



MP04-20

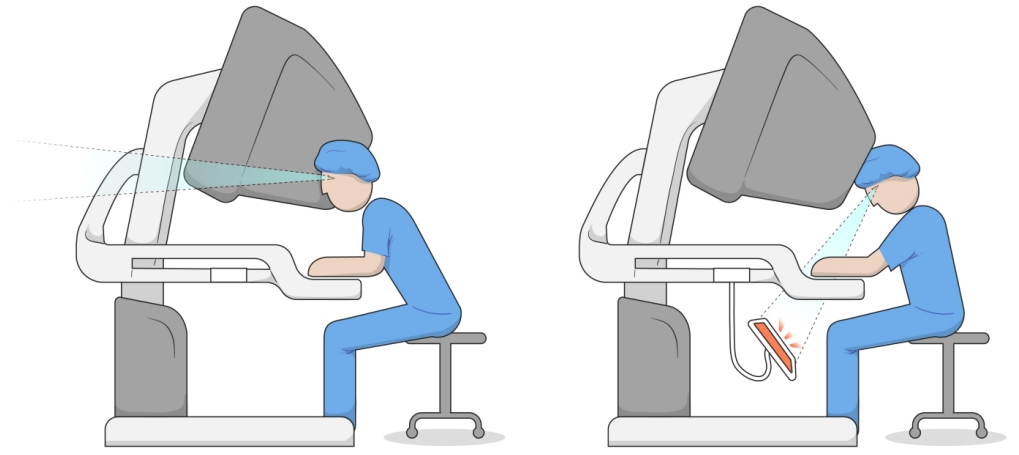
Improving Situation Awareness for the Console Surgeon Utilizing a Live Bedside Video Feed: A Feasibility Study

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Methods

- 10 cases with “BedSide Live” were compared to 10 cases without
- Surgical flow disruptions were categorized and compared
- Duration of interruptions was also compared



Results

Interruptions of Bedside Live vs. Historic Cases		
	Bedside Live	Historic
Operative time (min), median (IQR)	102 (89-116)	152 (139-231)
Duration of Interruptions (min), median (IQR)	6.2 (5.7-9.1)	9.9 (7.1-20.5)
% Duration of Interruptions of Total Surgery	7	9

Category	Description	Interruption Duration/Surgery (sec), mean (%)	
		Bedside Live	Historic
Equipment/Technology	Camera related (camera clean or lens change); instruments (addition, removal, or change); suture/stapler/clip application	253 (57)	527 (54)
Supervision/Training	Console switching between the lead surgeon and surgical trainee; teaching	122 (28)	274 (28)
Procedure-Specific	Events necessary for the surgical procedure	55 (12)	161 (17)
Nonprocedural-related	Personal conversations and phone calls, events not pertaining to the procedure	12 (5)	11 (1)

Conclusion

- Interruptions in surgical flow were lower in the “BedSide Live” group.
- Main causes of surgical flow interruptions were Equipment and Technology followed by Supervision and Training.
- The use of “BedSide” Live was feasible, and may provide benefits for the surgeon and improve surgical flow during RAS.