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Robotic surgery and patient positioning: Ergonomics, clinical pearls and review of literature

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Statement of the problem: Robotic surgery has revolutionised patient management and opened newer doors for the anaesthesiologists regarding patient safety. Patient positioning and operation theatre (OT) configuration assumes unique importance for robotic surgery due to multiple factors. First and fore-most, the position cannot be changed once the robot is docked. Further, adequate surgical exposure requires extreme positioning and revamping of the existing positioning devices. In addition, there is restricted access to the patient and its antecedent problems. Last, but not the least, space restriction and protection of patient from the clashing robotic arms requires special devices and several unfavourable position modifications. Position related nerve palsies, pressure ulcers, port site necrosis, venous thrombosis and other injuries are on the rise in the recent years and appropriate measures may make it largely preventable.

Methodology: Our experience of providing perioperative and anaesthetic care for more than 2500 robotic surgeries (various surgical disciplines) has helped us highlight the major positioning

associated deficiencies and problems during robotic surgeries. We have also attempted to find practical solutions for the same, and to define the best practices for robotic positioning using a thorough review of literature.

Speaker Biography

Shagun Bhatia Shah is a motivated and dedicated Anesthesiologist with 16 years of experience in the field of Anesthesia. Her interest in Onco-anesthesia drove her to practice as a Consultant at RGCI and RC. She is especially interested in recent advances in anaesthesia like USG guided lines, nerve blocks, epidurals and anaesthesia for robotic surgery. She is certified in TEE (trans esophageal echocardiography) use and utilizes it for managing cardiac patients undergoing noncardiac Onco-anesthesia. She has successfully conducted clinical trials like "Optic nerve sheath diameter guided noninvasive ICP measurement in patients undergoing robotic surgery in steep Trendelenberg position" and is presently conducting the trial "TEE for intraoperative goal directed fluid therapy in cardiac patients undergoing non-cardiac Onco-anesthesia and robotic surgery in ST position" among others. She is ready to walk that extra mile with post- operative and terminally ill cancer patients to alleviate their pain and suffering.

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