
Description: Worldwide Hip and Knee Orthopedic surgical robot markets are poised to achieve significant growth. The accuracy provided by the robot is not reproducible by the human surgeon, so ultimately all surgeons will want to perform the orthopedic implants using this technology.

Robot assisted medial knee arthroplasty: orthopedic surgical robots are poised to take knee and hip surgery quality far beyond what has previously been available. The quality of knee arthroplasty is improved with robotic capability. All the advantages of surgical robots carry into the Stryker Mako orthopedic reconstruction surgical products.

When the knee and hip surgical robots are used, patients have less bleeding, reduction of post-operative pain, fewer re-admissions to hospital and faster recovery. Robots support high-precision surgery. A clinic in Switzerland, La Source, has reported a reduction in the average days of hospitalization from 10 to 6.

Knee and hip surgical robots provide consistent reproducible precision. This capability is so significant for implant surgery that the robots are positioned to become the defacto standard of care for knee and hip surgery within five years. Any one getting a knee or hip replaced will demand attention to quality of life, to maintenance of lifestyle provided by a robot when they have a joint replacement.

As next generation systems, hip and knee robotic units provide a way to improve traditional orthopedic hip and knee replacement surgery. Total hip replacement surgery has evolved dramatically as advances in technology have brought improved surgical techniques. Surgical robots are a significany part of that advance.

Once, the penetration achieves this 35% level, all orthopedic surgeons will demand that hospitals offer robotic orthopedic surgical capability because the outcomes are more predictable and better. If the hospital does not offer the robot, the surgeon will move to a more modern facility.

Knee and Hip Surgical Robots have been impacted by the reduction in insurance payments. Payment reductions have forced hospitals to start acting as businesses. The cost of delivering care has become as much a factor as providing quality care when making decisions about patient improvement in condition. Cost-cutting has been made in the supply chain. Suppliers were examined closely for quality and cost.

The number of suppliers is reduced to put pressure on the ones that remain. Those remaining are pressured to improve prices and efficiencies. Hospitals, physicians, and care providers have been financially incentivized to create accountable care organizations (ACOs). Coordinated patient care plans and value-based purchasing were rewarded. The med device buyer shifted from physicians to the ACOs and smart buying groups.

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