

Recommendations/suggestions by EAES* and S.I.C.E.*

Non-robotic 3D vs. 2D laparoscopic general surgery

EAES Consensus Conference 2018¹

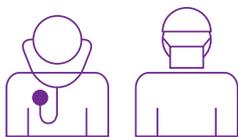


EAES recommends 3D to **reduce** laparoscopic **operative time** significantly (mean difference of 11 min.).

Reduced operative time in right colectomy, hiatal hernia and mini gastric bypass.



3D may **reduce** rate of **complications** (particularly involving suturing).



3D **improves outcomes** for junior trainees.

3D may **decrease cognitive workload**.

S.I.C.E. 2018 HTA* report²



3D **reduces operative median time** by 21.94%.



3D system leads to economic **saving** of **€ 255.035** over 1 year period.



3D could be considered the **norm** in public or private **healthcare**.



Novice surgeons **perform difficult tasks more easily** with 3D.

3D provides **significant differences** in depth perception and eye-hand coordination.

¹ Arezzo A et al. The use of 3D laparoscopic imaging systems in surgery: EAES consensus development conference 2018. Surg Endosc 2018. DOI: 10.1007/s00464-018-06612-x

² Vettoretto N et al. Why laparoscopists may opt for three-dimensional view: a summary of the full HTA report on 3D versus 2D laparoscopy by S.I.C.E. (Società Italiana di Chirurgia Endoscopica e Nuove Tecnologie). Surg Endosc 2018; 32(6):2986-93. DOI: 10.1007/s00464-017-6006-y

* EAES = Endoscopic Association for Endoscopic Surgery; S.I.C.E. = Società Italiana de Chirurgia Endoscopica e Nuove Tecnologie; HTA = Health Technology Assessment