Australasian Gynaecological Endoscopy & Surgery Society Limited

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Position statement on robotic-assisted laparoscopy

This statement has been developed the Women's Health Committee. It has been reviewed by the Endoscopic Surgery Advisory Committee (RANZCOG/AGES) Committee and Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee and Endoscopic Surgery Advisory Committee (RANZCOG/AGES) Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

First endorsed by RANZCOG: November 2009
Current: November 2017
Review due: November 2020

Target audience: All health practitioners who undertake robotic assisted surgical procedures.

Values: The evidence was reviewed by the Endoscopic Surgery Advisory Committee (RANZCOG/AGES) and Women's Health Committee, and applied to local factors relating to Australia and New Zealand.

Background: This statement was first developed by Women's Health Committee in November 2009 and most recently reviewed by the Endoscopic Surgery Advisory Committee (RANZCOG/AGES) in November 2017.

Funding: The development and review of this statement was funded by RANZCOG.

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1. Definition

Robotic-assisted laparoscopy is defined as the use of a fixed or mobile automatically controlled, multipurpose manipulator in three or more axes, to assist surgical procedures. The patient and surgeon may be separated during the procedure by a master-slave telerobotic system, which allows the surgeon to perform the operation in a remote location.

2. Position

Robotic-assisted laparoscopic procedures fall under the auspices of minimally invasive surgery. Robotic-assisted surgery has been explored in a number of procedures and may be an acceptable form of treatment for a variety of conditions. The current place of robotic-assisted laparoscopic surgery for benign gynaecological procedures is yet to be established. In addition, there is evidence that robotic-assisted surgery takes as long or longer to perform with significantly more cost.[1, 2]

Robotic-assisted surgery has specific risks and hazards that require guidelines for minimum standards in relation to training, practice, skill acquisition and the understanding of the appropriate equipment.

Gynaecologists should not perform a robotic-assisted laparoscopic surgery until they have reached the equivalent RANZCOG skill level in conventional operative laparoscopy and can provide evidence of the on-site or off-site robotic surgery training necessary to complete the relevant procedure. Credentialing of robotic surgeons is undertaken by individual hospitals or regional credentialing committees who should refer to the guidelines in this document. In particular, credentialing bodies need to understand that robotic surgical skills do not fall within the general ambit of credentialing for gynaecological surgery. Applicants for credentialing in this area should therefore provide proof of suitable training and skills.

3. References

1. The American Congress of Obstetricians and Gynecologists (ACOG). Statement on Robotic Surgery by ACOG President James T. Breeden MD. 2013. Accessed from: http://www.acog.org/About_ACOG/News_Room/News_Releases/2013/Statement_on_Robotic_Surgery

2. AAGL. AAGL Position Statement: Robotic-Assisted Laparoscopic Surgery in Benign Gynecology. The Journal of Minimally Invasive Gynaecology. 2012.

4. Links to other related College Statements

(C-Trg 2) Guidelines for performing advanced operative laparoscopy
https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Training/C-Trg_2_Guidelines_for_performing_adv_oprative_laparoscopy_Review_Nov_10.pdf?ext=.pdf

(C-Gen 02) Guidelines for consent and the provision of information regarding proposed treatment
https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Consent-and-provision-of-information-to-patients-in-Australia-(C-Gen-2a)-Review-July-2016.pdf?ext=.pdf

(C-Gen 15) Evidence-based Medicine, Obstetrics and Gynaecology
https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-(C-Gen-15)-Review-March-2016.pdf?ext=.pdf

Appendices

Appendix A
Women's Health Committee

Name	Position on Committee
Professor Yee Leung	Chair
Dr Joseph Sgroi	Deputy Chair, Gynaecology
Associate Professor Lisa Hui	Member
Associate Professor Ian Pettigrew	EAC Representative
Dr Tal Jacobson	Member
Dr Ian Page	Member
Dr John Regan	Member
Dr Craig Skidmore	Member
Associate Professor Janet Vaughan	Member
Dr Bernadette White	Member
Dr Scott White	Member
Associate Professor Kirsten Black	Member
Dr Greg Fox	College Medical Officer
Dr Marilyn Clarke	Chair of the ATSI WHC
Dr Martin Byrne	GPOAC Representative
Ms Catherine Whitby	Community Representative
Ms Sherryn Elworthy	Midwifery Representative
Dr Amelia Ryan	Trainee Representative

Endoscopic Surgery Advisory Committee (RANZCOG/AGES) Membership

Name	Position on Committee
Dr Stephen Lyons	Chair, Representative AGES
Professor Michael Permezel	Deputy Chair, Representative RANZCOG
Dr Stuart Salfinger	Representative AGES
Professor Ian Symonds	Representative RANZCOG
Dr John Tait	Representative RANZCOG
Associate Professor Anusch Yazdani	Representative AGES
Associate Professor Jason Abbott	President AGES
Professor Steve Robson	President RANZCOG

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in November 2009 and was most recently reviewed in November 2017. The Endoscopic Surgery Advisory Committee (RANZCOG/AGES) and Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- At the November 2017 face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix A part ii).

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Endoscopic Surgery Advisory Committee (RANZCOG/AGES) and Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Endoscopic Surgery Advisory Committee (RANZCOG/AGES) and Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Endoscopic Surgery Advisory Committee (RANZCOG/AGES) and Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.