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EDITORIAL COMMENT



This is an interesting study which analyzes data of a hospital quality improvement process over 3.5 years in a high volume center. The authors should be commended for providing data on an aspect of robotic surgery that is of paramount importance not only for patient safety but also for operative costs. Several of the findings in their report merit special mention. It is particularly interesting that the highest rate of instrument failure by specialty was in colorectal surgery and the lowest in urologic surgery. Unfortunately there is no breakdown of the specific types of instruments that failed but that observation raises the question of whether failures are surgeon specific or instrument specific? Unfortunately 48% of the failures lack data regarding specialty. Further it is unfortunate that we are given no information regarding whether there was a higher rate of instrument failures in more experienced surgeons versus surgical trainees. The study underscores the importance of establishing standardized and specific definitions of instrument failures so that data can be reported uniformly across different institutions.

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AUTHOR REPLY



We are grateful for and sincerely appreciate the comments made by Dr. Gargollo. The inconsistencies of our data collection reflect the infancy of our quality improvement initiative. The lack of uniform data reporting underscores the need for improved training of our operating room and central processing department. With more consistent data reporting, future studies can delve deeper into the specificities of instrument failures. We agree it would be interesting to examine the association between surgeon specialty or experience and the incidence of instrument failure. However, the intent of our manuscript was to highlight our program and our ability to improve quality and develop cost savings to our institution. It is important for surgeons and institutions to work closely together to develop and maintain cost saving strategies within robotic surgery programs.

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