

ROBOTS & SURGERY

High-tech surgery helps women suffering from gynecologic cancer

By Patricia Sullivan



ONE IN THREE WOMEN IN THE U.S. WILL HAVE A HYSTERECTOMY BEFORE SHE TURNS 60.

Though most of these can be done safely and quickly with conventional minimally invasive surgical procedures, or a vaginal hysterectomy, when cancer is involved robot-assisted surgery has clear advantages.

Dr. Tashanna Myers, a specialist in gynecologic oncology at Baystate Medical Center, was pleased after completing her rounds on a recent morning. The day before, she had performed a robot-assisted hysterectomy, pelvic and lymph node dissection using the *da Vinci* surgical system for a patient with endometrial cancer. The 61-year-old woman presented some medical challenges; however, she was recovering well.

"The surgery went beautifully," says Dr. Myers. "She's walking, eating, her catheter is out. She'll be going home today."

BENEFICIAL FOR PATIENTS

According to Myers, a faster recovery time and return to normal activities is the chief advantage of robot-assisted surgery for patients. "The way the techno-

logy has allowed us to progress from open surgery, to minimally invasive (laparoscopic) surgery, and now robot-assisted surgery, is really getting people back to their jobs and their lives faster," she says. "Right now, after an open incision for a hysterectomy, patients usually stay in the hospital two or three days and there is a six-week recovery. With minimally invasive surgery, they can go home in 24 hours and they are often wanting to go back to work in two weeks."

Dr. Julia Donovan, a gynecologic oncologist at Baystate, says there is no question that robotic surgery offers improvements over traditional laparoscopy. Both minimally invasive procedures offer patients the benefits of less pain and scarring, less risk of infection, less blood loss, and fewer transfusions. However, the robot-assisted procedure has an edge over traditional laparoscopy in visualization. The image of the surgical site is three-dimensional and is not reversed. And since the magnification is higher, the surgeon can view parts of the procedure he or she couldn't see at standard magnification, such as an individual nerve strand.

In addition, says Myers, four robotic arms essentially give the surgeon two sets of hands. "You can control the camera and three instruments," she says. "You can effectively assist yourself." The robotic arms are wristed, allowing the surgeon more precision, and are longer than traditional laparoscopic tools, which is an advantage when treating morbidly obese patients.

The only patients who are not good candidates for robotic gynecological surgery, Myers says, are those who have had multiple abdominal surgeries, resulting in scarring. Of course, some cancers cannot be treated laparoscopically because there are diseases that require that the abdomen be opened.

Drs. Myers and Donovan see patients at the D'Amour Center for Cancer Care in Springfield, part of the Baystate Regional Cancer Program, with services provided by Baystate Medical Center.

For more information, call 413-794-9338 or visit baystatehealth.org/brcp.

DR. TASHANNA MYERS APPRECIATES BEING ABLE TO GET HER PATIENTS BACK TO THEIR LIVES MORE QUICKLY, THANKS TO THE ADVANCES OFFERED BY ROBOT-ASSISTED SURGERY.



Dr. Tashanna Myers