Versius surgical robot begins first gynaecological procedures in NHS hospital

- Milton Keynes University Hospital NHS Trust has become the first in Europe to use the Versius® Surgical Robotic System for major gynaecological surgery
- In the UK up to 60,000 women undergo a hysterectomy every year, however less than half of these are performed laparoscopically

Cambridge, United Kingdom. CMR Surgical (CMR) – a global surgical robotics business – today announced the expanded use of its next-generation surgical robotic system Versius® in Europe. For the first time, Versius is being used to conduct major gynaecological procedures, including complex cancer cases, in the NHS at Milton Keynes University Hospital NHS Trust. After an initial use in colorectal surgery, Versius has now been adopted in the UK to offer women needing gynaecological procedures greater access to minimal access surgery (MAS), otherwise known as keyhole surgery. Since its introduction, Versius has performed over 100 complex surgeries within the Trust across colorectal, gynaecological, and general surgery.

Nidhi Singh, Consultant in Obstetrics and Gynaecology at Milton Keynes University Hospital NHS Foundation Trust, said: “Versius represents a massive step forward in making MAS accessible to many more patients. A hysterectomy is a major and complex surgical procedure – when performed openly it traditionally requires around five days stay in hospital and many weeks to fully recover. We aim to change this for the hundreds of women who undergo these types of surgeries at our hospital every year. Through Versius we can enable a much wider use of robotic MAS, allowing us to offer benefits such as faster recovery times, less time in hospital and reduced risk of infection to our patients.”

Versius is now established as an important surgical tool in a number of leading hospitals across the world, where it is helping surgeons perform a wide range of MAS procedures. Within Milton Keynes University Hospital NHS Foundation Trust, Versius has been used to conduct a range of gynaecological procedures including hysterectomies, ovarian cystectomies (removal of ovarian cysts) and Bilateral Salpingo-Oophorectomies (removal of fallopian tubes and ovaries). These procedures are often used to help treat ovarian, uterine, and cervical disease, as well as other gynaecological health issues.

Mark Slack, Chief Medical Officer at CMR Surgical, said: “We are delighted that the team at Milton Keynes are the first in Europe to be using Versius to perform gynaecological procedures. Where surgical robotics was previously focused on Urology, with Versius we are opening up the opportunity for gynaecological cases to be conducted robotically giving patients the benefits of MAS. In designing Versius our goal was to provide a versatile and portable surgical robotic system that could transform the field of minimal access surgery – allowing more patients to benefit than currently do.”
The use of Versius in gynaecology at Milton Keynes University Hospital follows the successful introduction of Versius gynaecology programmes across leading centres in India including HCG Manavata Cancer Centre, Galaxy Care Hospital and Deenanath Mangeshkar Hospital. To date, over 1,000 surgical procedures have been completed around the world using Versius.

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About Milton Keynes University Hospital NHS Foundation Trust

Milton Keynes University Hospital (MKUH) NHS Foundation Trust is a medium sized district hospital that provides a full range of acute hospital services and an increasing number of specialist services to the growing population of Milton Keynes and the surrounding areas. With around 550 beds and employing more than 4,000 staff, the hospital sees and treats approximately 400,000 patients each year comprising of both outpatient and emergency attendances.

MKUH is a digital pioneer and one of 18 hospitals named as a ‘fast follower’ of NHS England’s Global Digital Exemplars programme. Versius is just one of a number of digital innovations that is helping to improve the lives of both patients and staff in Milton Keynes.

The Versius® Surgical Robotic System

Versius® resets expectations of robotic surgery. Versius fits into virtually any operating room set-up and integrates seamlessly into existing workflows, increasing the likelihood of robotic minimal access surgery (MAS). The portable and modular design of Versius allows the surgeon to only use the number of arms needed for a given procedure.

Biomimicking the human arm, Versius gives surgeons the choice of optimised port placement alongside the dexterity and accuracy of small fully-wristed instruments. With 3D HD vision, easy-to adopt instrument control and a choice of ergonomic working positions, the open surgeon console has the potential to reduce stress and fatigue and allows for clear communication with the surgical team. By thinking laparoscopically and operating robotically with Versius, patients, surgeons and healthcare professionals can all benefit from the value that robotic MAS brings.

But it's more than just a robot. Versius captures meaningful data with its wider digital ecosystem to support a surgeon’s continuous learning. Through the Versius Connect app, Versius Trainer and CMR clinical registry, Versius unleashes a wealth of insights to ultimately improve surgical care.
About CMR Surgical Limited

CMR Surgical (CMR) is a global medical devices company dedicated to transforming surgery with Versius®, a next-generation surgical robot.

Headquartered in Cambridge, United Kingdom, CMR is committed to working with surgeons, surgical teams and hospital partners, to provide an optimal tool to make robotic minimal access surgery universally accessible and affordable. With Versius, we are on a mission to redefine the surgical robotics market with practical, innovative technology and data that can improve surgical care.

Founded in 2014, CMR Surgical is private limited company backed by an international shareholder base.

References

1 Madhvani K, Curnow T, Carpenter T. Route of hysterectomy: a retrospective, cohort study in English NHS Hospitals from 2011 to 2017. BJOG. 2019 May;126(6):795-802