Man and Medical Machine: For Better or Worse

Brown, David

The purpose of this experiment is to determine how the da Vinci robot compares to other surgical methods. IRB approval was obtained through the major medical hospital. Using the data bank records relating to 1136 patient charts were evaluated. Vaginal and laparoscopic approach to hysterectomy have decreased. In 2012, 17% of the cases were done vaginally, 0 were done laparoscopic. The average uterine size for vaginal hysterectomy in 2007 was 266cm3. The laparoscopic approach had been eliminated by 2012. In 2004 when the laparoscopic approach was common the average uterine size was 92cm3. The abdominal approach accounted for 76% in 2007. But in 2012 the abdominal approach is accounts for only 12% of all hysterectomies. The average uterine sizes was at one point 467cm3 and has gone down to an average of 94cm3. The da Vinci has become the number one in method. The da Vinci now does 67% of the procedures and does an average uterine weight of 103cm3 as of 2012. In conclusion, I have noticed a declining trend for vaginal approaches and abdominal approaches and an elimination of laparoscopy. The da Vinci has become number one method used. I found that there have been many abdominal approaches that could have been done differently (vaginally or laparoscopic). This could have saved patients 3-4 weeks of recovery. As da Vinci is know to be significantly more expensive, dollars spent on the da Vinci could have been used more efficiently.

Awards Won: