A helping hand 2: The use of robot-assisted surgery in the UK

August 2025

PHIN

Contents

Foreword

As outlined recently in the government's 10-year plan for the NHS, technology has a key role to play in the health of UK citizens.

It is therefore essential that we have data showing its use and impact so that providers can maximise return on investment and patients can get the optimum care and outcomes. PHIN is proud to be able to support this need.

This report into the use of robotic assisted surgery – a type of surgery where a robot is used to help the surgeon in performing a procedure – in both the NHS and independent sector, provides evidence of the extent of usage and the impact it is having for providers, and crucially, patients.

With a 626% increase in robotic-assisted procedures in the UK healthcare sector from 2017 to 2024, and over 100,000 of these procedures in 2024 alone, it is clear what an important role this technology has to play in our health.

Our data shows efficiencies with:

- improved recovery rates
- fewer complications
- opportunities to reduce waiting lists.

Robots are most often used on the highest volume procedures, such as hip and knee Having Having seen the growth of this type of surgery so far, and knowing so much more is possible, we believe we will see the use of robotic assistance continuing to increase. In our Quarterly Market Updates, we have already noted that 'traditional' hip replacements and knee replacements have begun to decline, whereas the equivalent procedures using robotics are increasing. See our website (www.phin.org.uk) for more information.

With similar healthcare challenges, including ageing populations, the use of robotic assistance in surgery has had a similar trajectory across Europe. For instance, Germany reported over 60,000 procedures in 2023,[1] and Italy anticipated there would be 50,000 procedures performed in 2024.[2] Advancements in the technology also continue with Sweden having the first European hospital to perform a surgery using a single-port robot.[3] HCA UK was quick to follow later the same month.[4]

1 Triton Market Research. Europe Surgical Robotics Market. https://www.tritonmarketresearch.com/reports/europe-surgical-robotics-market
2 Tech4Future. Robotic Surgery: The Evolution of Minimally Invasive Medicine. https://tech4future.info/en/minimally-invasive-robotic-surgery/
3 Karolinska University Hospital. Karolinska First in Europe to Perform Surgery with New Robotic Technology (2024).
4 HCA Healthcare UK. Another First for HCA UK: Da Vinci Single Port (April 2024). https://www.hcahealthcare.co.uk/about-us/news-and-press-releases/the-da-vinci-single-port

Costs vs. benefits

The robots are expensive, so hospitals must weigh up the cost/benefit ratio before making purchases or even leasing the technology. We are also aware that increases in medical costs, including equipment to support robotic surgery, have resulted in higher overall costs of claims to private medical insurers, and they can therefore be wary about the increasing use of this technology in the independent sector.

Like all technology, we expect the prices will come down as production volumes grow and improvements are made. Although private hospitals more often have the budgets to purchase them when they have the business case to do so, the government's 10-year plan for health includes commitments to increase the use of robotic assistance, so NHS hospitals will be expected to make further investments too.

Overall, the surgical and economic benefits point toward greater use of robots imminently, especially in orthopaedics and urology. As artificial intelligence develops it can only further assist this valuable new technology.

Purchasing or leasing robotic assistance isn't cheap and hospitals are looking to maximise the return on their investment by expanding the volume and range of procedures they conduct with it. Data, such as that we collect at PHIN, can provide vital evidence of the impact of robotic-assisted technology and help providers to make informed decisions about their purchases.

This will help to ensure that as many patients as possible are treated as soon as possible and to high standards of care.

Dr Ian Gargan

Chief Executive

Private Healthcare Information Network

Executive summary

This is the second edition of the Private Healthcare Information Network (PHIN)'s review of robotic-assisted surgery in the UK and covers the complete years from 2017 to 2024 to allow appropriate comparison.

In this edition, we take a thorough look at the healthcare sector's use of this technology to give an even better picture of the current situation.

What is robotic-assisted surgery?

In simple terms, robot-assisted surgery refers to a type of surgery where a robot is used to assist the surgeon in performing a procedure. With extensive planning, involving surgical technicians, the robot supports the surgeon, allowing them to make the most of their time and skills.

The robot provides precise movements and enhances the surgeon's capabilities, often allowing for more precision and flexibility in complex surgeries. It's like having a high-tech assistant helping the expert surgeon during the operation.

While the procedures themselves are usually faster, it can take longer to prepare as the robot needs to be correctly set up for each patient.

Having robot assistance can aid accuracy, meaning less invasive surgical approaches are possible, meaning better outcomes for patients.

Robots are most often used on the highest volume procedures, such as hip and knee replacements. Being able to use them to speed up procedures and reduce complications helps surgeons to conduct more of the types of operations most people are waiting for.

Robot-assisted surgery is most used for total excision of prostate and capsule of prostate procedures, and this specialty has done a great deal to advance the use of robotics in surgery.

What has changed?

In our last report, our data showed that there was a dramatic rise in the number of robot-assisted surgeries taking place in the UK between 2016 and 2023 (an overall rise of 524% across the NHS and independent sector in robot-assisted surgeries). When the independent sector is looked at on its own, the growth was even more significant at 1,370%.

This pattern continued into 2024 and those percentages are now (2017 – 2024):

- Overall: 626% increase
- NHS: 551%
- Private: 1,326%

As well as the overall volume, the variety of procedures using robots for assistance has increased year-on-year since 2017 (even during the pandemic when there was a 7% reduction in admissions).

There were 1,341 different types of procedures conducted with robotic assistance in 2024 compared to 1,206 in 2023 and just 488 in 2017.

Who uses robotic assistance?

The top five NHS hospitals (by number of procedures) offering robotic-assisted surgery are:

- University College London Hospitals NHS Foundation Trust
- Royal Surrey County Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- Portsmouth Hospitals NHS Trust

The top five private hospital groups (by number of procedures) offering robotic-assisted surgery are:

- HCA International
- Nuffield Health
- Circle Health Group
- Bupa Cromwell
- Spire Healthcare

These hospitals and providers employ a range of systems, including those from both da Vinci and Stryker Mako.

The da Vinci system supports a minimally invasive surgical approach applicable to procedures involving the bladder, abdomen, and chest. The Stryker Mako system, on the other hand, is a surgical robotic arm designed to assist orthopaedic surgeons in performing hip and knee surgeries.

Johnson & Johnson Med Tech's VELYS Robotic-Assisted Solutions tracks bone position at a high frequency to reduce the need for CT scanning and save tissue.

Both Smith & Nephew's CORI and Zimmer Biomet's ROSA surgical systems can be used by surgeons to perform partial and total knee replacement surgery with greater accuracy.

In 2021, University College London Hospitals NHS Foundation Trust reported having 14 machines: nine Stryker and five da Vinci systems. In 2024, Royal Surrey County Hospital NHS Foundation Trust reported taking delivery of its fourth robot (all da Vincis).

HCA currently operates eight da Vinci machines and five Stryker Mako systems, as well as an ION bronchoscopy robot, a CMR Surgical Versius, and a Globus Medical spinal robot.

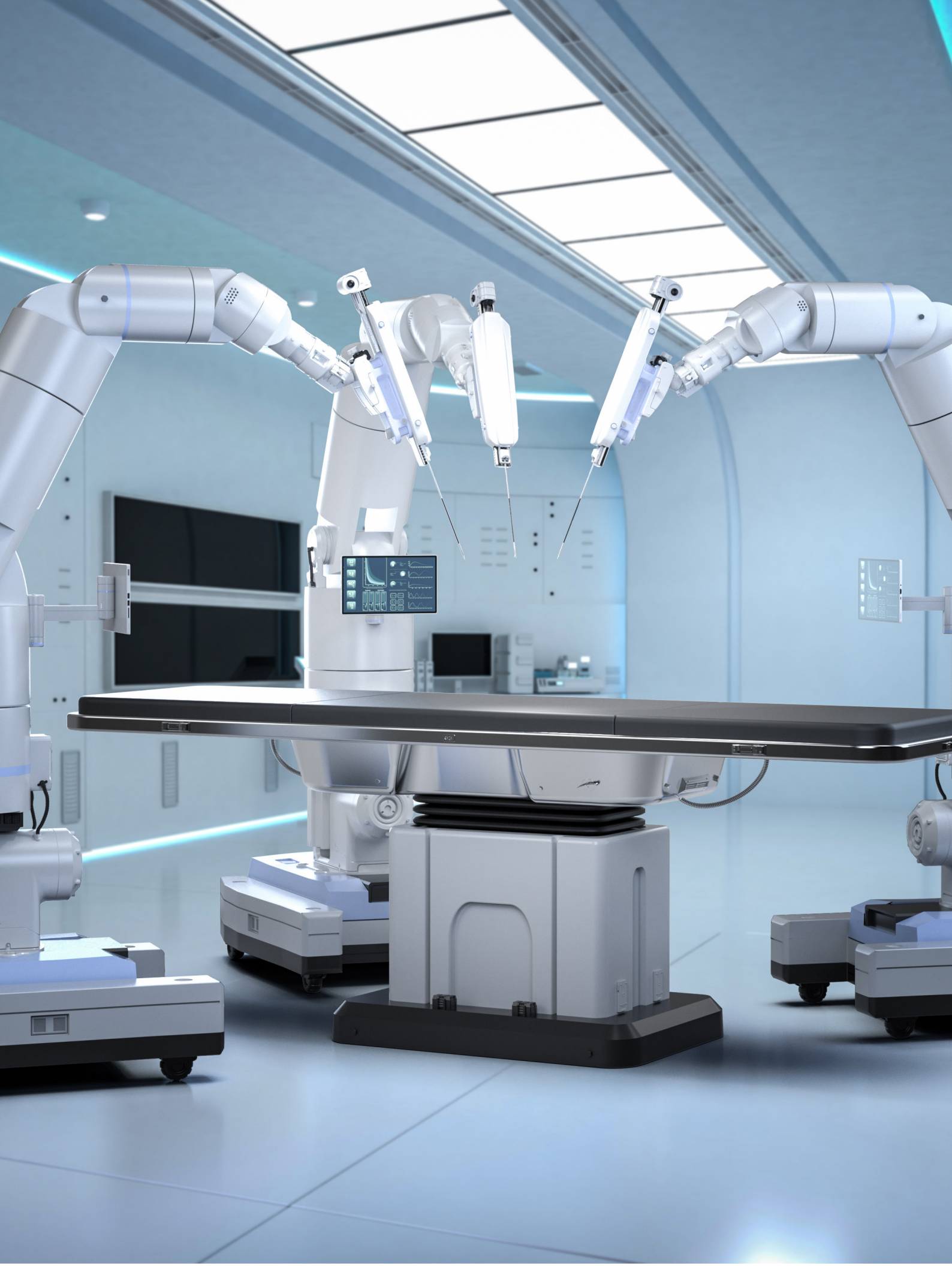
In contrast, Nuffield Health operates 21 Makos, two Navios, one Velys, one Globus Spinal, and one da Vinci. It also has Aquablation at eight sites. Prostate removal is the most common procedure for HCA and joint replacement for Nuffield Health.

Circle Health operates three Stryker Mako systems, two da Vinci, and in 2025 deployed 10 VELYS systems across the UK.

BUPA Cromwell operates one da Vinci machine. In April 2025, Cromwell Hospital reported they were the first hospital in the UK to perform gynaecology and hepato-pancreato-biliary (HPB) operations using the da Vinci Single Port.

Spire Healthcare operates 10 Stryker Mako, four da Vinci, one CORI surgical system, three ROSA and four VELYS.

Note: Robot usage figures are based on PHIN market research. These figures may change; please verify final numbers with hospitals/private providers.



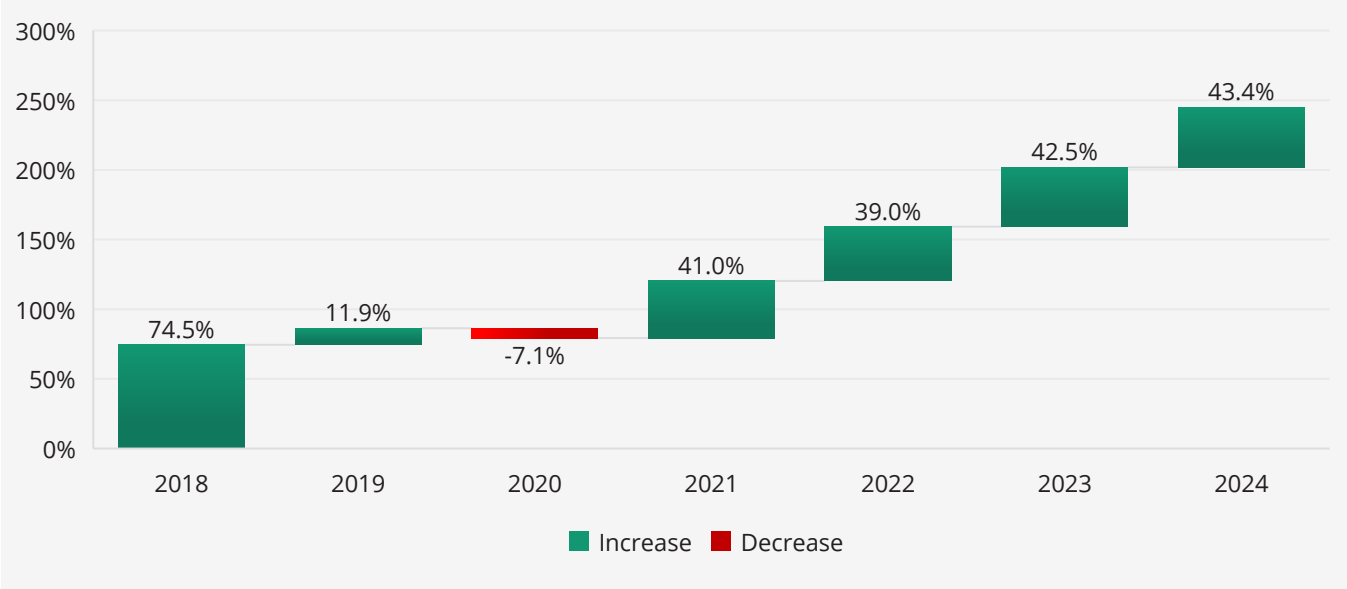
Chapter 1

Procedure volumes

Between 2017 and 2024, there were a total of 345,000 robot-assisted procedures carried out in the NHS and private sector. This represents a 626% increase since 2017 (13,825 procedures) to 2024 (100,500 procedures).

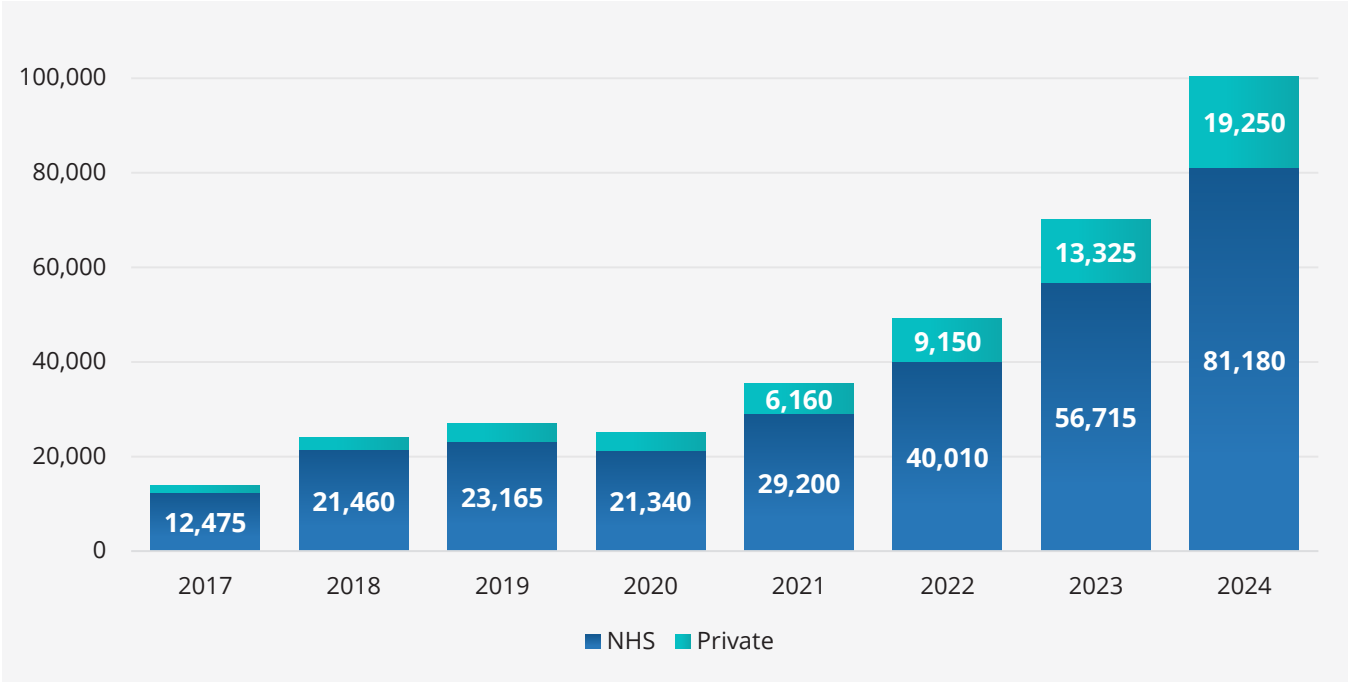
Since the pandemic, there has been an average 41% yearly increase in robotic-assisted procedures.

Figure 1: Robotic-assisted procedures year-on-year increase



In terms of volumes, the NHS unsurprisingly led the way with the majority of robotic-assisted procedures being conducted in public sector (218k), compared to (41k) in the private sector.

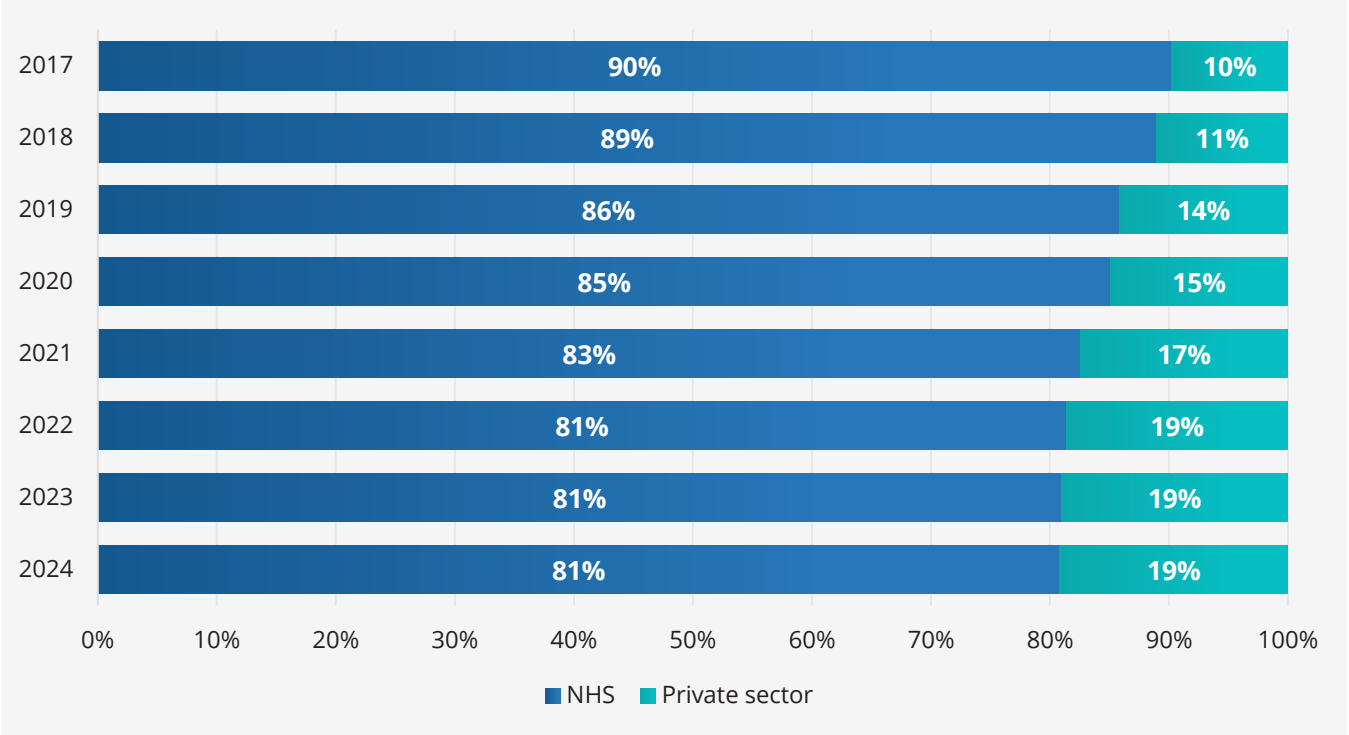
Figure 2: Robotic-assisted procedures by year



However, the situation is different in terms of percentage growth, where the private sector saw a 1,326% increase compared to the 551% in the NHS within the same period.

The proportion of procedures being carried out in the private sector also increased every year cc between 2017 and 2022, rising from 8% to 19%. It remained at 19% in 2023 and 2024. The plateau in percentage share results from a significant increase in admissions in both sectors.

Figure 3: Robotic-assisted procedures by year and proportion



From 2017-2024, HCA International carried 35% (a total of 21,200) of all robot assisted procedures, more than any other hospital/provider group.

University College London Hospitals NHS Foundation Trust conducted the second most overall (4.8%) and the highest number in the NHS (16,600), followed by the Royal Surrey County Hospital NHS Foundation Trust at 3.8% (13,300). Nuffield Health (3.3%) had the fifth highest volume overall (12,400) and was second in terms of private procedures.

Table 1: Top 10 providers of robot-assisted procedures (2017 – 2024)

Provider name	Number of NHS procedures	Number of private procedures	Total procedures
HCA International	350	20,845	21,195
University College London Hospitals NHS Foundation Trust	16,625	0	16,625
Royal Surrey County Hospital NHS Foundation Trust	13,260	15	13,275
Guy's and St Thomas' NHS Foundation Trust	12,730	75	12,805
Nuffield Health	995	11,400	12,395
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	9,510	25	9,535
Portsmouth Hospitals NHS Trust	8,815	90	8,905
North Bristol NHS Trust	8,230	190	8,420
Circle Health Group	620	7,185	7,805
University Hospitals of North Midlands NHS Trust	6,890	140	7,030

Chapter 2

Primary procedures

There were 488 unique procedures conducted using robot-assisted surgery in 2017. By 2024 that number had increased to 1,341, an increase of 175%.

There were 1,230 unique procedures conducted in the NHS and 606 unique procedures in the private sector in 2024.

Table 1: Top 10 providers of robot-assisted procedures (2017 – 2024)

Procedure	Number of NHS procedures	Number of private procedures	Total procedures
Total excision of prostate and capsule of prostate	50,715	4,405	55,120
Bilateral salpingo-oophorectomy	14,575	1,010	15,585
Block dissection of pelvic lymph nodes	13,550	665	14,215
Excision of seminal vesicle	11,345	2,395	13,740
Total abdominal hysterectomy NEC	12,350	1,270	13,620
Primary total prosthetic replacement of knee joint using cement	5,965	7,415	13,380
Primary resurfacing arthroplasty of joint	4,565	8,255	12,820
Unspecified partial excision of kidney	10,905	810	11,715
Endoscopic division of adhesions of peritoneum	9,245	1,065	10,310
Unspecified open excision of prostate	5,180	1,325	6,505

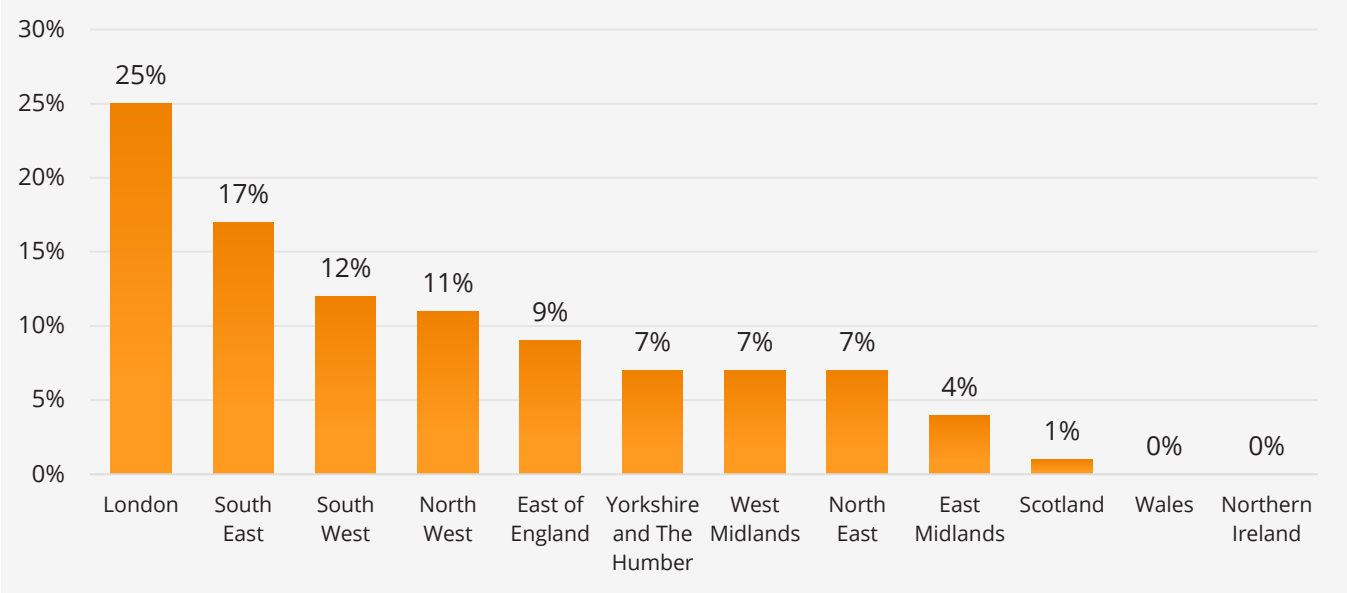
The most frequently performed procedure for the NHS between 2017 and 2024 was 'total excision of prostate and capsule of prostate' (prostatectomy). In the private sector, the leading procedure was originally prostatectomy; however, since 2021, 'primary resurfacing arthroplasty of joint,' a procedure commonly undertaken in orthopaedic joint replacement surgeries, has become the most common.

Chapter 3

Where are robotic-assisted procedures being conducted?

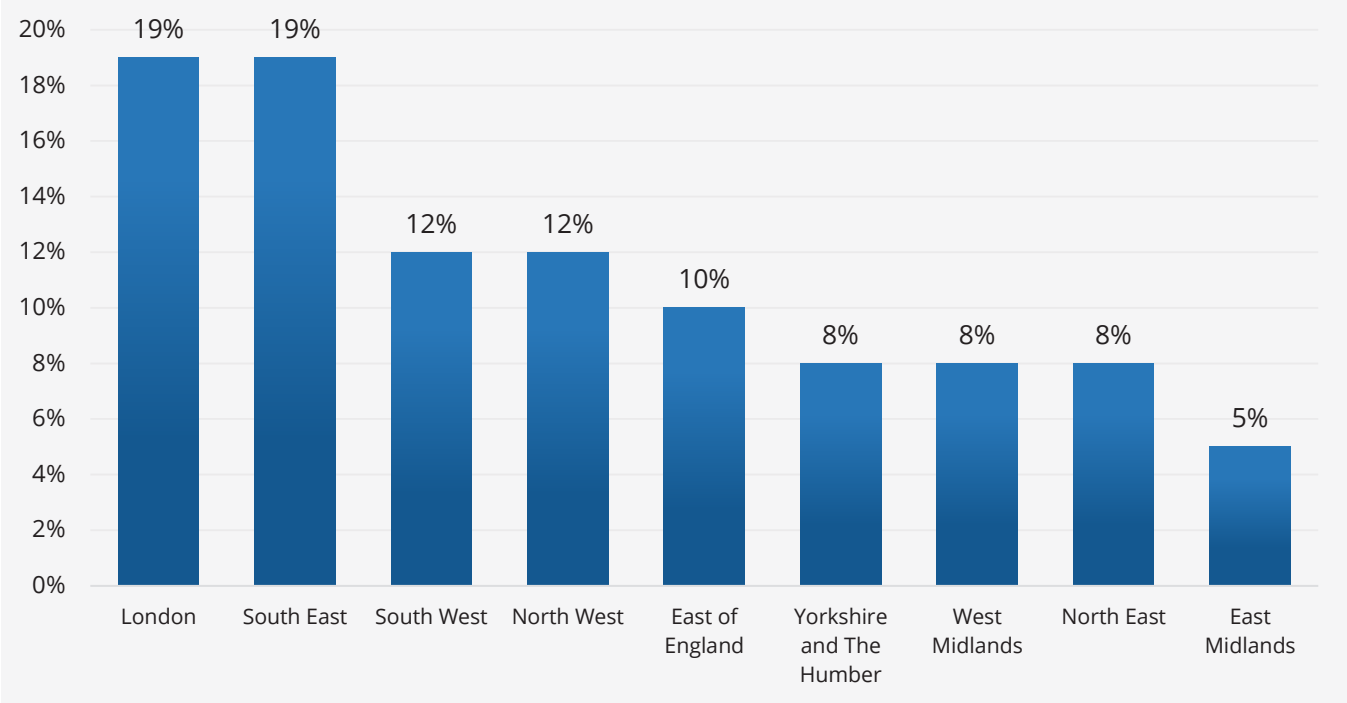
Most robotic-assisted procedures take place in London and the South East, which reflects the volume and specialist nature of hospitals in those regions, as well as the population sizes.

Figure 4: Robotic-assisted procedures by region – NHS England & private sector



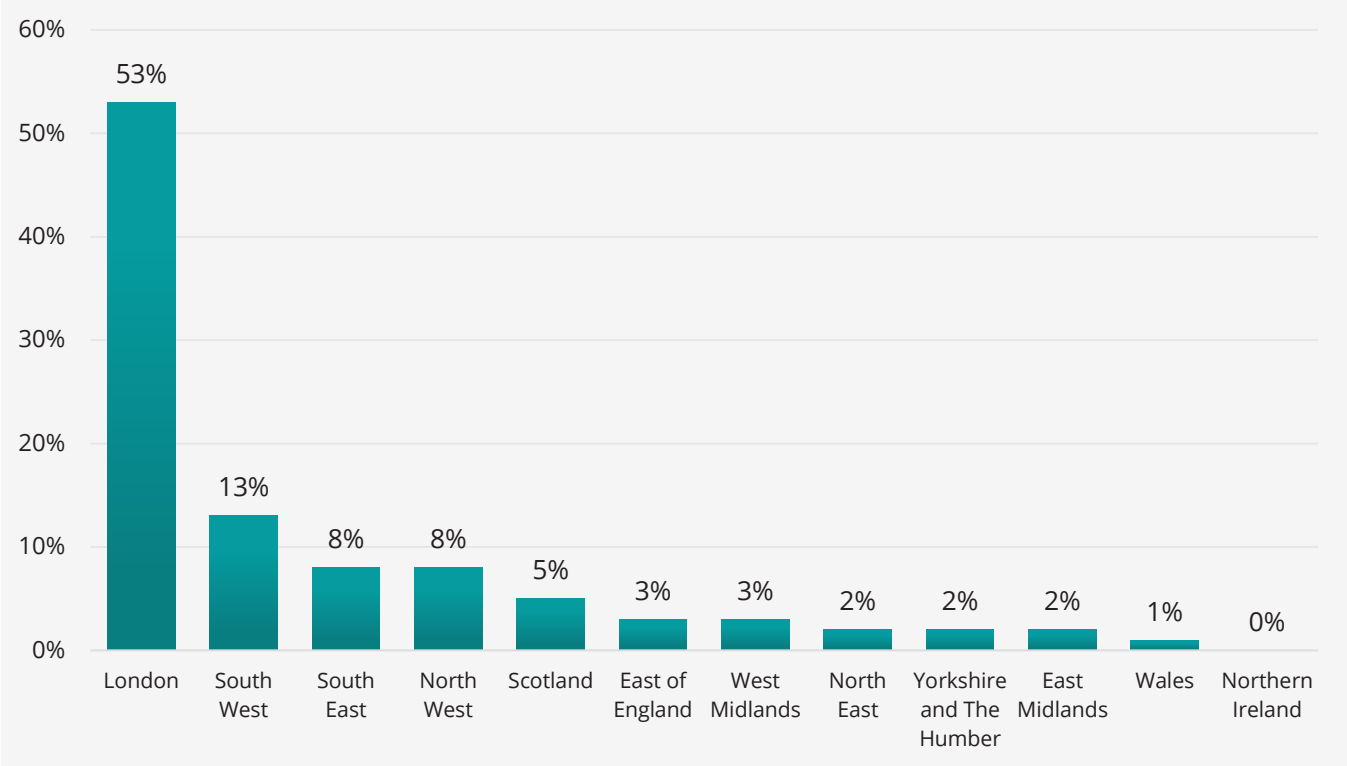
The same regions lead the way when examining NHS England only data, but slightly more procedures are conducted in the South East than London. PHIN does not currently have access to NHS Wales, NHS Scotland or Northern Ireland's Health and Social Care (HSC) admitted data.

Figure 5: Robotic-assisted procedures by region (Percentage of total) – NHS England only



When looking at the private sector, London's dominance is clear, with 53% of private procedures using robotic assistance taking place there.

Figure 6: Robotic-assisted procedures by region (Percentage of total) – Private sector only



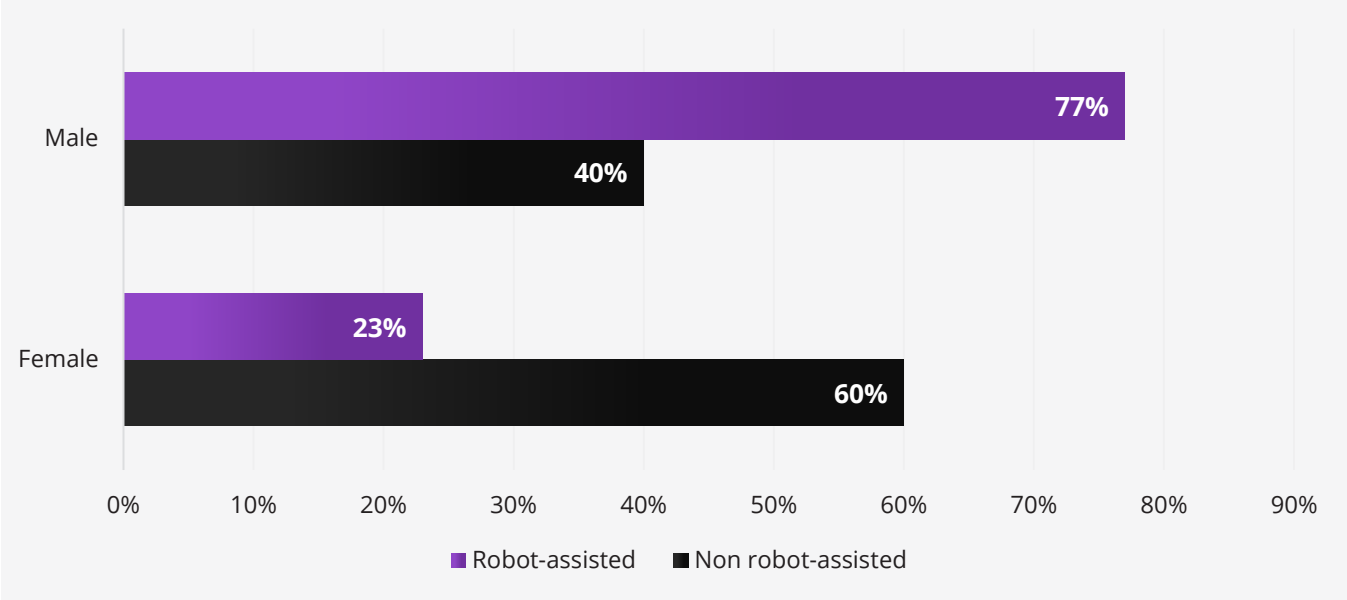
Chapter 4

Who are robotic-assisted procedures being conducted on?

Robotic-assisted procedures by sex

When considering both the NHS and private sector, more male patients (77%) than female patients (23%) had robotic-assisted surgery, which is unsurprising given the prominence of prostate related procedures for this type of operation.

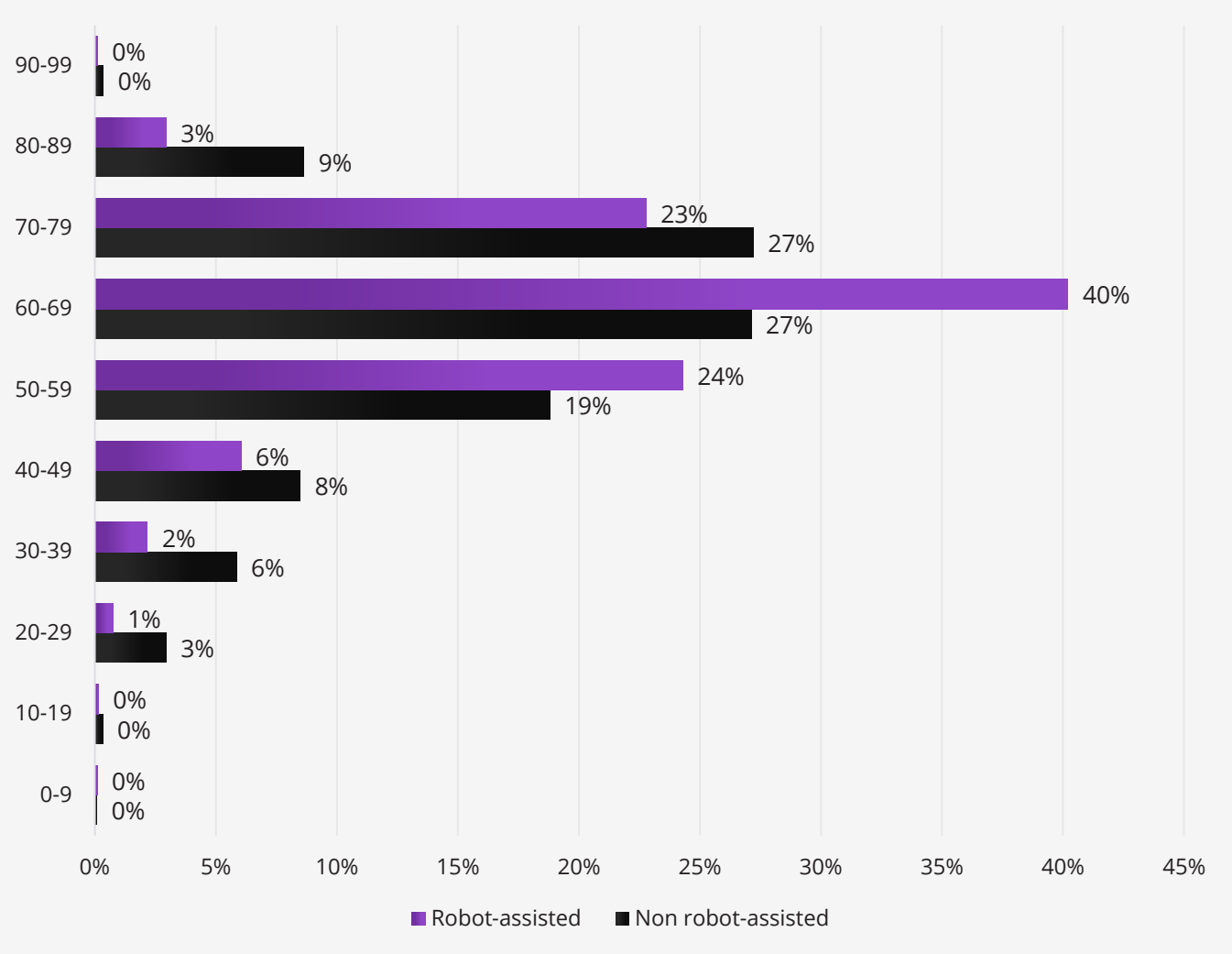
Figure 7: Percentage of procedures by sex



Robotic-assisted procedures by age

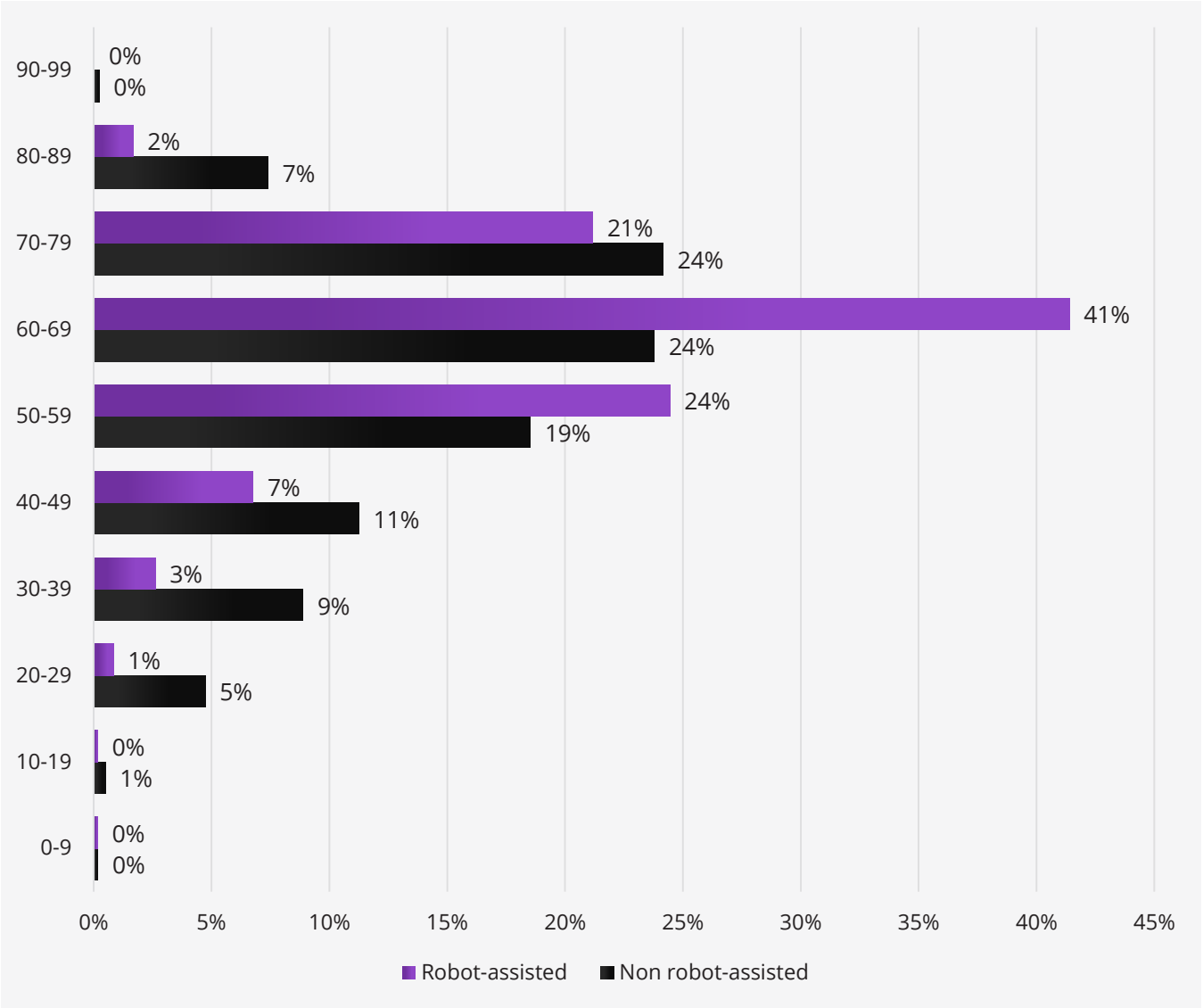
The 60-69 age group received the most (40%) robotic-assisted procedures followed by those aged 50-59 (24%) and 70-79 (23%) across both sectors.

Figure 8: Percentage of procedures by age band – NHS England and private sector



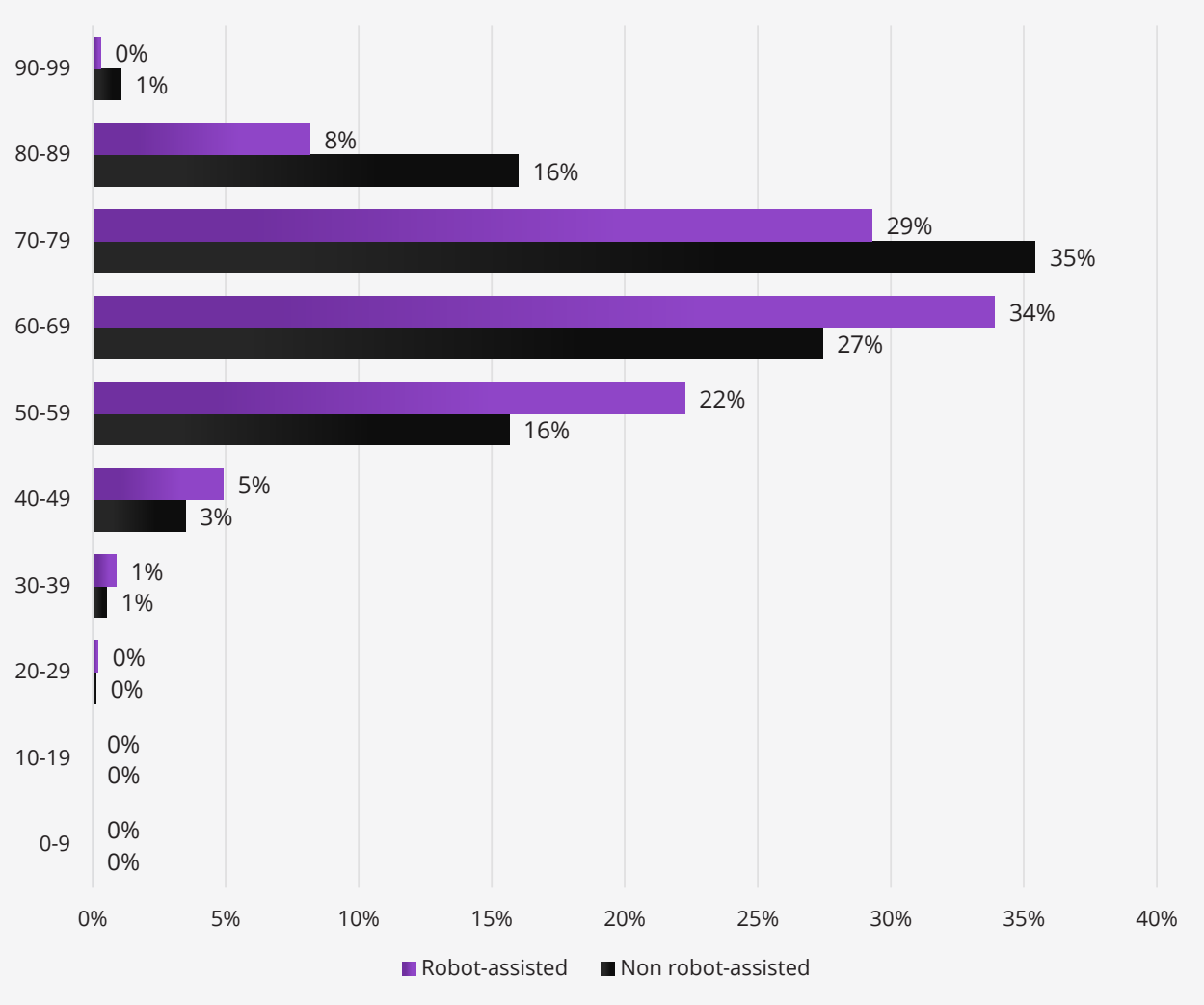
The same age groups were also most frequently operated on with robot assistance in the NHS sector, with ages 60-69 (41%) followed by ages 50-59 (24%) and 70-79 (21%).

Figure 9: Percentage of procedures by age band – NHS England only



In the private sector, things are slightly different once again, with the 60-69 year olds (34%) still having the majority of robotic-assisted procedures, but by less of a margin with 70-79 year olds having 29%. The percentage of procedures for those aged 50-59 also drops slightly to 22%.

Figure 10: Percentage of procedures by age band – Private sector only



Chapter 5

Impact on length of stay

Any new technology needs to offer the potential for a return on investment, and using robots in healthcare is no different. Improvements in patients' length of stay (LoS) is one method of measuring this.

To minimise the confounding impact of admissions involving multiple procedures, PHIN has focused its Length of Stay (LoS) analysis on admissions that included only a single robotic procedure. As a result, the top 10 procedures identified in this analysis may differ from the national top 10.

Mean LoS for procedures are lower for all but one to the top 10 robotic-assisted procedures, sometimes with a difference of more than two days. The only exception is 'Total cholecystectomy NEC' which had a slightly longer LoS (1.5 days compared to 1.2 days for the traditional procedure).

Table 3: Length of stay for primary procedure – NHS and private sector

Procedure	Unadjusted mean length of stay (days)		
	Robotic-assisted	Non robotic-assisted	Difference
Total excision of prostate and capsule of prostate	3.3	4.8	-1.5
Unspecified partial excision of kidney	4.9	7.6	-2.7
Primary hybrid prosthetic of hip joint using cemented femoral component	4.1	6.0	-1.9
Primary total prosthetic replacement of knee joint using cement	6.1	6.4	-0.3
Primary resurfacing arthroplasty of joint	4.1	4.4	-0.4
Unspecified open excision of prostate	3.2	5.0	-1.7
Primary total prosthetic replacement of hip joint not using cement	4.7	5.5	-0.8
Nephrectomy and excision of perirenal tissue	5.5	7.0	-1.5
Total cholecystectomy NEC	1.5	1.2	+0.3
Nephrectomy NEC	5.4	6.4	-1.1

The NHS follows a similar pattern. Mean LoS when using robotic assistance is slightly higher for one of the Top 10 NHS procedures; 'Primary total prosthetic replacement of knee joint using cement' and the same for bilateral salpingo-oophorectomy. The other eight procedures all have shorter LoS when using robotic assistance.

Table 4: Length of stay for primary procedure – NHS activity only

Procedure	Unadjusted mean length of stay (days)		
	Robotic-assisted	Non robotic-assisted	Difference
Total excision of prostate and capsule of prostate	1.4	1.9	-0.5
Unspecified partial excision of kidney	2.5	4.2	-1.7
Unspecified open excision of prostate	1.5	2.0	-0.5
Nephrectomy and excision of perirenal tissue	2.8	3.4	-0.7
Total cholecystectomy NEC	0.4	0.5	-0.1
Nephrectomy NEC	2.7	3.3	-0.6
Anterior resection of rectum and anastomosis of colon to rectum using staples	4.5	5.2	-0.8
Primary total prosthetic replacement of knee joint using cement	3.5	3.4	+0.1
Nephroureterectomy NEC	3.3	4.1	-0.8
Bilateral salpingo-oophorectomy	1.2	1.2	0.0

All the procedures in the Top 10 have a shorter LoS with robotic surgery in the private sector.

Table 5: Length of stay for primary procedure – Private sector only

Procedure	Unadjusted mean length of stay (days)		
	Robotic-assisted	Non robotic-assisted	Difference
Primary hybrid prosthetic replacement of hip joint using cemented femoral component	2.5	2.8	-0.4
Primary total prosthetic replacement of knee joint using cement	2.7	3.1	-0.4
Total excision of prostate and capsule of prostate	1.9	2.9	-1.0
Primary total prosthetic replacement of hip joint not using cement	2.3	2.8	-0.4
Primary resurfacing arthroplasty of joint	2.0	2.3	-0.3
Unspecified partial excision of kidney	2.4	3.5	-1.1
Unspecified open excision of prostate	1.8	3.0	-1.2
Primary total prosthetic replacement of hip joint using cement	2.4	3.1	-0.6

Procedure	Unadjusted mean length of stay (days)		
	Robotic-assisted	Non robotic-assisted	Difference
Primary total prosthetic replacement of knee joint NEC	2.9	3.1	-0.2
Primary total prosthetic replacement of hip joint NEC	2.7	2.8	-0.1

PHIN has not adjusted for case-mix. Variations in length of stay are likely to be due to the greater range, complexity and volume of procedures using robot-assisted procedures in the NHS, compared to the private sector.

It's worth noting that the Top 10 robot-assisted procedures are still performed significantly less often than their non-robot-assisted counterparts, which remain far more common across both the NHS and private sectors.

Chapter 7

Conclusions

The rapid rise in the use of robot-assisted surgery appears to be something to be welcomed in both the NHS and private sector. Although the technology is expensive, there are clear benefits to patients and healthcare providers in terms of outcomes. The less invasive type of surgery means that patients can recover faster, reducing their length of stay, freeing up beds and potentially helping to reduce waiting lists.

The range of procedures using robot-assistance is expanding rapidly, and while it is currently being used widely for male specific procedures, particularly prostate surgery, this appears to be expanding to other types including female specific surgery as well.

Chapter 8

What is it like to receive robot-assisted surgery? – a patient's story

After years of back pain and misdirected treatment, Chester-based Paul Moss, 57, was shocked to discover "bone-on-bone" hip damage following a physiotherapy referral. Once an active adventurer who loved cycling, hiking, and off-road driving, Paul found himself increasingly immobile and in constant pain – unable to enjoy his hobbies or keep up with his ten-year-old.

Determined to reclaim his lifestyle, Paul opted for robotic-assisted hip surgery at Nuffield Health Chester Hospital, drawn by its precision, faster recovery time, and bone-preserving approach. Just five weeks post-op, Paul was walking unaided, climbing stairs with ease, and nearly back to a normal gait – relief that's been transformative physically and mentally.

Talking about his experience, Paul said: "Initially my pain had presented as lower back pain, which I had been suffering with for a number of years. I was treated through Physiotherapy but unfortunately that exacerbated the hip issue and it was downhill from there – with extreme pain, restricted movement and immobility. Friends were commenting on my apparent limp, I was grimacing getting in and out of a car, and unable to enjoy my hobbies. When I was unable to play with an active 10-year old, I knew it was time to sort it out.

"I chose robotic-assisted as I am relatively young and always been extremely active. With robotic-assisted surgery there is less bone loss, and the angle and positioning of the prosthesis is better, so it seemed the logical choice if I wanted to resume my previous levels of activity.

"Whilst still early days (I am week 5), my hip pain disappeared almost immediately and was able to walk with one crutch within the week. I have progressed through to no walking aids (week 2) and am able to go up and down stairs with alternative steps – something I lost the ability to do before the operation. Getting in and out of cars is now near normal and my gait is probably 80% there. It has been transformative both physically and mentally. It's been faultless from start to finish. I feel like myself again – and apparently, I'm less grumpy too. Everyone I know has commented on my speed of recovery to the point where some have genuinely questioned, tongue-in-cheek, if I had surgery at all!"

Appendix A

Top 50 providers for robotic-assisted Surgery

Top 50 providers of robot-assisted procedures (2017 – 2024)

Provider name	Number of NHS procedures	Number of private procedures	Total procedures
HCA International	350	20,845	21,195
University College London Hospitals NHS Foundation Trust	16,625	0	16,625
Royal Surrey County Hospital NHS Foundation Trust	13,260	15	13,275
Guy's and St Thomas' NHS Foundation Trust	12,730	75	12,805
Nuffield Health	995	11,400	12,395
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	9,510	25	9,535
Portsmouth Hospitals NHS Trust	8,815	90	8,905
North Bristol NHS Trust	8,230	190	8,420
Circle Health Group	620	7,185	7,805
University Hospitals of North Midlands NHS Trust	6,890	140	7,030
The Christie NHS Foundation Trust	6,795	0	6,795
Norfolk and Norwich University Hospitals NHS Foundation Trust	6,500	0	6,500
University Hospitals Coventry and Warwickshire NHS Trust	6,250	0	6,250
South Tees Hospitals NHS Foundation Trust	5,675	35	5,710
Barts Health NHS Trust	5,595	85	5,680
The Royal Marsden NHS Foundation Trust	3,940	1,710	5,650
Spire Healthcare	2,455	3,120	5,575
East and North Hertfordshire NHS Trust	5,555	0	5,555
Royal Devon University Healthcare NHS Foundation Trust	5,475	0	5,475
Gloucestershire Hospitals NHS Foundation Trust	5,155	220	5,375
The Royal Wolverhampton NHS Trust	5,260	105	5,365
Leeds Teaching Hospitals NHS Trust	5,145	0	5,145
Nottingham University Hospitals NHS Trust	4,905	60	4,965
St George's University Hospitals NHS Foundation Trust	4,790	25	4,815

Provider name	Number of NHS procedures	Number of private procedures	Total procedures
Plymouth Hospitals NHS Trust	4,680	0	4,680
Hull and East Yorkshire Hospitals NHS Trust	4,630	30	4,660
Cambridge University Hospitals NHS Foundation Trust	4,390	230	4,620
Wirral University Teaching Hopsital NHS Foundation Trust	4,200	200	4,400
Lancashire Teaching Hospitals NHS Foundation Trust	4,365	0	4,365
Sheffield Teaching Hospitals NHS Foundation Trust	4,230	0	4,230
East Sussex Healthcare NHS Trust	3,965	30	3,995
Bradford Teaching Hospitals NHS Foundation Trust	3,975	0	3,975
Oxford University Hospitals NHS Foundation Trust	3,860	90	3,950
Mid Yorkshire Hospitals NHS Trust	3,890	0	3,890
Imperial College Healthcare NHS Trust	3,515	150	3,665
Liverpool Women's NHS Foundation Trust	3,580	0	3,580
University Hospitals of Leicester NHS Trust	3,460	115	3,575
East Suffolk and North Essex NHS Foundation Trust	3,545	0	3,545
Bupa Cromwell	50	3,475	3,525
Royal Berkshire NHS Foundation Trust	3,380	135	3,515
Medway NHS Foundation Trust	3,305	0	3,305
University Hospital Southampton NHS Foundation Trust	3,200	35	3,235
Stockport NHS Foundation Trust	2,985	0	2,985
East Kent Hospitals University NHS Foundation Trust	2,920	0	2,920
University Hospitals Dorset NHS Foundation Trust	2,870	0	2,870
Royal Free London NHS Foundation Trust	2,555	205	2,760
The London Clinic	0	2,760	2,760
East Lancashire Hospitals NHS Trust	2,675	10	2,685
Frimley Health NHS Foundation Trust	2,290	295	2,585
Unknown Provider	9,560	0	9,560

All counts have been rounded to the nearest factor of 5. Any number between 1-7 for sub-national counts will be suppressed.

Appendix B

Top 50 procedures for robotic-assisted surgery

Top 50 robot-assisted procedures (2017 – 2024)

Procedure	Number of NHS procedures	Number of private procedures	Total procedures
Total excision of prostate and capsule of prostate	50,715	4,405	55,120
Bilateral salpingo-oophorectomy	14,575	1,010	15,585
Block dissection of pelvic lymph nodes	13,550	665	14,215
Excision of seminal vesicle	11,345	2,395	13,740
Total abdominal hysterectomy NEC	12,350	1,270	13,620
Primary total prosthetic replacement of knee joint using cement	5,965	7,415	13,380
Primary resurfacing arthroplasty of joint	4,565	8,255	12,820
Unspecified partial excision of kidney	10,905	810	11,715
Endoscopic division of adhesions of peritoneum	9,245	1,065	10,310
Unspecified open excision of prostate	5,180	1,325	6,505
Construction of ileal conduit	5,610	165	5,775
Total cholecystectomy NEC	5,070	540	5,610
Primary hybrid prosthetic replacement of hip joint using cemented femoral component	965	4,015	4,980
Lobectomy of lung	4,455	155	4,610
Nephrectomy and excision of perirenal tissue	4,200	240	4,440
Ureterolysis	2,825	1,485	4,310
Other specified excision or biopsy of lymph node	3,975	225	4,200
Anterior resection of rectum and anastomosis of colon to rectum using staples	3,980	125	4,105
Primary total prosthetic replacement of hip joint not using cement	925	3,080	4,005
Cystoprostatectomy	3,810	190	4,000
Nephrectomy NEC	3,345	265	3,610
Unspecified vaginal excision of uterus	3,105	135	3,240
Excision of segment of lung	2,875	135	3,010
Nephroureterectomy NEC	2,655	180	2,835

Procedure	Number of NHS procedures	Number of private procedures	Total procedures
Block dissection of mediastinal lymph nodes	2,445	120	2,565
Bilateral salpingectomy NEC	2,085	360	2,445
Right hemicolectomy and side to side anastomosis of ileum to transverse colon	2,220	55	2,275
Endoscopic resection of lesion of peritoneum	1,080	1,115	2,195
Freeing of adhesions of peritoneum	1,990	165	2,155
Sampling of mediastinal lymph nodes	2,020	25	2,045
Endoscopic pyeloplasty	1,765	245	2,010
Primary repair of inguinal hernia using insert of prosthetic material	1,640	350	1,990
Excision or biopsy of mediastinal lymph node	1,910	50	1,960
Anterior resection of rectum and exteriorisation of bowel	1,800	100	1,900
Primary total prosthetic replacement of knee joint not using cement	600	1,210	1,810
Freeing of adhesions of peritoneum NEC	1,630	155	1,785
Other specified open excision of prostate	475	1,280	1,755
Abdominoperineal excision of rectum and end colostomy	1,700	40	1,740
Irrigation of peritoneal cavity	1,645	75	1,720
Freeing of extensive adhesions of peritoneum	1,480	110	1,590
Biopsy of lesion of omentum	1,515	45	1,560
Open excision of lesion of rectum	770	785	1,555
Anterior resection of rectum and anastomosis NEC	1,425	95	1,520
Cystectomy NEC	1,400	50	1,450
Other specified operations on other ligament of uterus	615	810	1,425
Bilateral vasectomy	1,375	15	1,390
Primary total prosthetic replacement of knee joint NEC	50	1,335	1,385
Other specified sampling of lymph nodes	1,315	30	1,345
Creation of defunctioning ileostomy	1,205	40	1,245
Unilateral adrenalectomy	1,105	105	1,210

All counts have been rounded to the nearest factor of 5. Any number between 1-7 for sub-national counts will be suppressed.

PHIN's vision:
Everyone can make confident choices about their healthcare to get the best outcomes.

phin.org.uk

PHIN