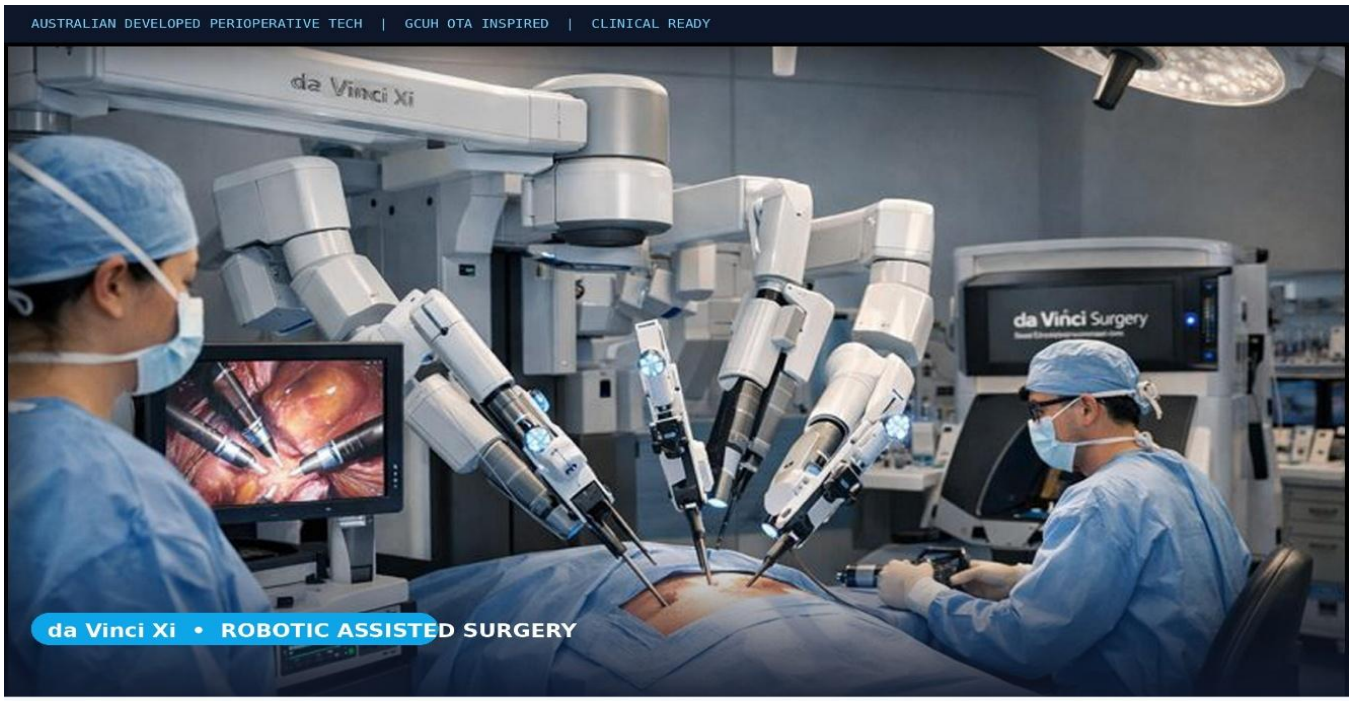
Robotic Surgery

Environmental Set-up Guide



ROBOTIC SURGERY.
SIMPLIFIED FOR THEATRE.

The Australian hi-tech perioperative platform built for OTAs, nurses & surgical teams.

SYSTEM: OTA_OS v2026 // MODULE: ROBOTIC // STATUS: CLINICAL_READY // INTEGRATION: da Vinci Xi • X • SP

LIVE THEATRES
Da Vinci Xi set-up, docking, instrument guides & role checks.

OTA FOCUSED
Checklists, troubleshooting & scrub/scout workflows from GCUH OTA perspective.

ALWAYS UPDATED
Mobile-first, QR access in theatre, updated by request - Ant Resources.

Access the Resource
operatingtheatreassistant .com.au

Scan for instant theatre access
Mobile & Online Resources
Built for perioperative teams

Operating Theatre Assista | Ant Resources - Knowledge

https://operatingtheatreassista

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https://operatingtheatreassistant.com • https://operatingtheatreassistant.com.au

Document Status: Continual review **As of:** 2026 Janyary 15

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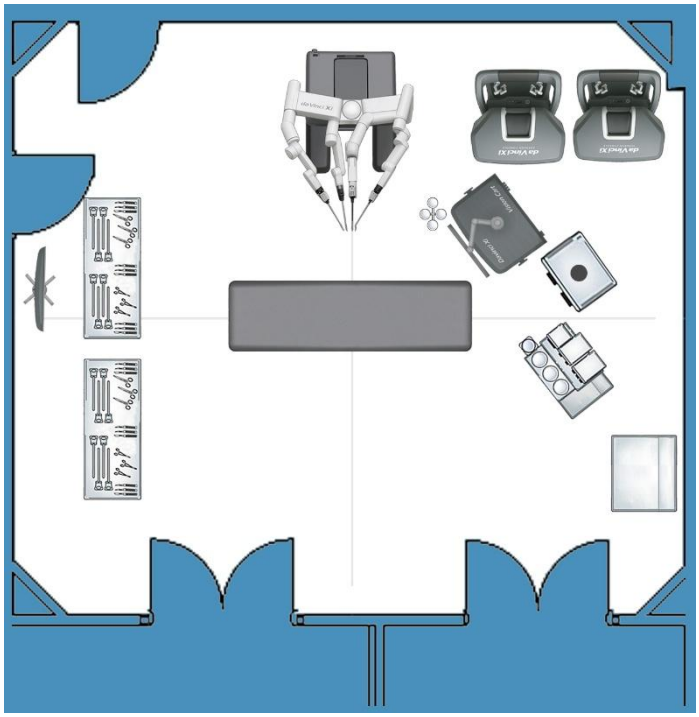
1. Colorectal: Hemicolectomy - Right (TH17)

Pre-Surgery



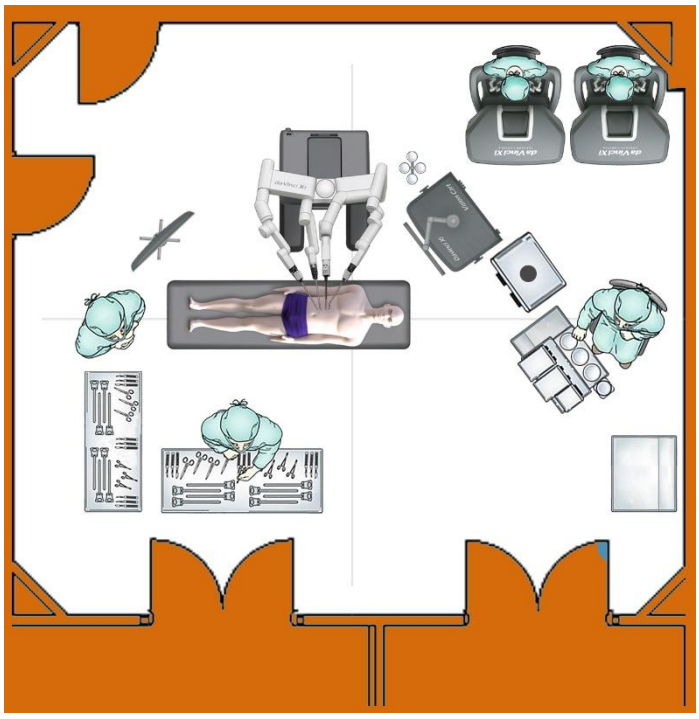
Description

A hemicolectomy is a surgical procedure that involves the removal of a portion of the colon, which is the large intestine. This surgery can be performed on either the right side (right hemicolectomy) or the left side (left hemicolectomy) of the colon, depending on the underlying condition being treated.

Right Hemicolectomy: Involves the removal of the ascending colon and part of the transverse colon.

Left Hemicolectomy: Involves the removal of the descending colon and part of the transverse colon.

Surgical Presence



Positioning: Supine / both arms tucked

Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

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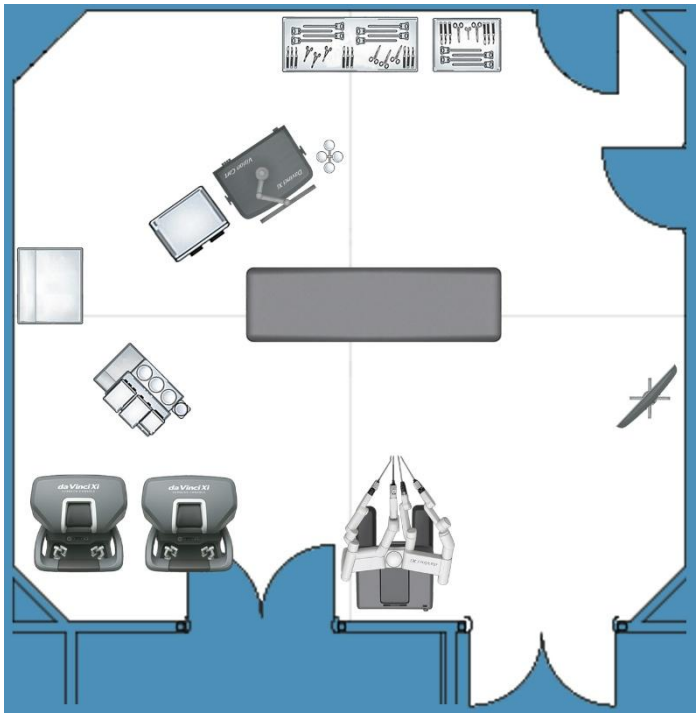
2. Colorectal: Hemicolectomy - Right (TH18)

Pre-Surgery



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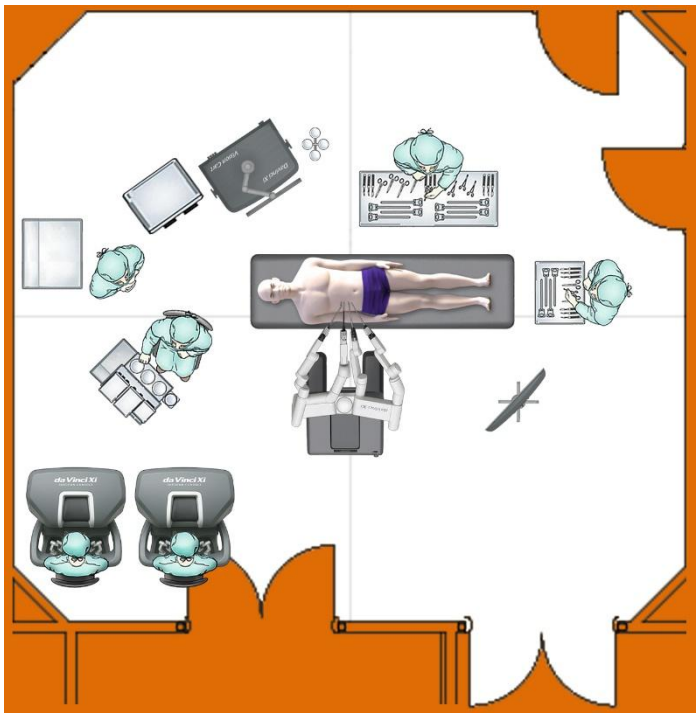
Right Hemicolectomy: Involves the removal of the ascending colon and part of the transverse colon.

Left Hemicolectomy: Involves the removal of the descending colon and part of the transverse colon.

Surgical Presence



Positioning: Supine

Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

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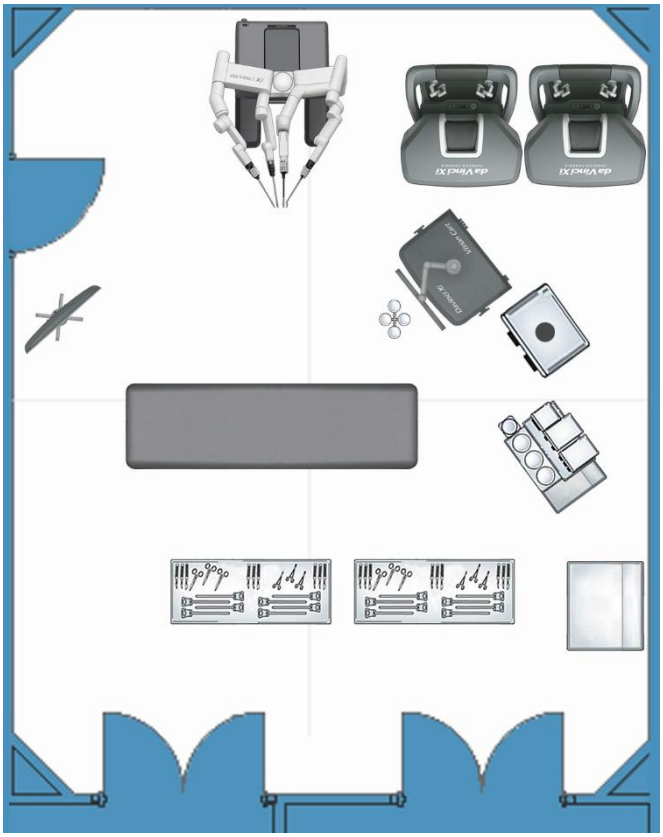
3. Colorectal: Hemicolectomy - Right (TH20)

Pre-Surgery



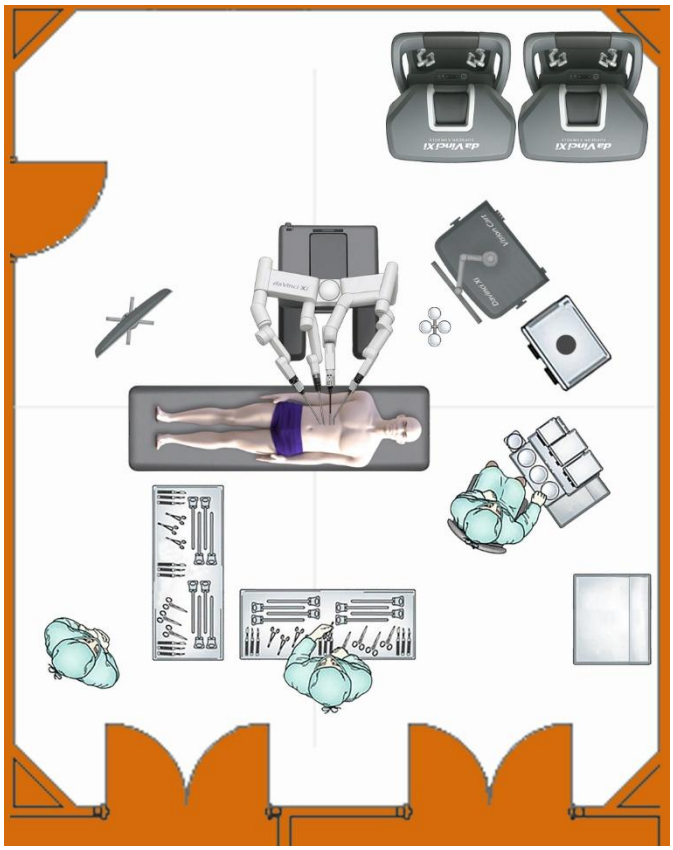
Description

A hemicolectomy is a surgical procedure that involves the removal of a portion of the colon, which is the large intestine. This surgery can be performed on either the right side (right hemicolectomy) or the left side (left hemicolectomy) of the colon, depending on the underlying condition being treated.

Right Hemicolectomy: Involves the removal of the ascending colon and part of the transverse colon.

Left Hemicolectomy: Involves the removal of the descending colon and part of the transverse colon.

Surgical Presence



Positioning: Supine

Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

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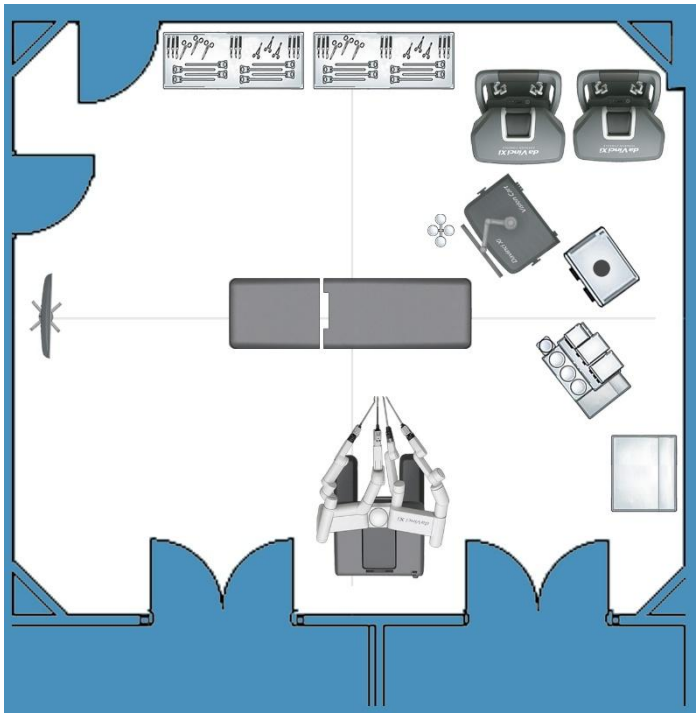
4. Colorectal: Low / High Anterior Resection (TH17)

Pre-Surgery



Description

Low anterior resection (LAR): Lower third of the rectum.

This procedure involves removing the affected portion of the rectum while preserving the anal sphincter, allowing for normal bowel function post-surgery.

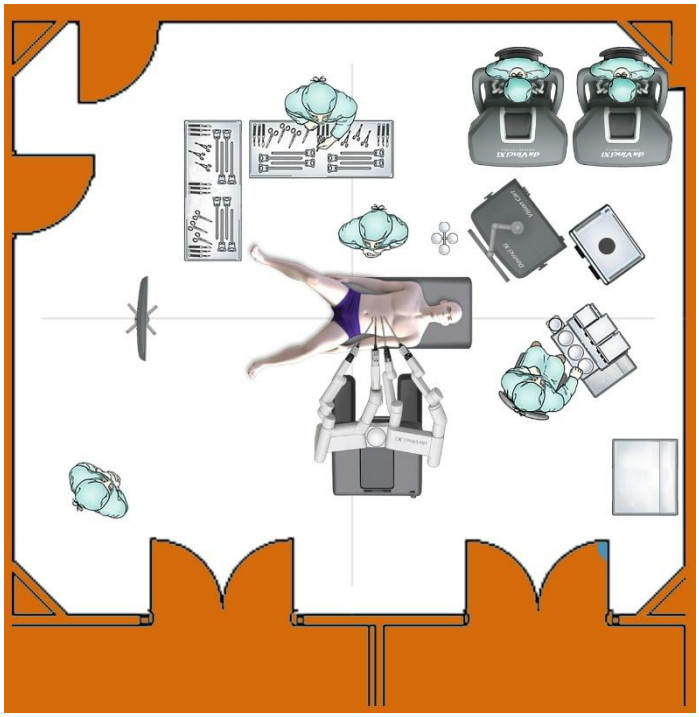
Procedure: During LAR, the surgeon removes a section of the rectum and reconnects the remaining bowel (anastomosis). In some cases, a temporary ileostomy may be created to divert stool and allow the anastomosis to heal.

High anterior resection (HAR): Upper two thirds of the rectum

Indication: HAR is performed when the tumor is located in the upper two-thirds of the rectum. This procedure also aims to preserve the anal sphincter and maintain bowel function.

Procedure: Similar to LAR, HAR involves the removal of the affected rectal tissue, but it may also include a portion of the sigmoid colon, depending on the tumor's location. The remaining bowel is then reconnected.

Surgical Presence



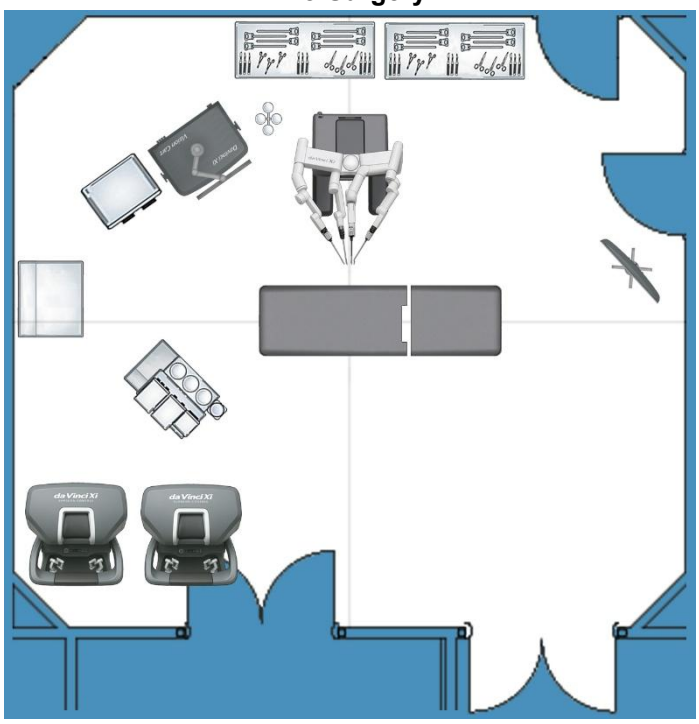
Positioning: Lithotomy / Pink non slip mat / Arms tucked

Equipment Required: 2 x Davinci Consoles, Vision (davinci stack), Davinci Robot, Slave Monitor, Suction Tree

Surgical Notes: ????

5. Colorectal: Low / High Anterior Resection (TH18)

Pre-Surgery



Description

Low anterior resection (LAR): Lower third of the rectum.

This procedure involves removing the affected portion of the rectum while preserving the anal sphincter, allowing for normal bowel function post-surgery.

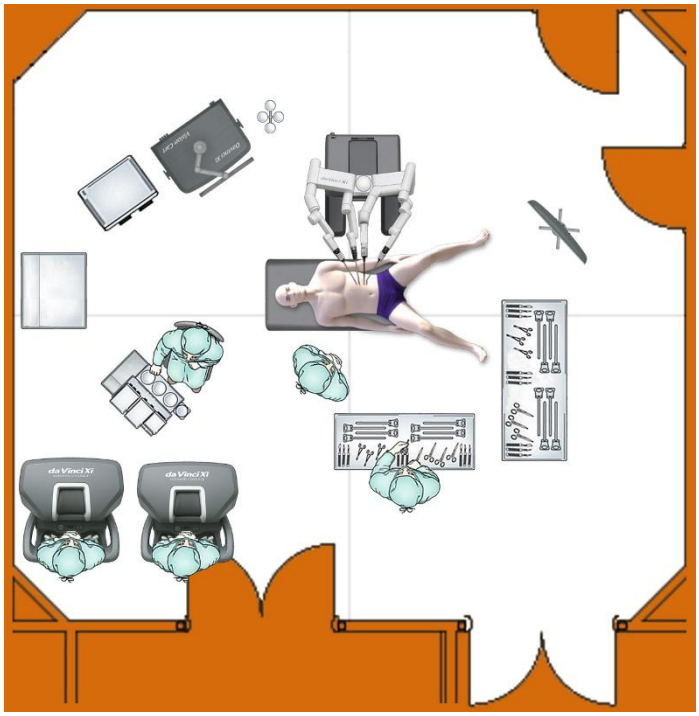
Procedure: During LAR, the surgeon removes a section of the rectum and reconnects the remaining bowel (anastomosis). In some cases, a temporary ileostomy may be created to divert stool and allow the anastomosis to heal.

High anterior resection (HAR): Upper two thirds of the rectum

Indication: HAR is performed when the tumor is located in the upper two-thirds of the rectum. This procedure also aims to preserve the anal sphincter and maintain bowel function.

Procedure: Similar to LAR, HAR involves the removal of the affected rectal tissue, but it may also include a portion of the sigmoid colon, depending on the tumor's location. The remaining bowel is then reconnected.

Surgical Presence



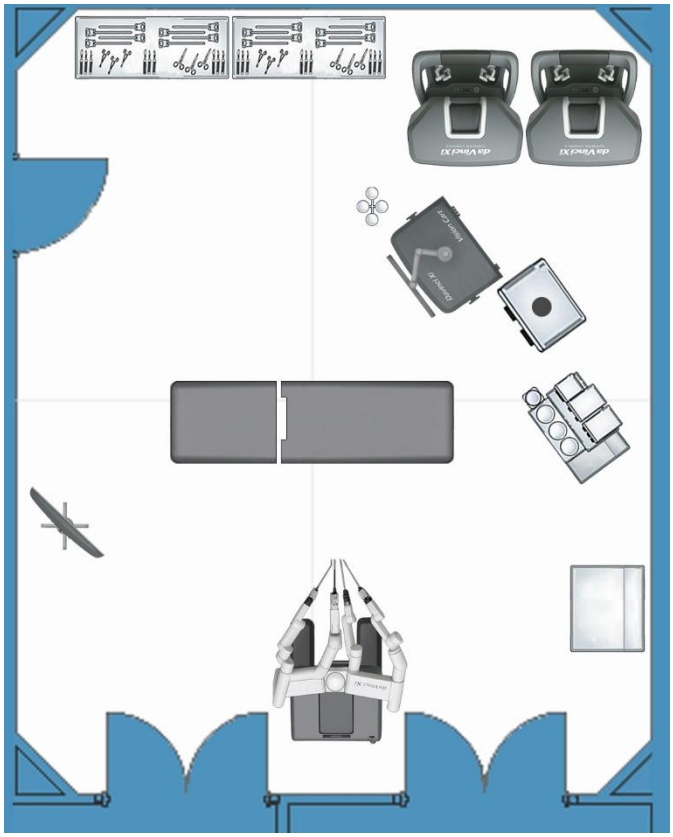
Positioning: Lithotomy / Pink non slip mat / Arms tucked

Equipment Required: 2 x Davinci Consoles, Vision (davinci stack), Davinci Robot, Slave Monitor, Suction Tree

Surgical Notes: ????

6. Colorectal: Low / High Anterior Resection (TH20)

Pre-Surgery



Description

Low anterior resection (LAR): Lower third of the rectum.

This procedure involves removing the affected portion of the rectum while preserving the anal sphincter, allowing for normal bowel function post-surgery.

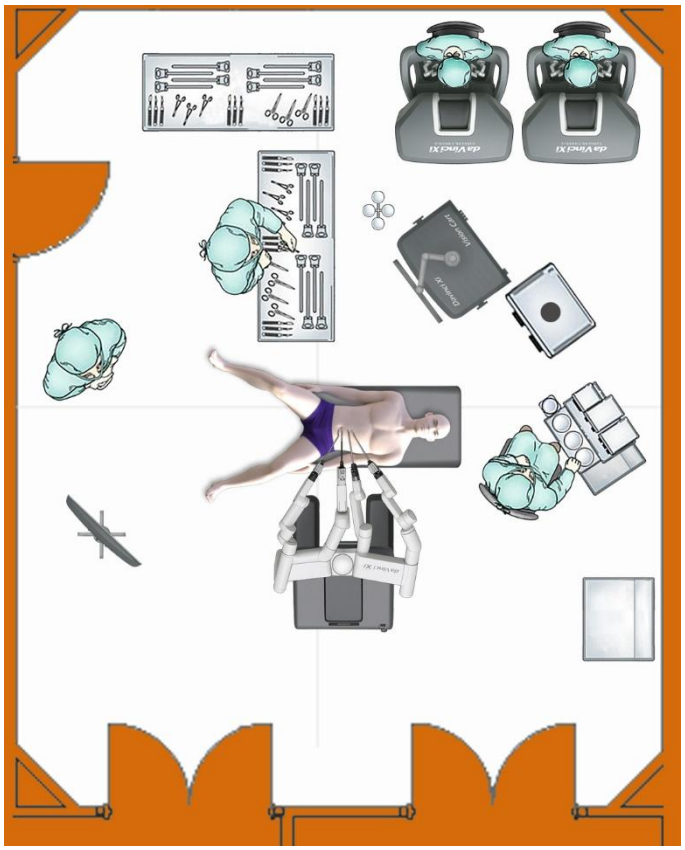
Procedure: During LAR, the surgeon removes a section of the rectum and reconnects the remaining bowel (anastomosis). In some cases, a temporary ileostomy may be created to divert stool and allow the anastomosis to heal.

High anterior resection (HAR): Upper two thirds of the rectum

Indication: HAR is performed when the tumor is located in the upper two-thirds of the rectum. This procedure also aims to preserve the anal sphincter and maintain bowel function.

Procedure: Similar to LAR, HAR involves the removal of the affected rectal tissue, but it may also include a portion of the sigmoid colon, depending on the tumor's location. The remaining bowel is then reconnected.

Surgical Presence



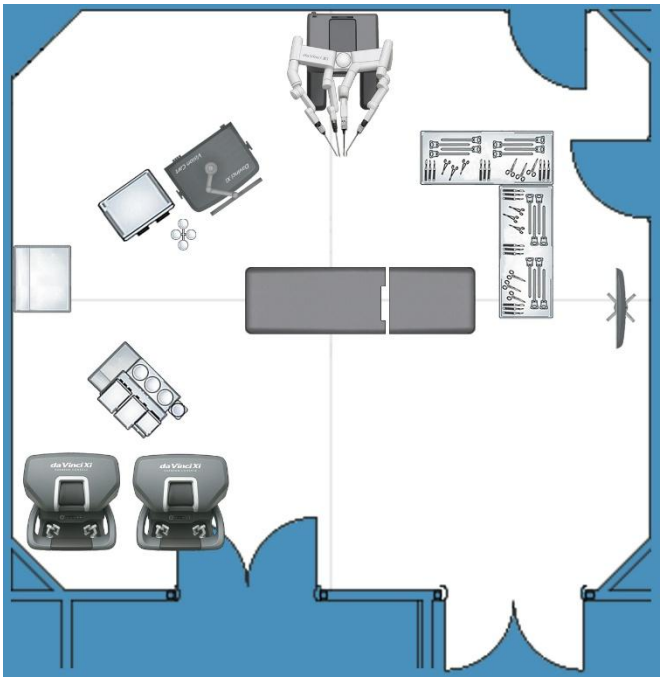
Positioning: Lithotomy / Pink non slip mat / Arms tucked

Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

7. Colorectal: TAMIS / Trans Anal Minimal Invasive Surgery (TH18)

Pre-Surgery



Description

TAMIS is a specialized surgical approach that allows surgeons to perform procedures within the rectum using a laparoscope and other instruments inserted through the anus. This technique is particularly useful for removing small early-stage cancers or benign polyps, minimizing the need for more invasive surgeries.

Positioning: Lithotomy / Pink non slip mat / Arms tucked / White Foam Arm Gutters

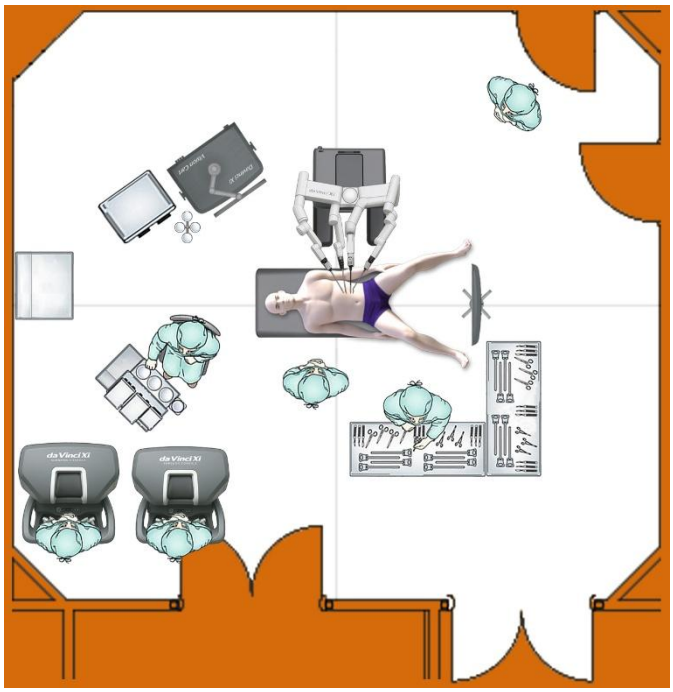
Or - Depending on ease of access for target area.

Positioning: Lateral / Pink non slip mat

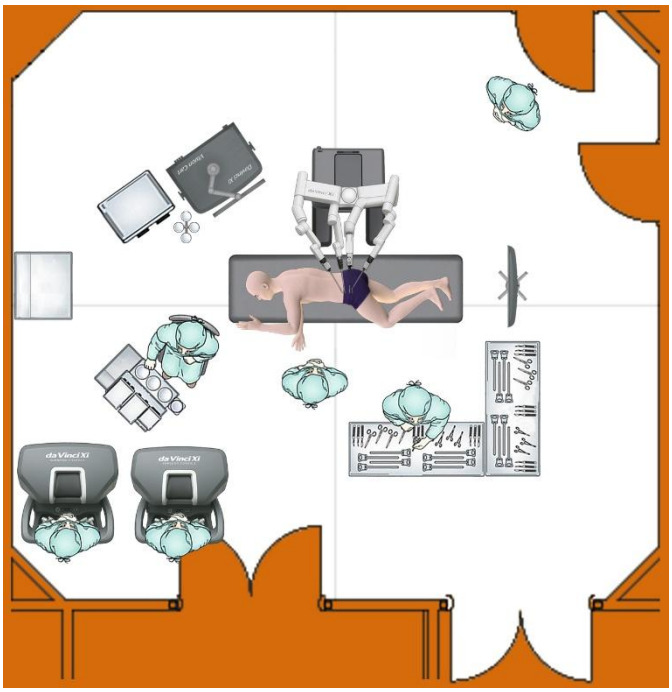
Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

Surgical Presence - Lithotomy

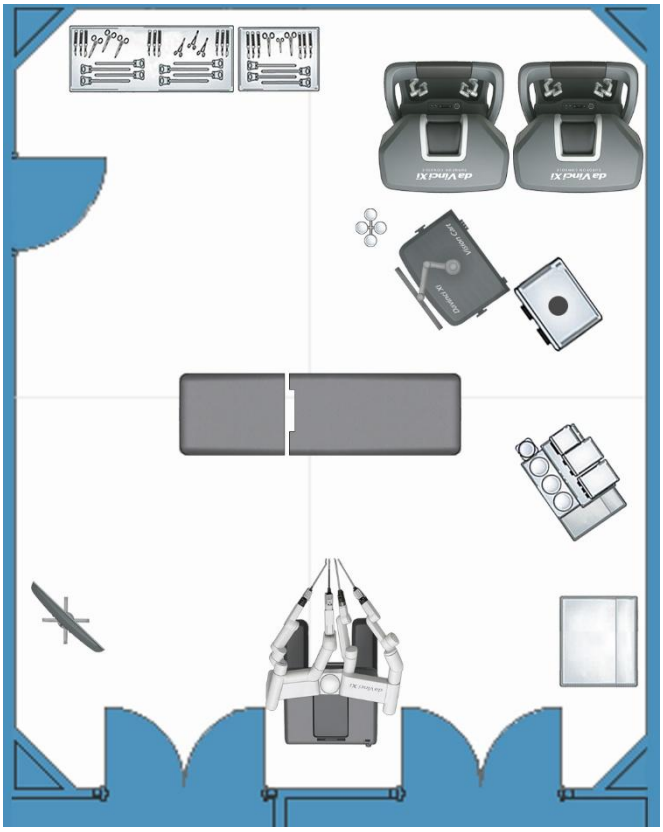


Surgical Presence - Lateral



8. Colorectal: TAMIS / Trans Anal Minimal Invasive Surgery (TH20)

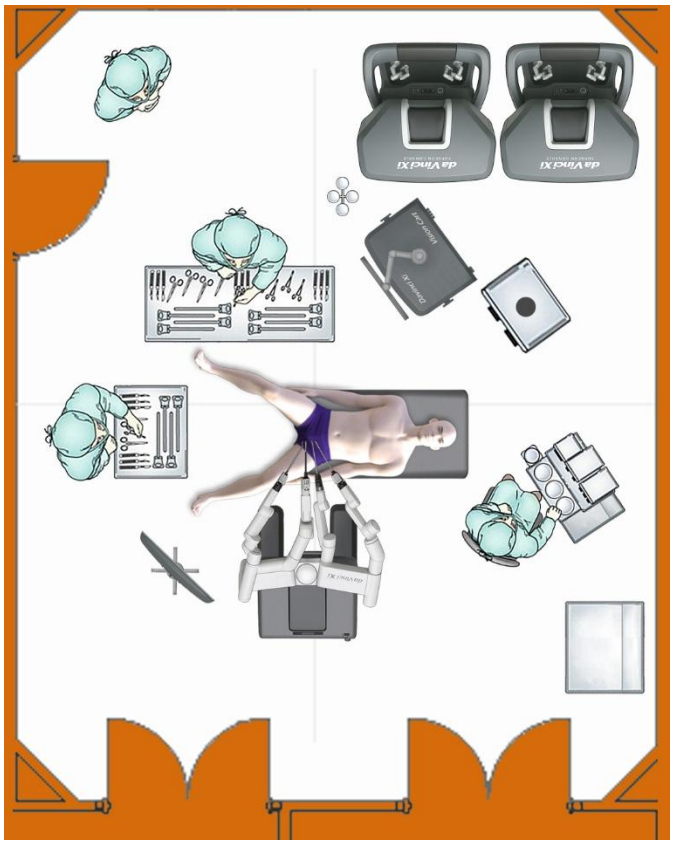
Pre-Surgery



Description

TAMIS is a specialized surgical approach that allows surgeons to perform procedures within the rectum using a laparoscope and other instruments inserted through the anus. This technique is particularly useful for removing small early-stage cancers or benign polyps, minimizing the need for more invasive surgeries.

Surgical Presence



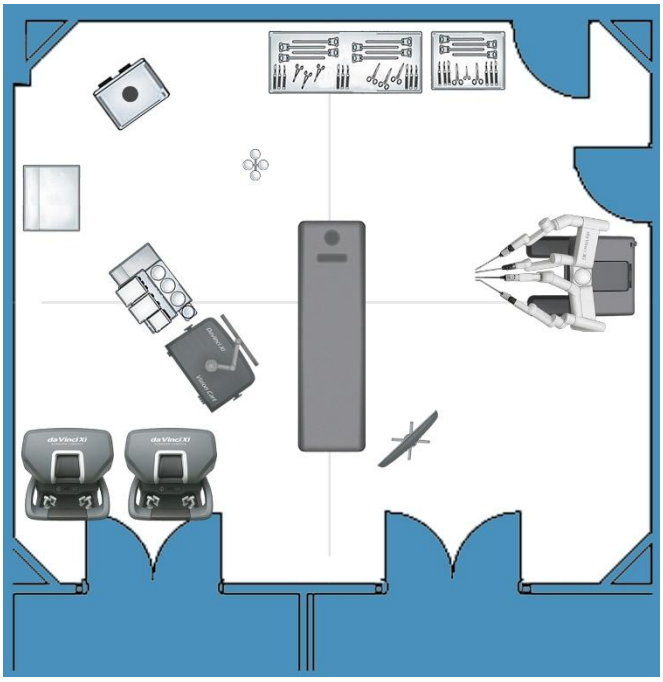
Positioning: Lithotomy / Pink non slip mat / Arms tucked

Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

9. Ear Nose and Throat: TORS – Trans Oral Robotic Surgery (TH16)

Pre-Surgery



Description

Trans Oral Robotic Surgery is a minimally invasive technique used to operate on difficult-to-access areas of the mouth and throat. The surgeon controls robotic instruments from a console; the robot does not operate independently.

TORS is commonly considered for selected conditions involving the:

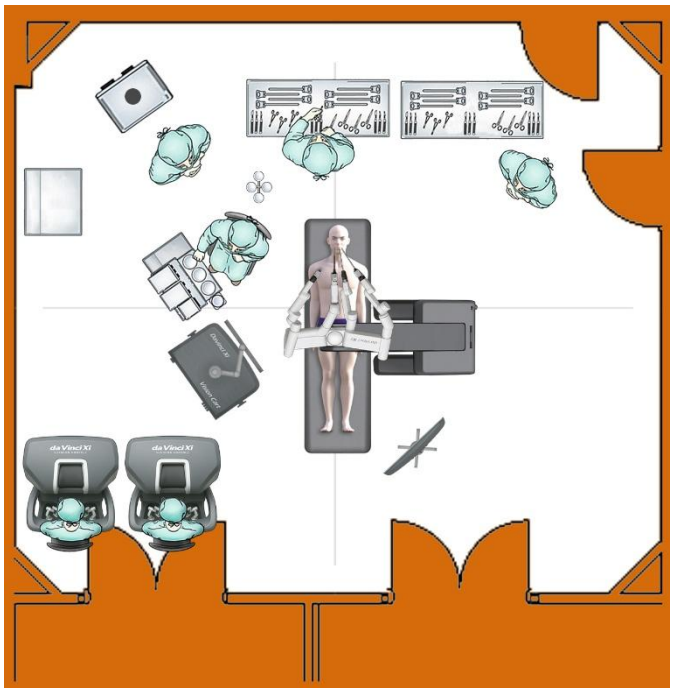
Tonsils and oropharynx
Base of tongue
Lingual tonsils
Supraglottic larynx and upper throat
Early-stage benign or malignant tumours
Obstructive sleep apnoea in carefully selected patients

Positioning: Supine / Both arms tucked

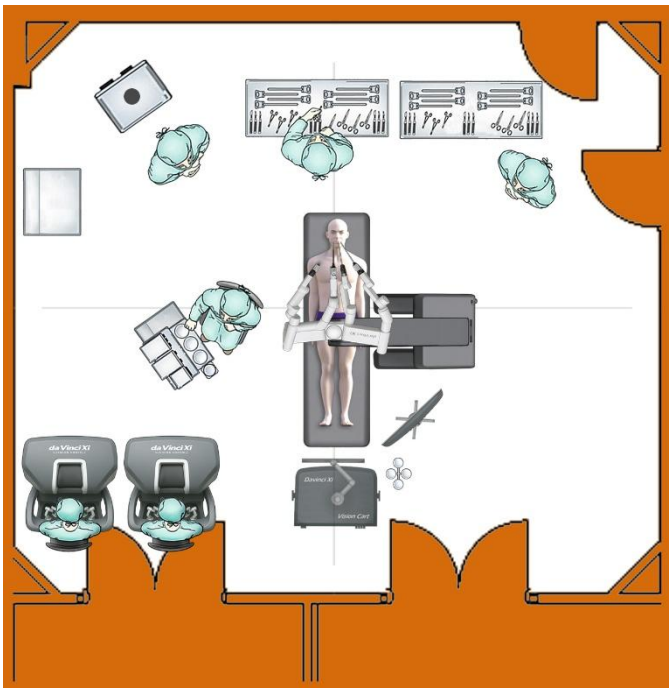
Equipment Required: Gel Headring, Shoulder Bolster, 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

Surgical Presence v1



Surgical Presence v2



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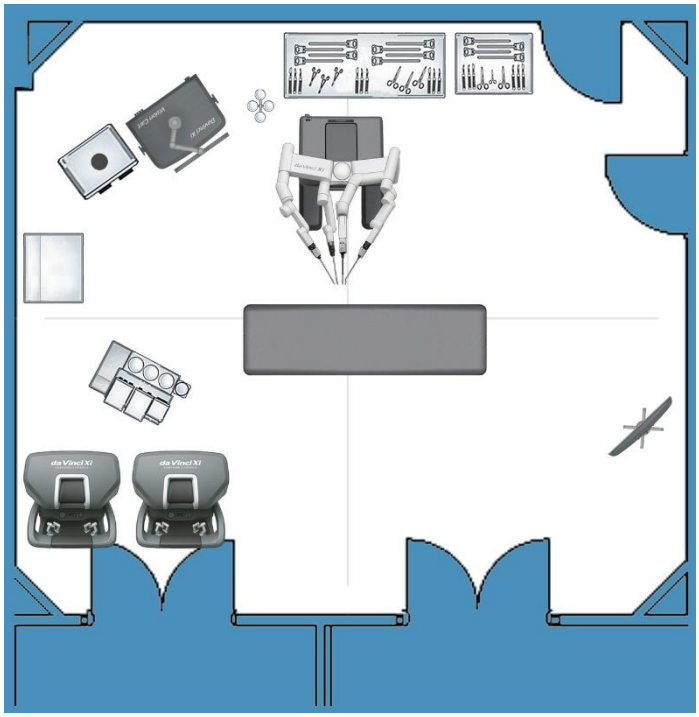
10. Gastro: Hiatus Hernia +/- Gastric Bypass Sleeve / Gastrectomy (TH16)

Pre-Surgery



Description

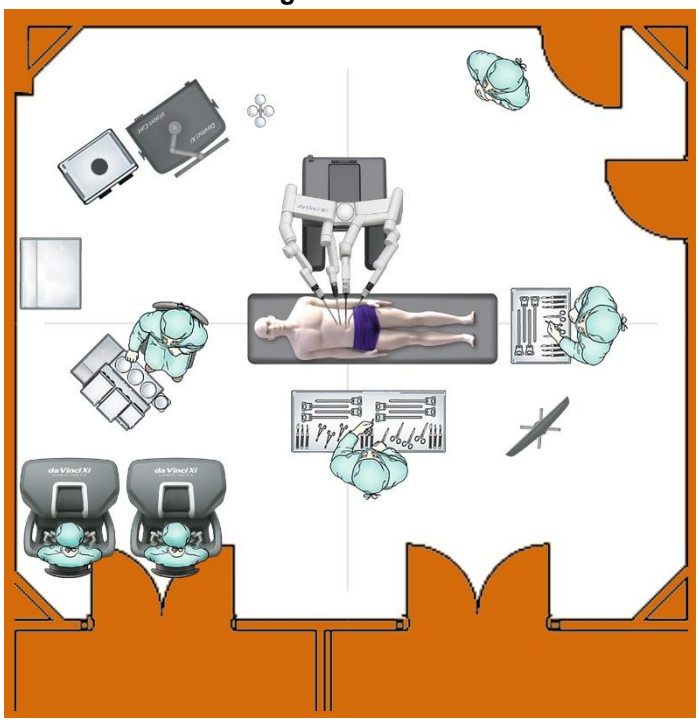
Hiatus Hernia: Hiatus hernia repair is to correct a hiatal hernia, where part of the stomach pushes through the diaphragm into the chest cavity. This procedure is performed through small incisions, allowing for less trauma to the body compared to open surgery.

Gastric Sleeve: This procedure involves the removal of about 80% of the stomach, leaving a small, banana-shaped pouch

Gastric Bypass (Roux-en-Y): In this more complex surgery, the stomach is divided into a small upper pouch and a larger lower section. The small intestine is then rerouted to connect to the upper pouch, bypassing a significant portion of the stomach and the first part of the small intestine.

Gastrectomy: is a surgical procedure that involves the removal of part or all of the stomach. It is primarily performed to treat stomach cancer or other serious stomach conditions that cannot be managed by other treatments. There are two main types of gastrectomy: total gastrectomy, which removes the entire stomach, and partial gastrectomy, which removes only a portion of it.

Surgical Presence



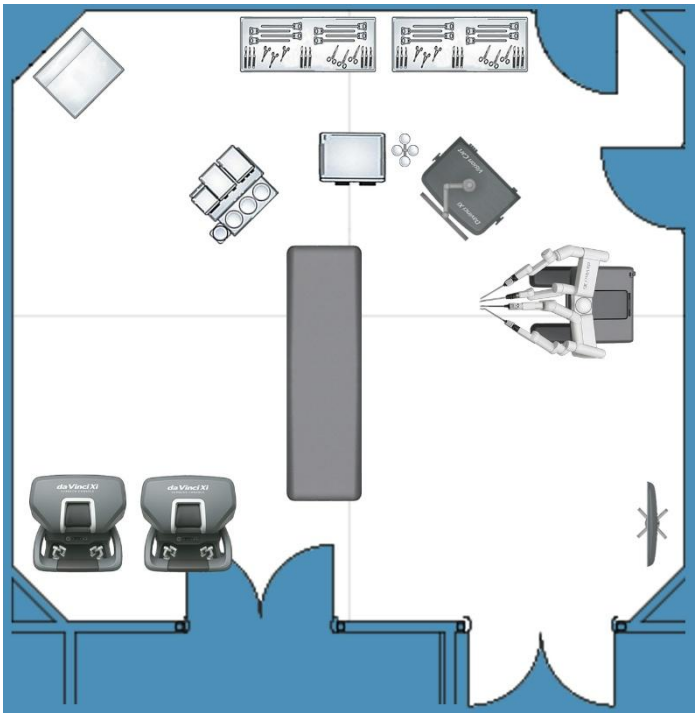
Positioning: Supine

Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

11. Thoracic: RATS / Robotic-Assisted Thoracic Surgery (TH18)

Pre-Surgery



Description

RATS can be used to treat various conditions, including: **Lung Cancer**: Removal of cancerous lung tissue and associated lymph nodes. **Thymoma and Thymic Carcinoma:** Surgical removal of tumours from the thymus gland. Myasthenia Gravis: Removal of the thymus gland in patients with this neuromuscular disorder or to obtain tissue samples from the pleura, the lining surrounding the lungs, for diagnostic purposes.

Surgical Notes: Lateral / Table Broken

For Left: Room stays the same / Patient Faces away from Robot.

For Right: Room stays the same / Patient faces the Robot.

Head – On pillow

Lower arm – Angled up towards the head (robot access) + J Board

Top arm – Propped up with a stack of towels (Robot access)

Legs – Lower Strait & Upper Angled: Pillow Between

Hips – Taped around trolley with Elastoplast for parient stability.

Warming - Lower body warmer

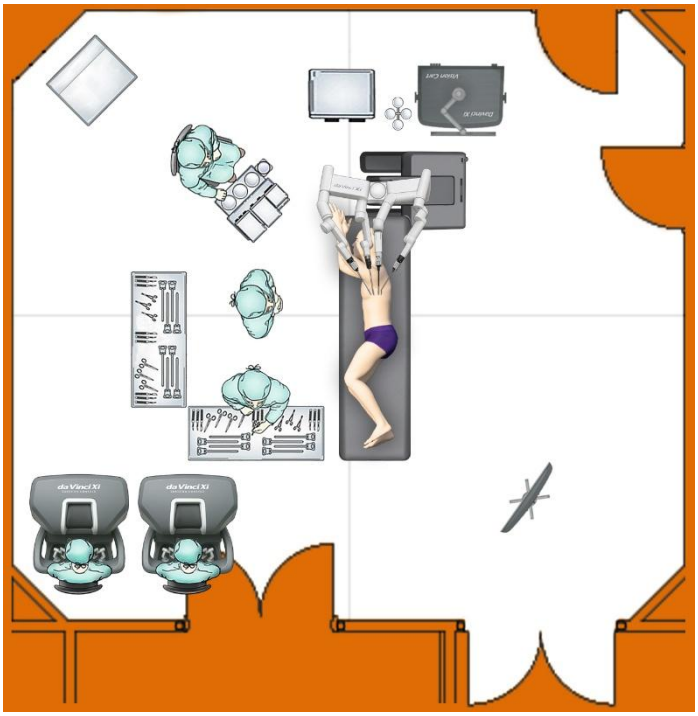
Notes:

Stryker Stack as far as the boom allows

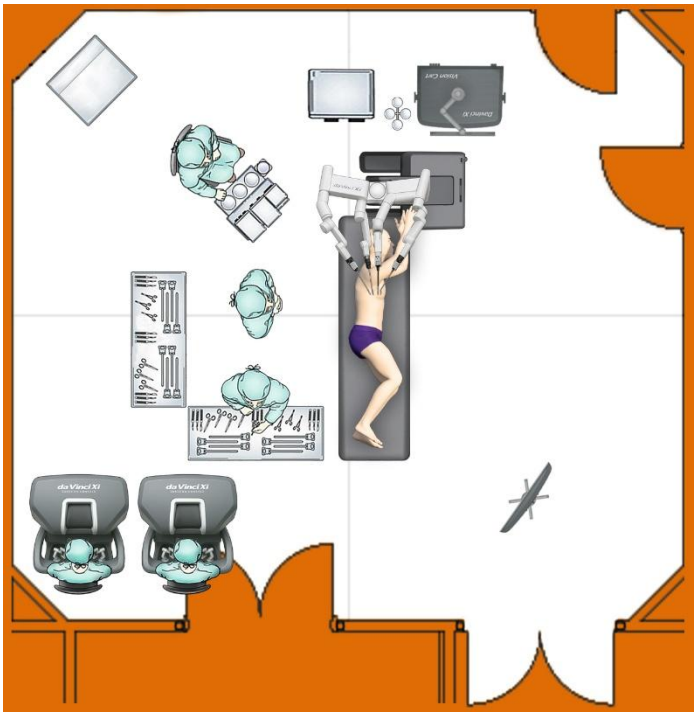
Starts with Stryker visual entry

Patient Cart Settings - Thoracic - Transverse

LEFT - Surgical Presence



RIGHT - Surgical Presence



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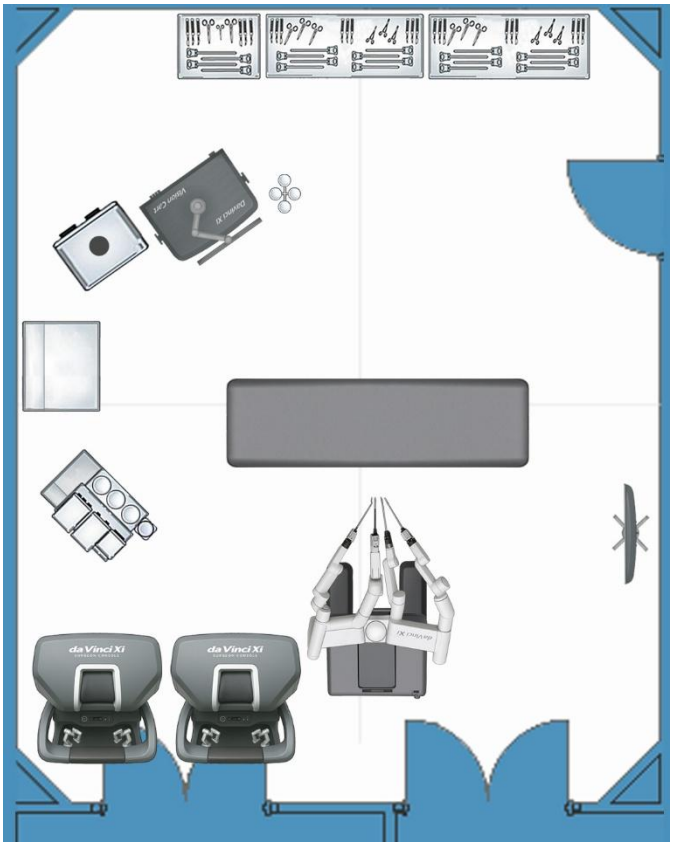
12. Urology: Nephrectomy - Right (TH19)

Pre-Surgery



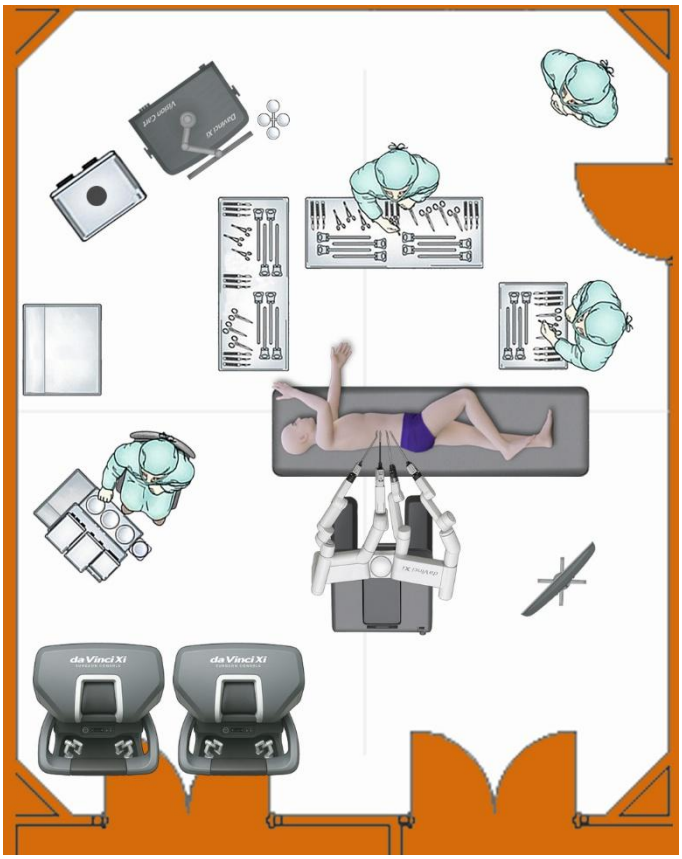
Description

Partial Nephrectomy: This involves removing only the diseased or damaged portion of the kidney while preserving as much healthy tissue as possible. It is often referred to as kidney-sparing surgery and is typically used when the tumor is small and localized.

Radical Nephrectomy: This procedure entails the complete removal of the kidney along with surrounding tissues, which may include the adrenal gland and nearby lymph nodes. It is usually performed when there is a larger tumor or when cancer has spread beyond the kidney.

Donor Nephrectomy: This is performed to remove a healthy kidney from a living or deceased donor for transplantation into a recipient who needs a kidney.

Surgical Presence



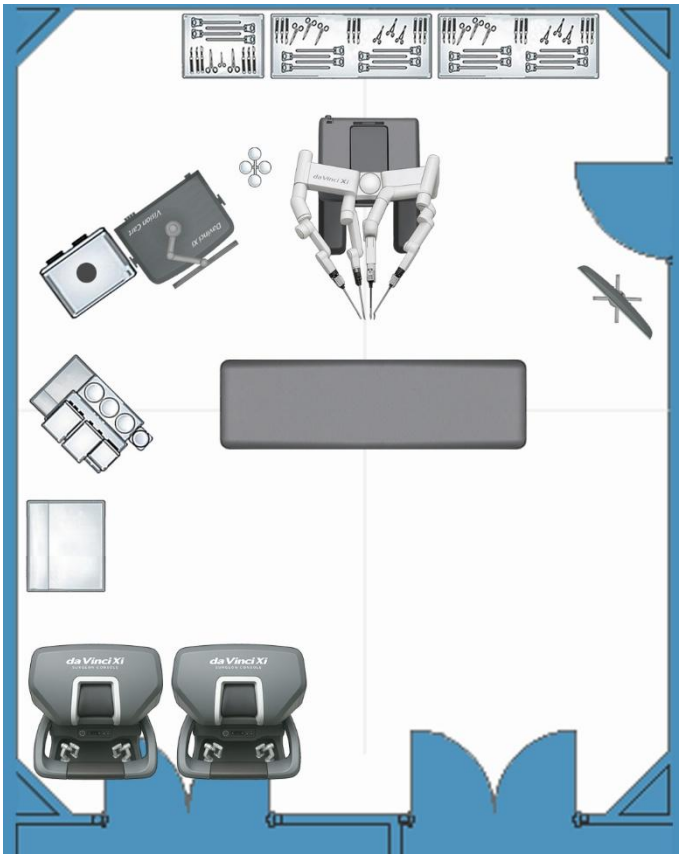
Positioning: Right Latteral / Table Broken in mid section

Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

13. Urology: Nephrectomy - Left (TH19)

Pre-Surgery



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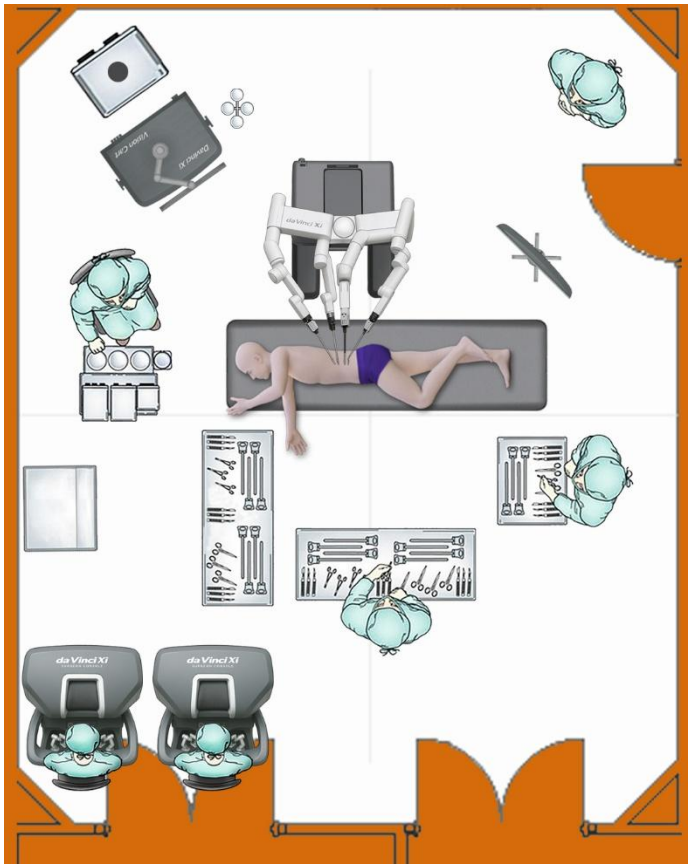
Radical Nephrectomy: This procedure entails the complete removal of the kidney along with surrounding tissues, which may include the adrenal gland and nearby lymph nodes. It is usually performed when there is a larger tumor or when cancer has spread beyond the kidney.

Donor Nephrectomy: This is performed to remove a healthy kidney from a living or deceased donor for transplantation into a recipient who needs a kidney.

Surgical Presence



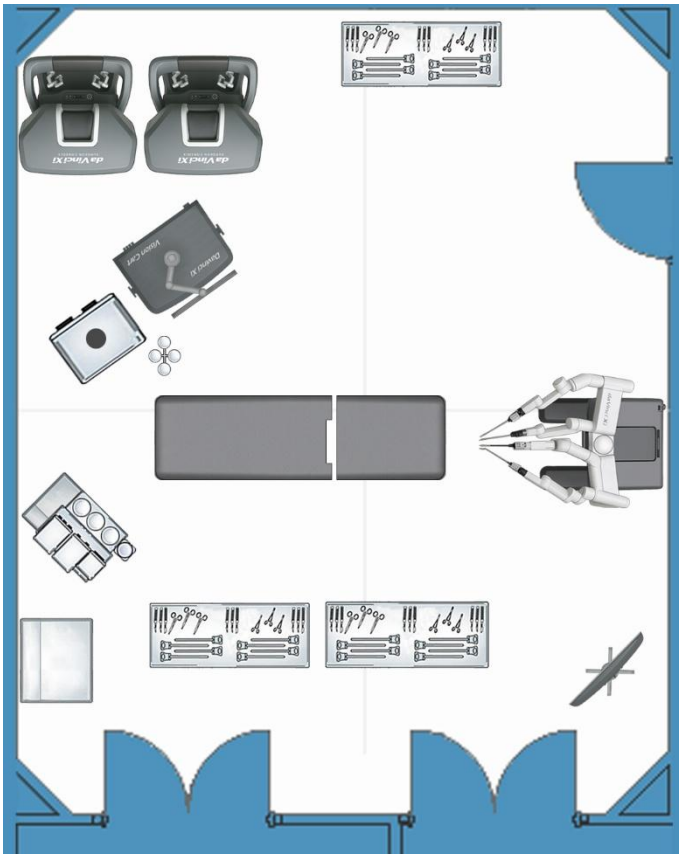
Positioning: Left Latteral / Table Broken in mid section

Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

14. Urology: Prostatectomy (TH19)

Pre-Surgery

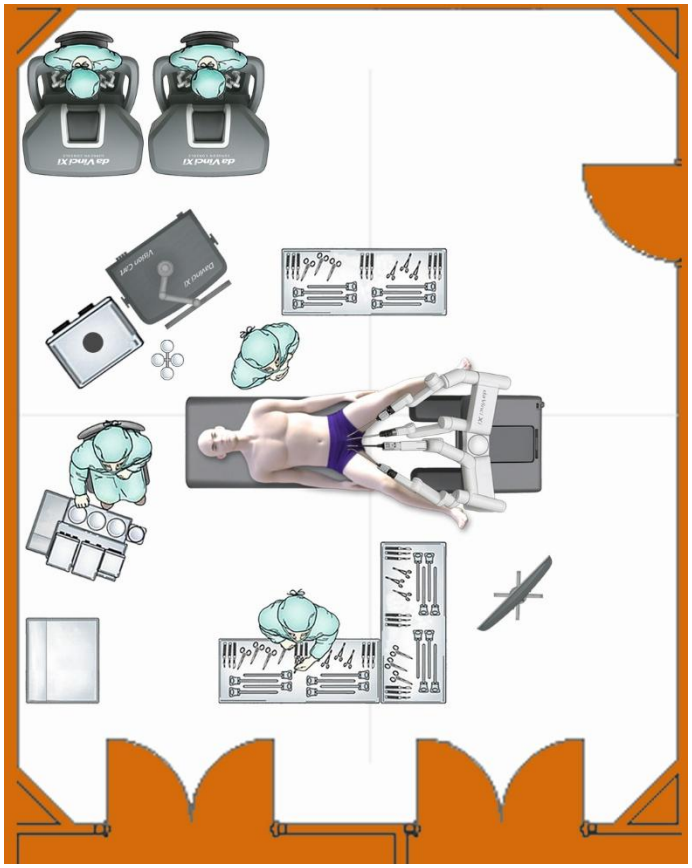


Description

A prostatectomy is a surgical procedure for the removal of all or part of the prostate gland, primarily performed to treat prostate cancer or benign prostatic hyperplasia.

There are two main types: simple prostatectomy and radical prostatectomy, with the latter involving the removal of the entire prostate and some surrounding tissue. The procedure is typically done when cancer is localized and has not spread beyond the prostate.

Surgical Presence



Positioning: Lithotomy / On pink foam Tilt Mat / White foam Arm Gutters - Arms tucked beside the body

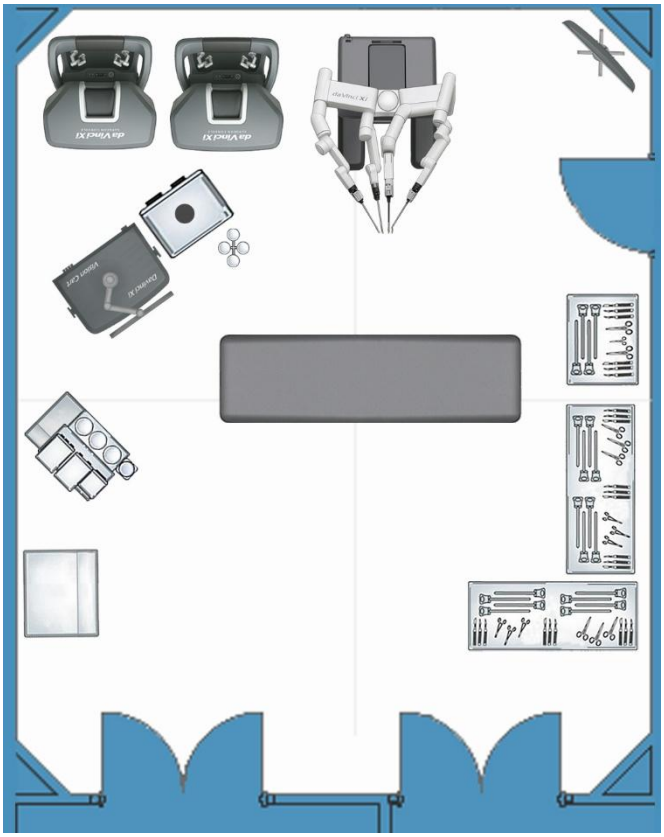
Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes:

Patient Cart Settings: Pelvic / Patient Legs

15. Urology: Pyeloplasty / Left (TH19)

Pre-Surgery



Description

Robotic left pyeloplasty is a minimally invasive surgical procedure designed to treat pelvic-ureteric junction (PUJ) obstruction.

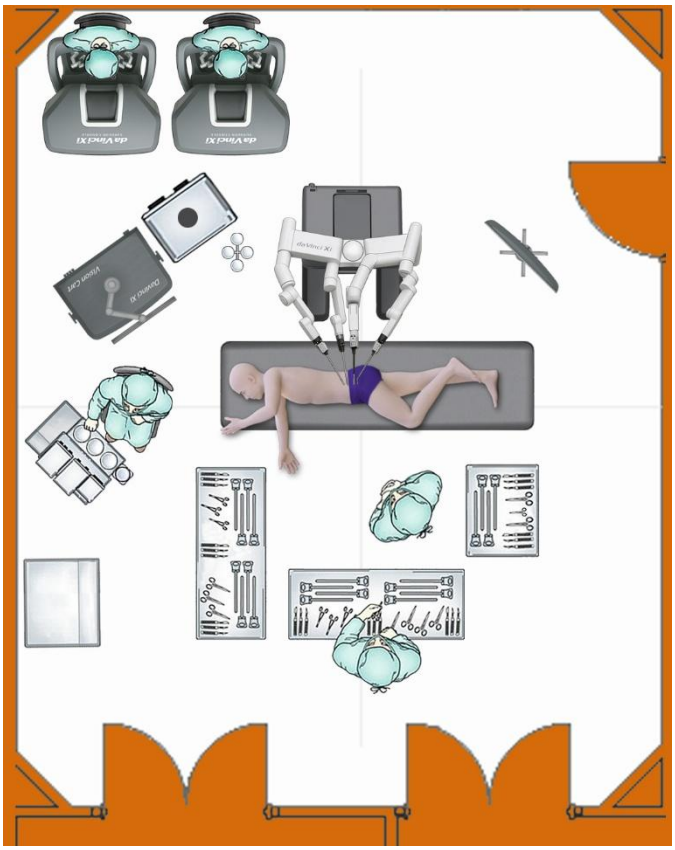
This condition can lead to kidney swelling, pain, and potential kidney damage if left untreated.

The procedure involves several small incisions to access the affected kidney and PUJ, where robotic technology is used to remove the blockage and reconstruct the ureter.

The surgery is performed under general anesthesia, and patients typically stay in the hospital for 1-2 days.

Recovery is generally quicker and less painful than traditional open surgery, with most patients returning to normal activities within a few days.

Surgical Presence



Positioning: Left Latteral / Table Broken in mid section

Equipment Required: 2 x Davinci Consoles, Vision Cart (davinci stack), Davinci Robot, Slave Monitor, Suction Tree.

Surgical Notes: ????

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16. Layered Assets Currently Available for Use