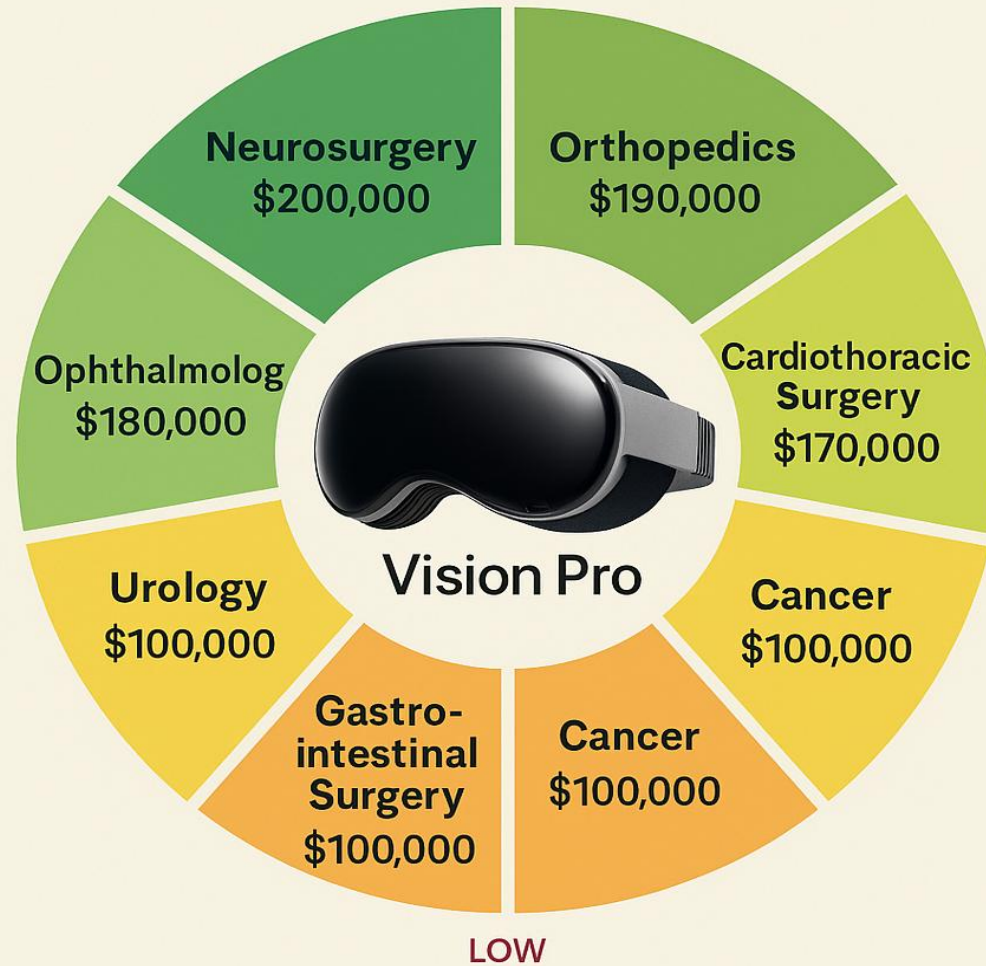


## TRACKING SENSOR INTENSITY



### High Use (Green)

- Neurosurgery (\$200,000)
- Orthopedics (\$190,000)
- Ophthalmology (\$180,000)

These specialties rely heavily on **precision navigation and tracking sensors** (optical, electromagnetic, or eye-tracking).

### Moderate Use (Yellow)

- Cardiothoracic Surgery (\$170,000)
- Vascular Surgery (\$160,000)
- Cancer (\$100,000) *(depends on the surgery type)*

*—brain/breast/prostate use more sensors, others less)*

These use tracking sensors in certain procedures (catheter navigation, robotic surgery, tumor resections), but not as universally as high-use fields.

### Low Use (Orange/Red)

- Gastrointestinal Surgery (\$100,000)
- Urology (\$100,000)

These rely more on laparoscopic/robotic visualization and less on dedicated tracking sensors, though robotics adds some tracking indirectly.

# Sensor Tracking Usage

## ✅ Surgeries that rely heavily on tracking sensors

### •Neurosurgery (\$200,000)

Uses neuronavigation systems with optical or electromagnetic tracking sensors to precisely guide instruments relative to brain structures. This is one of the most sensor-intensive fields.

### •Orthopedics (\$190,000)

Joint replacements (hip, knee, shoulder) often use optical or robotic navigation systems with tracking sensors to ensure implant alignment and bone cuts are exact.

### •Ophthalmology (\$180,000)

Eye-tracking sensors are essential in laser surgeries (e.g., LASIK, cataract surgery), ensuring lasers or tools follow micro-movements of the eye.

### •Cardiothoracic Surgery (\$170,000)

Increasingly uses sensors for catheter navigation, robotic surgery systems (like Da Vinci), and 3D heart mapping during minimally invasive heart procedures.

✅ **Most sensor-intensive:** Neurosurgery, Orthopedics, Ophthalmology

⚠️ **Moderate use:** Cardiothoracic, Vascular, Cancer (depending on type)

❌ **Lower use:** Gastrointestinal, Urology

## ⚠️ Sometimes use tracking sensors (depending on approach/tech)

### •Vascular Surgery (\$160,000)

Endovascular procedures often rely on fluoroscopy and imaging, but advanced labs may incorporate electromagnetic tracking sensors for catheter and stent navigation.

### •Cancer (\$100,000)

Depends on the surgery type. Tumor resections (brain, breast, prostate) often use tracking sensors for image-guided navigation, but systemic cancer surgeries (like open abdominal resections) rely less on them.

## Limited or indirect use of tracking sensors

### •Gastrointestinal Surgery (\$100,000)

Most GI surgeries rely on laparoscopic or robotic visualization rather than dedicated tracking sensors, though robotic platforms may include instrument tracking.

### •Urology (\$100,000)

Robotic prostatectomy or kidney surgery uses robotic arms with tracking, but not as sensor-intensive as neurosurgery or orthopedics.