

Transoral robotic surgery (TORS) in South Africa (2)

To the Editor: As members of a multidisciplinary team, we are extremely concerned about the da Vinci Transoral Robotic Surgery (TORS) advertisement that appeared in the *SAMJ* of September and November 2016. It is misleading, makes false and unsubstantiated claims, and contravenes Health Professions Council of South Africa guidelines.

'Minimisation or elimination of the need for chemoradiation therapy' is a false statement. Combined therapy is determined by the disease process and staging, not by the surgery. TORS has no advantage over current transoral techniques in head and neck cancer management.

'Avoidance of disfiguring mandibulotomy': TORS has no advantage over current techniques that avoid mandibulotomy/mandibulectomy.

'Quicker return to normal speech, swallowing and a full recovery': there is no evidence that this is better than with proven transoral laser techniques.

'Less blood loss and fewer transfusions': there is no evidence that this is true compared with transoral laser and similar techniques.

'Minimal scarring': no evidence exists that scarring is less than with transoral laser techniques.

'Avoidance of tracheostomy': this has been demonstrated with transoral laser techniques, which have been in use for >20 years.

'Less risk of infection': there is no evidence that the risk of infection is less than when current techniques are used. Our team's surgical complication rate is 3%, with only one wound infection in 497 head and neck cases.

'Shortened hospital stay': this has already occurred with the use of current transoral techniques. There is no evidence that TORS would shorten the hospital stay further.

There is no evidence that TORS has any advantage over current surgical management of head and neck tumours.

Our team cannot currently support the use of TORS in head and neck cancer surgery.

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