

## PE07 Robotic surgery during COVID 19 pandemic – experience from a high-volume cancer centre in UK

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**Introduction & Objectives:** We present our experience on managing our robotic cancer service during the lock down period of COVID 19 pandemic to ensure safety of both staff and patients, reducing waiting list times and re-initiating robotic training.

**Materials & Methods:** In keeping with government guidance all non-emergent operations were suspended in the Royal Surrey County Hospital (RSCH), Guildford, UK on the 9<sup>th</sup> April till the 29<sup>th</sup> July. In collaboration between RSCH and the Nuffield Private Hospital, innovative solutions were proposed and implemented to set up a robotic hub for cancer surgeries in a “clean” area. This included risk assessment, team allocations, moving of equipment, correspondence with various teams, reinstating logistics using remote access, screening and training of staff and patients along with setting a protocol for procedures and emergencies based on national and international guidelines.

**Results:** 76 Robot Assisted Radical Prostatectomy (RARP) and 13 (Robot Assisted Radical Cystectomy (RARC) were performed between 21<sup>st</sup> April and 29<sup>th</sup> July at RSCH. After a month of service, when all procedures were conducted by expert surgeons, robotic training was initiated in a phased manner. None of the patients or staff members developed COVID 19 infection or were off sick during this time. Our waiting list at the end of this period was down to single figures for both RARPs and RARCs.

**Conclusions:** With adequate planning, robotic surgery can be safely carried out to confront the barriers for return to pre-pandemic practice, preventing a ripple effect on waiting list times for cancer surgeries. Good patient and trainee satisfaction can also be achieved using this approach.