

*INCREASE YOUR PATIENT ACCESS  
TO ROBOTIC-ASSISTED SURGERY*

*ENHANCE YOUR ACCESS WITH  
THE LATEST GENERATION:*

# *DA VINCI XI*

## **MULTI-QUADRANT ACCESS:**

Access anatomy from splenic flexure to deep in the pelvis.

## **OPTIMISED PATIENT-SIDE ACCESS:**

Multi-position set up joints to maximise the surgical workspace externally and internally.



### **Outcomes that favor RAS<sup>1</sup>**

	vs. Lap	vs. Open
Conversions	55% less likely	
Blood transfusions	28% less likely	70% less likely
30-day complications	14% less likely	39% less likely
Length of stay	0.4 days shorter	1.9 days shorter
30-day mortality	33% less likely	57% less likely
30-day readmissions	23% less likely	

#### References:

1. Results are based on a meta-analysis of peer reviewed literature for robotic-assisted procedures (right colectomy, LAR/TME, prostatectomy, partial nephrectomy, lobectomy, hysterectomy for endometrial and cervical cancer) published between 2010-2020. This work was presented at the ISPOR 2021 annual congress. The summary of clinical results are reflective of a pooled analysis of 7 systematic literature reviews, presented by outcome across different surgical procedures. While the meta-analysis results provide a single conclusion that is statistically significant or not statistically significant, these results are subject to variability. The results of this analysis may depend on several factors, including but not limited to patient characteristics, disease characteristics, the procedure of interest, and/or surgeon experience.

