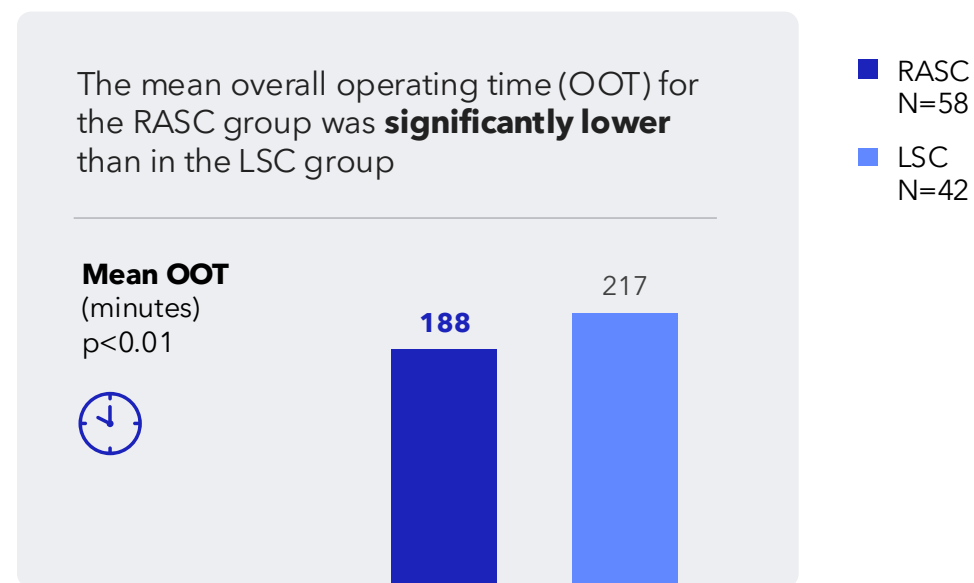# Minimally invasive access sacrocolpopexy: da Vinci vs. lap
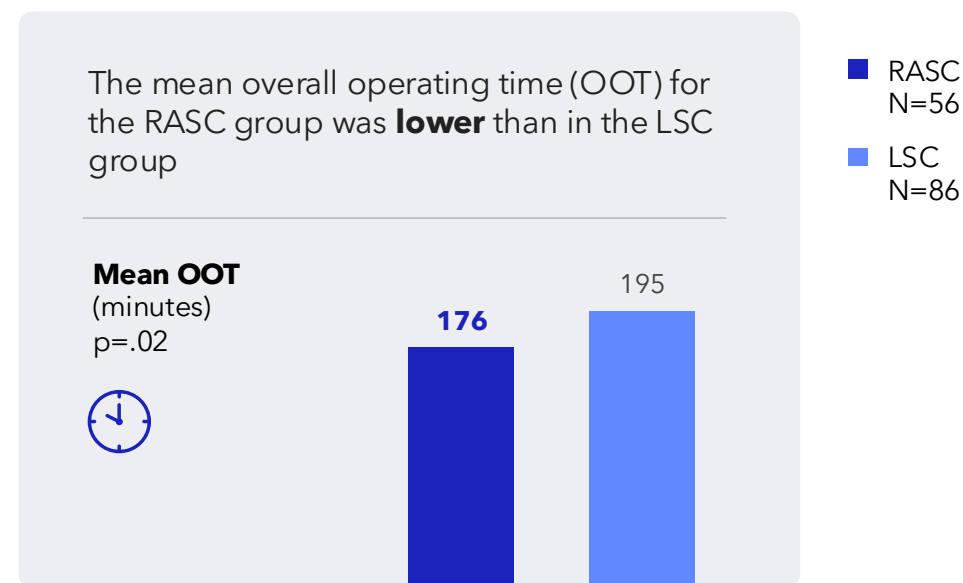
Publication summaries

2024

Two recent single-center studies show more efficient/lower operative times compared to laparoscopy

Overall operative time(OOT) defined as procedure start and stop times (incision to close, in minutes) for both RASC and LSC groups. This time includes robotic docking time for the robotic-assisted cases.

The mean overall operating time (OOT) for the RASC group was **significantly lower** than in the LSC group

■ RASC
N=58

■ LSC
N=42

Mean OOT
(minutes)
$p<0.01$

188   217

Additional notes: All the patients had an apical prolapse, which was ranked of at least 2nd degree in the POP-Q classification, in 84.7% in the RASC group and in 81% in the LSC group. 87% of patients had a concomitant subtotal hysterectomy, proportion similar in both groups. Median BMI was lower in the RASC group (23.8 vs. 25.7, p = 0.037)

Evangelopoulos, N., Nessi, A. & Achtari, C. Minimally invasive sacrocolpopexy: efficiency of robotic assistance compared to standard laparoscopy. J Robotic Surg 18, 72 (2024). doi: org/10.1007/s11701-023-01799-1

The mean overall operating time (OOT) for the RASC group was **lower** than in the LSC group

■ RASC
N=56

■ LSC
N=86

Mean OOT
(minutes)
$p=.02$

176   195

Additional notes: A higher proportion of concomitant hysterectomies were performed with robotic assistance as compared with laparoscopic cases (n = 42, 73.7% robotic vs n = 43, 50.6% laparoscopic; p <.01). For cases with concomitant hysterectomy, mean operative times for robotic assistance was significantly less than that for laparoscopic approach (181.1 ± 46.1 minutes and 213.1 ± 36.2 minutes, p = .02).

Clark S., Melnyk A., Bonidie M et al. Operative Time for Minimally Invasive Sacrocolpopexy: Comparison of Conventional Laparoscopy versus Robotic Platform. Journal of Minimally Invasive Gynecology. Published online September 29, 2022. doi: 10.1016/j.jmig.2022.05.013

Important safety information

Important safety information

Serious complications may occur in any surgery, including da Vinci surgery, up to and including death. Serious risks include, but are not limited to, injury to tissues and organs and conversion to other surgical techniques which could result in a longer operative time and/or increased complications. For summary of the risks associated with surgery refer to www.davincisurgery.com/safety or www.intuitive.com/safety.

For product intended use and/or indications for use, risks, cautions, and warnings and full prescribing information, refer to the associated user manual(s) or visit https://manuals.intuitivesurgical.com/market.

Individual outcomes may depend on a number of factors—including but not limited to—patient characteristics, disease characteristics, and/or surgeon experience.

Da Vinci Xi/X system precaution statement

The demonstration of safety and effectiveness for the representative specific procedures did not include evaluation of outcomes related to the treatment of cancer (overall survival, disease-free survival, local recurrence), except for radical prostatectomy which was evaluated for overall survival, or treatment of the patient's underlying disease/condition. Device usage in all surgical procedures should be guided by the clinical judgment of an adequately trained surgeon.

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