph's Heart and Vascular Institute.

Using fewer hospital resources is one way the da Vinci can earn its keep.

The smaller incisions used in robotic and endoscopic surgery lead to shortened average hospital stays, lower rates of infection and less blood loss, Murphy and Shah both said.

A robot also breathes life into the rest of a hospital's practice.

Saint Joseph's robotic surgery program has lured patients from Phoenix, San Francisco and Colorado, even for non-robotic procedures, Murphy said.

"They figure, 'If they can do that, they can take out my gall bladder.'"

Guyton agrees robotic surgery is a huge draw for patients.

"The use of the word 'robot' is a very clever and effective marketing strategy."

He takes issue with calling it a robot, citing that true robots are automated.

And the expense is too much for a technique with uncertain results, Guyton said.

"If you are looking for examples of reasons for the skyrocketing cost of medical care, you need to look no farther than the da Vinci 'robot.'"

Murphy said he believes other metro Atlanta hospitals will choose to invest in robotics. "The robot is disruptive technology," he said. "If you're not doing it, you're out of business."

Shah leans over the 50-year-old man and stitches shut the six dime-sized incisions used to access his prostate. He expects the man will be walking and drinking fluids within six hours.

After seeing what he and others are capable of with the da Vinci, Shah is reluctant to place limits on it. Surgeons once scoffed at the suggestion that a robotic prostatectomy could be done.

"Everyone told us it was impossible."

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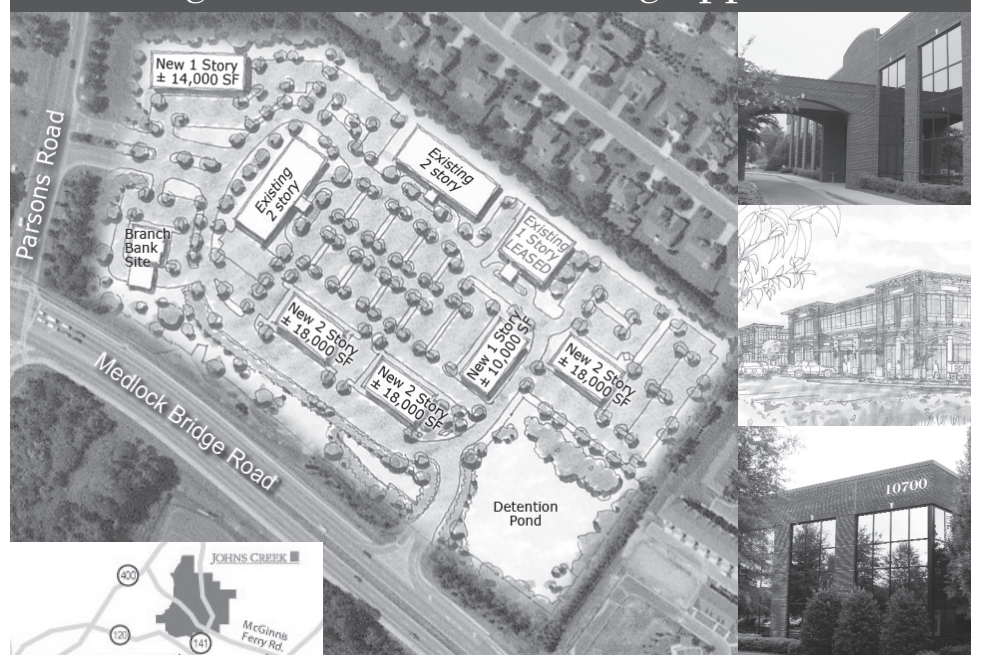
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