

DA VINCI ROBOTIC

ASSISTED SURGICAL
SYSTEM OFFERS
LESS PAIN, FASTER
RECOVERY



Roy Frizzell was able to take advantage of St. Luke's new robotic surgical system to help him get back on his feet more quickly after prostate cancer surgery

For years, when a prostate cancer patient chose to have his prostate removed, it almost certainly meant he would undergo an open radical prostatectomy. This procedure involves a 6- to 8-inch abdominal incision. Patients lose a lot of blood, end up with a sizable scar and take a couple of months to recover.

A few years ago many surgeons began performing laparoscopic operations instead. Laparoscopic surgery involves a few tiny incisions instead of one large one, which results in less blood loss and scarring – not to mention a much faster recovery for patients. And at St. Luke’s Hospital, surgeons are now performing laparoscopic prostatectomies with the latest cutting-edge technology.

Recently, St. Luke’s purchased a state-of-the-art da Vinci robotic-assisted surgical system. The da Vinci translates the surgeon’s hand movements into precise movements by microinstruments.

“It is honestly a remarkable piece of equipment,” says John McCarthy, MD, a urologic surgeon at St. Luke’s. “The more I use it, the more amazed I am by it.” According to Asim Razzaq, MD, also a urologic surgeon at St. Luke’s, the da Vinci has three features that give surgeons more precise control than they’ve ever had. “First, the surgeon has a 3-D view,” he says. “You also have more magnification, and the robot gives you your hands and wrists back – meaning you have more range of motion.”

The benefits for patients are just as important.

“We have found that men need much less pain medicine after this procedure,” says David Bryan, MD, another urologic surgeon at St. Luke’s. “They clearly have less pain and blood loss and get on their feet more quickly.”

‘IT’S A GODSEND’

Roy Frizzell should know.

Roy, 65, was diagnosed with prostate cancer in July 2007. He knew he had decisions to make – Radiation

or surgery? An open or laparoscopic operation? – but he put them off. He and his wife were building a new home, and he was doing much of the work himself. He knew that if he chose an open radical prostatectomy, he would be off his feet for several weeks. And the possible side effects of radiation frightened him.

So he opted for a temporary solution: He got a shot of Lupron Depot, which can slow the growth of cancerous cells. And he put off his decision even longer. Then his wife read about the da Vinci surgical system. Roy had never heard of it, so he did some research.

“I got on the Internet and looked up the procedure,” he says. “It looked good. And now I can tell you for a fact: It’s a godsend – a miracle.”

On March 12, Drs. Razzaq and Bryan performed a da Vinci prostatectomy on Roy. The next day he was up and walking – well enough to go home. The doctors didn’t even prescribe pain medication for him to take once he was discharged because he wasn’t in pain.

“With the robotic surgery, patients feel normal far more quickly,” Dr. McCarthy says. “That’s worth a lot.”

And Roy had to deal with a catheter for only about a week – half the time required with a traditional open prostatectomy.

“I consider this a miracle process, plain and simple,” he says. “I would recommend it to anyone who has this condition and tell them plainly, ‘If you’re delaying over indecision, stop and get it done.’”



St. Luke's Hospital 7



Dr. Razzaq says Roy did “exceptionally well. He had minimal to no pain afterward. The procedure went as smoothly as one could expect.”

Roy is grateful he won't be off his feet this spring – the prime time for working on his new house.

He says he couldn't have asked for a better experience than what he had at St. Luke's. “Those guys are something else.”

DA VINCI DETAILS

With the da Vinci surgical system, the surgeon operates while seated at an ergonomic console and viewing a 3-D image of the operating site. He or she grasps master controls, and the system translates the surgeon's hand, wrist and finger movements into precise real-time movements of surgical instruments held by robotic arms.

“It's a totally different way to approach the prostate anatomically, and I like it,” Dr. Bryan says.

“Ergonomically it makes it easier on the surgeon – just by the fact that magnification, instrumentation and visualization are so precise and so much better.”

A da Vinci prostatectomy involves five tiny incisions. Three of them measure 5 millimeters, and the remaining two are 10 and 12 millimeters.

“The ports don't cut the muscle,” Dr. Bryan says. “There's really no hole – just a nick in the skin.”

One of the ports is enlarged to 1.5 to 2 inches so the surgeon can pull out the prostate – which has been enclosed in a plastic Endo Catch bag.

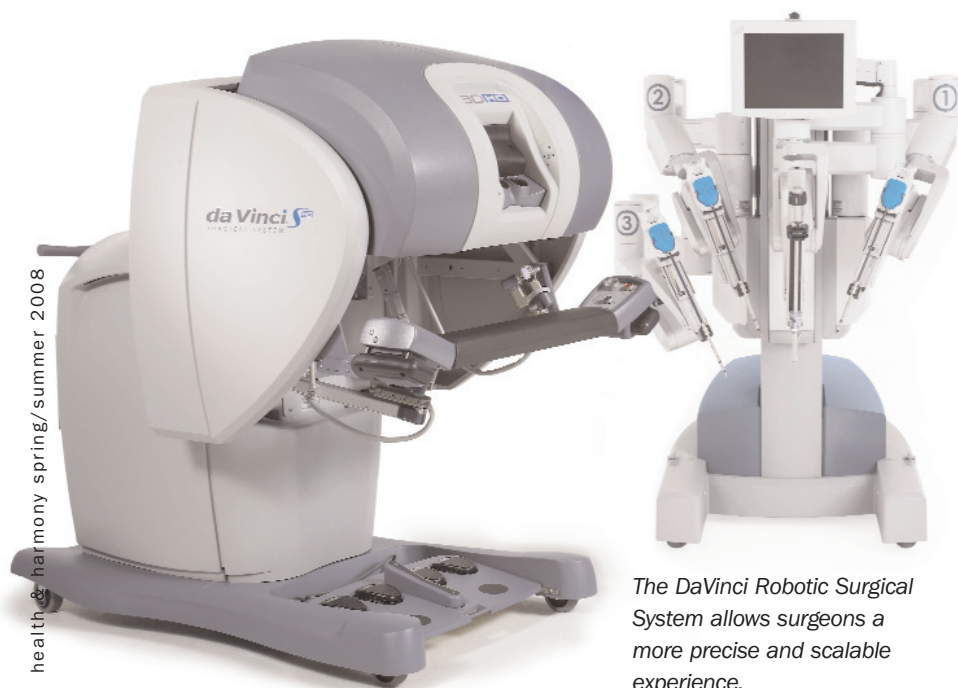
According to Dr. Bryan, a surgeon hopes to achieve three things with prostate surgery:

- Get rid of the cancer.
- Leave the patient continent.
- Maintain the patient's ability to have an erection.

“The data is too immature for us to know for sure, but the da Vinci prostatectomy seems equivalent, if not better than, other types of prostatectomy when it comes to achieving these three goals,” Dr. Bryan says.

“If I had prostate cancer, I'm quite sure that first, I would want surgery and second, I would want my prostate removed robotically,” Dr. Razzaq says.

“Having seen it all – radiation and other types of surgery – this is what I recommend to my patients.” ■



The DaVinci Robotic Surgical System allows surgeons a more precise and scalable experience.