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Surgical services products

Within the physician preference items (PPI) category, surgical services spending trends continue to reflect demand across a broad range of procedural categories, with growth concentrated in high-volume consumables and procedure-support technologies. GI lab accessories remained the largest surgical services spend category, while the suture spend category experienced the largest increase in relative share and skin adhesives entered the top 15 categories for the first time. Single-use scopes and interventional urology products also gained share during the analysis period.

Spending patterns suggest increasing utilization of products associated with procedural efficiency and high-volume surgical care. At the same time, more specialized categories such as endomechanicals continue to represent a significant portion of surgical services spend, despite slower relative growth compared with other categories.

Top 15 surgical services product spend categories

Rank	Product spend category	Portion of spend (%), summer 2026	Portion of spend (%), winter 2026[a]	Percentage point change[b]
1	GI lab accessories	16.6	16.8	-0.2 ↓
2	Endomechanicals	10.5	10.9	-0.4 ↓
3	Advanced energy equipment and accessories	9.2	9.2	—
4	Suture	7.8	7.3	+0.5 ↑
5	Reusable handheld surgical instruments	6.8	6.8	—
6	Interventional urology products	6.6	6.3	+0.3 ↑
7	Biologic surgical mesh	5.0	5.2	-0.2 ↓
8	Cochlear implants	4.8	5.1	-0.3 ↓
9	Surgical mesh products	4.5	4.4	+0.1 ↑
10	Breast implants	4.4	4.6	-0.2 ↓
11	ENT instruments	4.4	4.5	-0.1 ↓
12	Single-use scopes	4.3	4.0	+0.3 ↑
13	Gynecological hysteroscopic tissue removal	2.5	2.5	—
14	**Skin adhesives**	**2.3**	—	**new**
15	Trocars	2.2	2.1	+0.1 ↑

Source: Vizient Supply Analytics, April 2025–March 2026
[a] Previously ranked in the winter 2026 Outlook, with data analyzed from October 2024–September 2025
[b] Arrows indicate increase (↑) or decrease (↓) since the winter 2026 edition

Category movements

Increases in spend

- **Suture (+0.5%):** Suture demonstrated the largest increase in share, supported by strong growth and its role as a high-volume consumable used across nearly all surgical procedures. Growth reflects stable procedural demand and increased utilization in outpatient and ambulatory surgery center (ASC) settings, and where standardized, frequently used supplies represent a larger share of total procedural cost.

Decreases in spend

- **Endomechanicals (–0.4%):** Endomechanicals showed the largest decline in relative share despite continued growth in total spend. The shift reflects slower growth compared with other surgical categories rather than reduced demand. As a higher-cost, procedure-specific category, utilization remains closely tied to case mix, procedural complexity, and the pace of growth in minimally invasive surgical procedures. The growth and use of robotics is causing a decline in endomechanical utilization.

New to the top 15

- **Skin adhesives:** Skin adhesives entered the top 15 categories, supported by strong growth and increased adoption as an alternative or complement to traditional wound closure methods. Utilization is driven by procedural efficiency, reduced closure time, and alignment with outpatient surgical workflows.

The margin squeeze: What's rewriting the rules of surgical services

Surgical services leaders are facing a perfect storm of cost pressure—rising supplier prices, rapid migration to ambulatory settings, growing regulatory mandates, and the complex economics of robotic surgery. Traditional cost containment strategies are no longer enough. Protecting margins now depends on coordinating decisions about contracting, care delivery, regulatory compliance, and technology investment as part of a broader surgical services strategy.

Cost pressure and supplier dynamics

Surgical services categories face sustained pressure from raw material, labor, and manufacturing cost increases across the supply base. Suppliers are consistently seeking price increases during contract renewals and extensions, creating friction in contracting cycles and limiting opportunities for traditional cost containment.

These pressures are most pronounced in high-volume consumable categories, where even modest unit price increases can translate into significant additional spend. As a result, organizations are placing greater emphasis on portfolio-level contracting, supplier alignment, standardization, and utilization management to reduce variability and protect margins.

Shift to ambulatory care and contracting evolution

The continued migration of surgical procedures from acute care settings to ASCs is reshaping utilization patterns, contracting strategy, and margin management. Changes to the Centers for Medicare & Medicaid Services (CMS) inpatient-only list are expected to further accelerate this shift by allowing a broader set of procedures to move into outpatient environments, increasing the need to manage procedural economics in lower-reimbursement settings.

In response, health systems are prioritizing standardization across sites to control cost-per-case and reduce product variation. Participation-based contracting models are becoming an important strategy for achieving those goals by aggregating demand and aligning suppliers within physician preference categories.

These arrangements require organizations to commit to a broader portfolio of products within a service line, rather than selecting individual items independently. While these models can improve pricing consistency and streamline inventory, they also require stronger physician alignment, governance, and compliance monitoring as flexibility in product selection becomes more limited.

Regulatory and technology-driven cost expansion

Regulatory developments are introducing new cost considerations within surgical services, particularly in surgical smoke evacuation. State-level mandates are accelerating adoption of smoke evacuation systems for procedures that generate surgical plumes, with approximately 20 states already implementing requirements and additional legislation under consideration.

These mandates apply across both acute and ambulatory settings and are driving increased utilization of equipment and consumables. Unlike many surgical categories, this represents a compliance-driven cost increase, as adoption is influenced by regulatory and occupational safety requirements rather than physician preference alone. As implementation expands, organizations should focus on supplier selection, contract penetration, workflow integration, and standardization to manage this emerging cost category.

At the same time, robotic-assisted surgery continues to influence surgical services spend. While robotics often is evaluated as a capital investment, the larger financial impact extends across the full lifecycle of the platform, including disposable instruments, service agreements, maintenance, software, training, and replaceable components. These recurring costs can represent a significant portion of total robotic surgery spend.

Robotic-assisted procedures generally don't receive incremental reimbursement compared with traditional approaches, requiring organizations to justify adoption through utilization, case mix, physician alignment, patient access, competitive positioning, and operational efficiency. Financial performance is highly dependent on disciplined use of the platform. Underutilized systems can significantly increase cost-per-case, while organizations that expand use across service lines, and manage disposable supply costs are better positioned to improve value.

As robotics expands into ambulatory settings, it also may influence competitive dynamics as organizations seek to retain surgical volume and physician alignment in lower-cost care environments. Increasing competition among robotic platforms may expand provider options, reinforcing the need to evaluate adoption based on total cost of ownership, utilization, clinical value, and long-term strategic fit rather than upfront capital cost alone.

Learn more about how these category movements connect to broader trends by visiting the **Spend Management Outlook**.