

Do not use robotic surgery in oncology patients when conventional surgical approaches are equally effective

Authors' reply

We thank Anusheel Munshi for his Correspondence in response to our recent Personal View¹ on Choosing Wisely India. We acknowledge that overuse of robotic surgery in patients with cancer in whom conventional surgery is equally effective is an important point to note. Over the past decade, global use of robotic surgery has increased dramatically.²⁻⁴ Proponents of robotic surgery argue that the magnified three-dimensional view, improved ergonomics, and improved dexterity offered by robotic surgery, are advantages for the surgery. However, patient-centric outcomes like faster post-operative recovery, fewer complications, and decreased morbidity and mortality, have not been consistently superior to laparoscopic or even open surgery.⁵ Robotic surgery requires specialised expertise, advanced resources and infrastructure, and is associated with considerable cost escalation.^{3,5} We acknowledge that inappropriate use of robotic surgery clearly fits with the Choosing Wisely mandate; however, when we embarked on the Choosing Wisely India initiative, the task force considered the following criteria to establish recommendations: have published evidence of low value or harm, or both; be frequently used in India; have potential for reduction; be unambiguous and understandable; be practically feasible and measurable; and be relevant to the Indian context. Although robotic surgery met some of these criteria, there were several competing points in our long list of criteria¹ that were more pressing and relevant than

others. Most importantly, we felt that although the current trends in robotic surgery use showed an upswing across the globe, other points were present in much higher proportions and therefore required attention. In the USA, only 3% of all oncological surgeries were done robotically;² this proportion is likely to be far less in India. The final list of recommendations was reached after exhaustive discussions between the members of the task force. Many points that we felt were important (eg, inappropriate use of perioperative antibiotics, overuse of antiemetics, and inappropriate use of antibiotics during chemotherapy) had to be excluded because we had to limit the Choosing Wisely India list to only ten points; too many points would dilute the strength of the recommendations. If the more pressing points in the current Choosing Wisely India list are acted on and become inconsequential, and inappropriate use of robotic surgery simultaneously increases exponentially, we do not rule out the possibility of including robotic surgery in future versions of the Choosing Wisely India recommendations.

We declare no competing interests.

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