

CLINICIAN'S CORNER

An Interview with Alexandre Mottrie PhD

Q: Thank you for taking the time to answer a few questions for us, Dr. Mottrie. As a Master Trainer at the world renowned ORSI as well as being an experienced, highly skilled surgeon and invited faculty to many global training events, you have developed unique abilities that enable you to deal with just about any situation in surgery. Prior to adopting the AirSeal® System, what were some of the challenges you and some of your colleagues faced in laparoscopic and robotic surgery?

AM: I have the wonderful opportunity to observe and work with excellent surgeons from all over the world. Many of them are either guest lecturers or students who come to hone their skills at ORSI. Regardless of aptitudes, intraoperative loss of pneumoperitoneum, whether it is caused by trocar leaks or use of suction, is a source of frustration for surgeons and can be challenging to the patient, particularly in more advanced procedures such as partial nephrectomies. I have stated to live audiences on several occasions that NOT using AirSeal during these procedures can put the patient in harm's way. To compensate for loss of intra-abdominal working space, surgeons often operate at higher intra-abdominal pressures than needed. Newer energy-based (radiofrequency/ harmonic) devices improve operative efficiency but create surgical smoke, which limits our ability to see the operative site and adds delay. When aspirating smoke, we train our teams to use suction sparingly though this is not always practical in situations when aggressive suction is required. Together, these two issues compromise surgical exposure and visibility, adding risk to robotic and laparoscopic procedures.

Q: How has the AirSeal System changed this for you?

AM: I use AirSeal for every procedure. It has eliminated the issue of pneumoperitoneum loss for me, even with the use of aggressive suction. In addition, AirSeal is an excellent smoke evacuator. Because it recirculates and filters the insufflated gas, it protects both the patient and operating room staff from the pathogens of smoke while keeping the operative site crystal clear. Combined, these two performance capabilities result in fewer procedural delays, improving overall efficiency.

Q: What else have you noticed about your procedures since adopting the AirSeal System?

AM: We have been able to significantly reduce our intra-abdominal pressure due to the stability of AirSeal pneumoperitoneum. We now routinely use 8mm Hg for intra-abdominal pressure. This is important for several reasons: First, our anesthetists find that they can more easily manage patient ventilation at lower pressures, as peak airway pressure and end-tidal carbon dioxide levels are substantially lower. Second, a number of studies have shown that lowering intra-abdominal pressure reduces post-operative shoulder pain and medication use, both of which are good for patients. We are planning to validate this in our own clinical study in the coming months.



Alexandre Mottrie, PhD

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Stable Pneumoperitoneum and Constant Smoke Evacuation for Surgery at Lower Pressure

Dr. Mottrie is well published and one of the world's prominent experts in urological and robotic surgery, often providing master classes at his training center and abroad. He is a regularly invited faculty to many global live surgery events where he routinely cites the many benefits of the AirSeal® System while performing surgery in front of large audiences.

ORSI has achieved global recognition of providing outstanding multidisciplinary training in robotic surgery as well as conducting scientific research.

Early on, OLV Clinic as well as ORSI acquired multiple AirSeal Systems for their state-of-the-art training facilities which has the ability to customize training for individual robotic surgeons or groups that wish to enhance their educational experience and level of robotic expertise.