

MAIL³⁶⁰



We'd like your views – write to: The Editor, *Bone & Joint*³⁶⁰,
22 Buckingham Street, London WC2N 6ET or email editor360@boneandjoint.org.uk

Robots in orthopaedics

Dear Sir,

I read with interest the article by Cobb and Andrews on robots taking over orthopaedic surgery in a recent issue of your journal.¹

Joint replacement, done well, is one of the most cost-effective health-care interventions, and, arguably, one of the best. Done badly, it can be a very expensive nightmare. Professor Cobb makes a cogent argument for robotics in joint replacement and I eagerly await further developments from his and other research groups. However, he is perhaps disingenuous in implying that robots will put good results in joint replacement within reach of every surgeon. With any luck robots, or whatever technology eventually proves best, will be complex and expensive enough to take joint replacement away from every surgeon and place it where it belongs – firmly in the hands (or robotic arms) of high-volume subspecialised joint replacement surgeons who get the best results.²⁻⁶ Given the glacially slow flow of joint replacement from low volume to high volume hospitals,⁷ it is clear that common sense and better outcomes are insufficient impetus.

In terms of improving outcomes, there is lower-hanging fruit than robotic joint replacement if surgeons can be more efficient where they spend much of their time, in outpatient clinics, by actively managing their referrals⁸ and avoiding unnecessary mid-term follow-up of their joint replacements.⁹ They will then have more time to master accurate joint replacement, whether free-hand or assisted, and to increase their volume.

But the lowest-hanging fruit of all is the national joint replacement register. Low-tech, cheap to run, and far more effective than any surgical technique or device in saving large numbers of patients from avoidable revision surgery.

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