

## ARTHROPLASTY

# What is the current consensus among orthopaedic surgeons in South Africa regarding robotic-assisted surgery in total joint arthroplasty?

## Appendix A

### Demographic data

Which province do you practise in?

- Southern Gauteng
- Northern Gauteng
- Limpopo
- Mpumalanga
- North-West
- Eastern Cape
- Western Cape
- KwaZulu-Natal
- Free State
- Northern Cape

How many years have you been in practice?

- 0–5 years
- 6–10 years
- 11–15 years
- > 15 years

Sex

- Male
- Female

Have you completed an arthroplasty or knee or hip surgery fellowship?

- Yes, a national fellowship
- Yes, an international fellowship
- Yes, an international and national fellowship
- No

### Questions

1. The majority of surgeons use robotic-assisted surgery in TJA for marketing purposes.

- Agree
- Neutral
- Disagree

2. Do you use robotic-assisted surgery technology in your practice for total joint procedures?

- Yes, total hip arthroplasty only
- Yes, total knee arthroplasty only
- Yes, both total hip and total knee arthroplasty
- No

If 'Yes' to question 2, then the following should pop up to be answered:

Yes. 2.1 The main reason I use robotic-assisted surgery in total joint arthroplasty (TJA) is:

- Superior long-term outcomes
- Marketing/administrative pressure
- Patient satisfaction
- Higher precision and reproducibility in procedures
- Pressure to maintain appearance among peers/staff

Yes 2.2 I was hesitant to use robotic-assisted surgery in my practice for TJA because of:

- Loss of autonomy and control over procedure
- Learning curve
- Radiation exposure to patient
- Risk of complications
- Cost
- Lack of data demonstrating superior outcomes
- I had no hesitation adopting robot-arm assistance into my practice

Yes 2.3 What is the percentage of your current annual total joint practice that utilised robotic-assisted surgery in TJA?

- 0–20%
- 20–40%
- 40–60%
- 60–80%
- 80–100%

Yes 2.4 What has been the greatest annual percentage (past or present) of your practice that has utilised robotic-assisted surgery for TJA?

- 0–20%
- 20–40%
- 40–60%
- 60–80%
- 80–100%

If 'No' to question 2 then:

No 2.1 What is the primary limiting factor for you not to use robotic-assisted surgery?

- Loss of autonomy and control over procedure
- Learning curve
- Radiation exposure to patient
- Risk of complications
- Cost
- Lack of data demonstrating superior outcomes

No 2.2 I am considering using robotic-assisted surgery in TJA because of:

- Superior long-term outcomes
- Marketing
- Administrative pressure
- Patient satisfaction
- Higher precision and reproducibility in procedures
- Pressure to maintain appearance among peers/staff
- I am not considering using robotic-arm assistance

3. Robotic-assisted surgery should be part of your training:

- Yes, in residency
- Yes, in fellowship
- No, courses provide adequate training
- No, robotic-assisted surgery should not be part of your total joint practice

4. How many total joint cases do you think it takes to become competent using robotic-assisted surgery in TJA?

- 0–20
- 20–40
- 40–70
- 70–100
- 100–200
- > 200

5. Robotic-assisted surgery leads to superior long-term functional outcomes compared to conventional methods in TJA:

- Agree
- Neutral
- Disagree

6. Robotic-assisted surgery leads to fewer complications compared to conventional methods in TJA:

- Agree
- Neutral
- Disagree

7. Robotic-assisted surgery leads to fewer revisions compared to conventional methods in TJA:

- Agree
- Neutral
- Disagree

8. When it comes to new technology, what do you consider yourself?

- Enthusiast – I'll try anything new if it has a possibility of being better
- Visionary – I'm willing to test it out if there are a couple of good case series
- Early majority – I'll use it if enough people I trust use it
- Sceptic – Give me well-designed prospective randomised controlled trials before I consider it
- Traditionalist – It's a fad

9. When were you first exposed to the robotic-assisted TJA technique?

- Residency
- Fellowship
- Formal course after fellowship
- Orthopaedic congress
- Trade representative
- None of the above

10. Robotic-assisted surgery takes more time than conventional methods in TJA:

- Agree
- Neutral
- Disagree

11. Robotic-assisted surgery takes away autonomy from me as a surgeon:

- Agree
- Neutral
- Disagree

12. Those who use robotic-assisted surgery have to modify the preoperative plan:

- Never
- Rarely
- Sometimes
- Often

13. Are you a consultant or do you have any financial interests in robotic-assisted surgery systems?

- Yes
- No

14. Would you support the formation of a Robotic-assisted Orthopaedic Surgery Special Interest group?

- Yes
- No

15. If yes, you believe that such a Robotic-assisted Orthopaedic Surgery Special Interest group should be a:

- Standalone society
- Special-interest group under the banner of the South African Arthroplasty Society
- Special-interest group under the banner of the South African Knee Society
- Other