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WORLD'S FIRST ROBOTIC TELECOLLABORATION IN BRAIN SURGERY PERFORMED IN ATLANTIC CANADA

HALIFAX, NS: 23 September 2002 - Dr. Ivar Mendez and his team advanced the field of remote surgical robotics last Wednesday. As Head of the Division of Neurosurgery at the Queen Elizabeth II Health Sciences Centre and Dalhousie University and chair of the Brain Repair Centre, Dr. Mendez led a team in using the SOCRATES™ Robotic Tele-collaboration System to assist in the world's first-ever telesurgery on the brain. From an operating room at the QEII in Halifax, Nova Scotia, Dr. Mendez and his colleague, Dr. David B. Clarke, supported neurosurgeons Dr. Simon Walling and Dr. George Kolyvas 400 kilometers away at the Saint John Regional Hospital in New Brunswick to perform a successful craniotomy for removal of a brain tumour.

The robotic telecollaborative procedure is the first of a two-phased initiative spearheaded by the Division of Neurosurgery with support from the Queen Elizabeth II Health Sciences Centre Foundation. The Division of Neurosurgery's ultimate goal is to establish telerobotic neurosurgery -- the ability to control robots at a distance through telecommunications -- to deliver the same neurosurgical expertise that exists in Halifax to remote sites throughout the Atlantic Provinces.

The SOCRATES system used in the procedure is the most recent advance in surgical technology from Santa Barbara-based Computer Motion, Inc. The system's consultation and telementoring capabilities promotes peer-to-peer and mentor-trainee collaboration and makes it possible for specially trained surgeons to become interactively present wherever and whenever needed.

In Wednesday's procedure, the Halifax neurosurgeons controlled a robotic arm that manipulated a high-powered endoscope giving them full view of the surgical field. Two-way video and audio communication, supported by a sophisticated neurosurgical navigation system, allowed Dr. Mendez and Dr. Clarke to monitor all aspects of the procedure with the click of a computer mouse. A specially designed stylus enabled the Halifax neurosurgeons to precisely highlight key areas of the brain and to draw incision lines that appeared on a second video monitor in Saint John.

For the neurosurgeons in New Brunswick, the input from Halifax through the robotic telecollaboration system was important for the success of the case. "Our patient is in stable condition," reported Dr. Walling. "This technology allowed us to bring expertise in real time from a larger centre. The potential benefits of robotic teleneurosurgery are tremendous for a small centre like ours."

"This groundbreaking procedure is a proof of principle that consultation and peer robotic telementoring in neurosurgery is possible and beneficial," concluded Dr. Mendez.

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For corresponding footage, logon at: <http://computermotion.com/halifax09232002.wmv>

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