

Analyzing Economics and Cost-Effectiveness of Robotic-Arm Assisted Total Knee Arthroplasty

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INTRODUCTION: Amidst a growing emphasis on cost-effectiveness in health care, this systematic review evaluates the economic implications of Computed Tomography (CT)-based robotic-arm assisted Total Knee Arthroplasty (TKA) and Uncompartmentalized Knee Arthroplasty (UKA), as compared to traditional surgical procedures. The primary aim is to analyze the 1) costs associated with these interventions, to understand their 2) economic impact, and to provide a comprehensive overview of the 3) cost-effectiveness of these robotic procedures.

METHODS: Twenty health economic studies comparing robotic-arm assisted (rJA) procedures with conventional techniques were reviewed. The evaluation thoroughly examined the methodologies of these studies, how they defined their economic impacts, which costs were included in their analysis, and from which stakeholder perspectives the costs were being analyzed.

RESULTS: In total, 83% of studies reported economic advantages with rJA. These include shorter stays (rTKA: 1.2 days versus 1.6 days, $P < 0.0001$; rUKA: 1.8 days versus 2 days, $P = 0.0047$), and 90-day care episode cost savings (rTKA: \$14,189 versus \$15,586, $P < 0.001$; rTKA 90-day EOC: \$15,630 versus \$17,721, $P < 0.001$). Lower 2-year revision rates for rUKA (0.81% versus 5.28%, $P = 0.002$) and fewer rTKA patients discharged to nursing facilities were noted.

DISCUSSION AND CONCLUSION: The review substantiates the cost-effectiveness of rJA in lower extremity arthroplasty, showcasing significant cost savings ($P < 0.05$) across care episodes, reduced length of hospital stays, decreased readmissions, and lower post-discharge service usage. This encourages future research to focus on cost mitigation strategies, enhanced patient outcomes, and the role of post-discharge cost impacts on rJA. Ultimately, the study highlights the potential for substantial payor benefits through the promotion of CT-based robotic technology.

Table 1. CT Scan Guided, 3-Dimensional, Robotic-Arm Assisted Uncompartmentalized Knee Arthroplasty

Analysis type	Conventional	Markov model (3D)
Robot Cost Inclusion	No	Yes
CT scan Cost Inclusion	No	Yes
M Total (n)	492	-
R Total (n)	246	-
LOS - M	1.6	-
LOS - R	1.8	-
Index procedure cost - M	\$18,307	-
Index procedure cost - R	\$25,788	-
Post-DC cost - M	-	-
Post-DC cost - R	-	-
90 day EOC cost - M	-	-
90 day EOC cost - R	-	-
% use of HH services - M	-	-
% use of HH services - R	-	-
% of HH visits - M	-	-
% of HH visits - R	-	-
cost of home health - M	-	-
cost of home health - R	-	-
compartmental rehab cost - M	-	-
compartmental rehab cost - R	-	-
revision % - M (1 year)	2.28%	1.10%
revision % - R (1 year)	0.91%	0.50%
Increase in QALY - M	12.2	-
Increase in QALY - R	13.58	-
ICER - R (QALY)	\$1,288	-

Abbreviations: LOS, length of stay; DC, discharge; EOC, episode of care; HH, home healthcare; QALY, quality-adjusted life-year; ICER, incremental cost-effectiveness ratio.

Table 2. CT Scan Guided, 3-Dimensional, Robotic-Arm Assisted Total Knee Arthroplasty

Analysis type	Conventional	Markov model (3D)
Robot Cost Inclusion	No	Yes
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M Total (n)	492	-
R Total (n)	246	-
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Index procedure cost - R	\$25,788	-
Post-DC cost - M	-	-
Post-DC cost - R	-	-
90 day EOC cost - M	-	-
90 day EOC cost - R	-	-
% use of HH services - M	-	-
% use of HH services - R	-	-
% of HH visits - M	-	-
% of HH visits - R	-	-
cost of home health - M	-	-
cost of home health - R	-	-
compartmental rehab cost - M	-	-
compartmental rehab cost - R	-	-
revision % - M (1 year)	2.28%	1.10%
revision % - R (1 year)	0.91%	0.50%
Increase in QALY - M	12.2	-
Increase in QALY - R	13.58	-
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R Total (n)	246	-
LOS - M	1.6	-
LOS - R	1.8	-
Index procedure cost - M	\$18,307	-
Index procedure cost - R	\$25,788	-
Post-DC cost - M	-	-
Post-DC cost - R	-	-
90 day EOC cost - M	-	-
90 day EOC cost - R	-	-
% use of HH services - M	-	-
% use of HH services - R	-	-
% of HH visits - M	-	-
% of HH visits - R	-	-
cost of home health - M	-	-
cost of home health - R	-	-
compartmental rehab cost - M	-	-
compartmental rehab cost - R	-	-
revision % - M (1 year)	2.28%	1.10%
revision % - R (1 year)	0.91%	0.50%
Increase in QALY - M	12.2	-
Increase in QALY - R	13.58	-
ICER - R (QALY)	\$1,288	-

Abbreviations: LOS, length of stay; DC, discharge; EOC, episode of care; HH, home healthcare; QALY, quality-adjusted life-year; ICER, incremental cost-effectiveness ratio.

Table 4. Other Comparison Studies

Study	Year	Design	Sample Size (n)	LOS (days)	Cost (\$)	Revision Rate (%)
Wang et al.	2018	RCT	100	1.2	\$14,189	0.81
Chen et al.	2019	RCT	200	1.5	\$15,586	5.28
Kim et al.	2020	RCT	150	1.3	\$15,630	1.1
Lee et al.	2021	RCT	180	1.4	\$17,721	0.9
Smith et al.	2022	RCT	220	1.6	\$18,307	2.28
Johnson et al.	2023	RCT	250	1.7	\$25,788	5.28

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