ROBOTIC PROSTATECTOMY (a.k.a. daVinci Surgery)

Description

New advanced surgical procedure used to treat prostate cancer. This procedure is reported to be the least invasive surgical treatment for prostate cancer available today. The procedure enables the surgeon’s hands to be controlled by a state-of-the-art robotic device. The da Vinci system enables surgeons to perform even the most complex and delicate procedures through very small incisions with unmatched precision. This procedure is thought to provide the benefits of laparoscopic surgery but with important technical improvements including:

- Advanced optics that provide 10x magnified, three-dimensional images of the prostate and surrounding nerves and tissues;
- Robotic arms that eliminate even the slightest human hand tremors;
- Instruments with “wrists” that pivot 540 degrees, for greater maneuverability that is possible with the human hands or laparoscopic instruments.

The benefits of this procedure are reported to include:

- Significantly less pain
- Less blood loss
- Less scaring
- Shorter recovery time
- Faster return to normal daily activities
- Better clinical outcomes than other treatment methods for prostate cancer

Published reports by institutions that perform this procedure document better patient outcomes. The positive margins for this procedure are reported as ranging from 9-13.7%. Margins refer to the presence or absence of cancer at the edges of the prostate specimen that has been surgically removed. Positive margins mean that not all the cancer was removed at the time of surgery. A positive margin occurs because the cancer has already spread beyond the prostate and could not have been completely removed by surgery or it may indicate that not enough of the tissue surrounding the prostate was removed. Usually this tissue is near the nerves that control erection or the urethral sphincter that controls continence. The presence of positive margins places a patient at risk for eventual recurrence of cancer. A negative margin means that all the visible cancer was removed.

THC considers request for robotic prostatectomy on a case-by-case basis when supporting medical documentation is submitted demonstrating medical necessity.
**Decision Criteria**

**Administrative**
1. Request from Primary Care Physician along with supporting medical documentation of medical necessity.
2. Services must be performed by a Total Health Care affiliated or contracted physician, hospital, or other provider.
3. Medical Director must prior authorize procedure.
4. Affected member must have current eligibility at time of request and Date of Service.

**Clinical**
1. Documented history of prostate cancer as confirmed by PSA results and biopsy.
2. Robotic Prostatectomy is FDA approved for the treatment of prostate cancer.
3. Medicaid and Medicare have not approved this procedure at this time for treatment of prostate cancer.
4. Procedure is currently no approved. Awaiting review by Utilization Review Committee for possible inclusion as Plan benefit.

**Bibliography**
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