EASING THE PAIN OF FIBROIDS WITH A ROBOTIC APPROACH

Uterine fibroids aren't malignant or life-threatening. But these tumors can cause pain, urinary problems and difficulty with fertility—and women with large, symptomatic fibroids are often told they must have open, instead of laparoscopic, surgery to remove them.

The surgeons at South Miami Hospital's Center for Robotic Surgery are able to help women avoid the large incision, extensive scarring, and lengthy recovery of an open procedure—even if the patient's fibroids are large or located high or deep in the abdomen. Surgeons here are experts at robotic myomectomy, a minimally invasive procedure that removes them while preserving or restoring fertility.

"All the limitations that were previously placed on laparoscopic myomectomy—including the site, size and number of fibroids—have been overcome by the ability to use a robotic platform," says Rafael Perez, M.D., OB/GYN, medical director of South Miami Hospital's Fibroid Center.

A VITAL TOOL IN FIBROID MANAGEMENT

Robotic myomectomy is the cornerstone of treatment at the Fibroid Center because myomectomy allows patients to keep their uterus and their fertility. The center also offers robotic hysterectomy.

Although it's less radical than hysterectomy, myomectomy is a more complex procedure because it involves cutting into the uterus. "This is where robotic surgery has offered real advantages. Because of the wristed movement, we can more easily manipulate the tissue, take out the fibroids and put in sutures to reconstruct the uterus," says gynecologic oncologist Nicholas Lambrou, M.D.

Other technologies used during the robotic procedure also improve the treatment's accuracy and effectiveness. Magnetic resonance and ultrasound imaging help surgeons locate fibroids precisely and remove them completely. Another tool, bipolar cautery, seals off blood vessels with electrical currents to reduce bleeding, Dr. Perez says.

COMPREHENSIVE CARE

In the hands of South Miami Hospital's experienced surgeons—Drs. Lambrou and Perez have each done hundreds of robotic myomectomies—patients have few complications and typically recover in two to four weeks. "The clinical outcomes are just unmatched when you compare it to open surgery. Plus, patients are in less pain and happier with the cosmetic results," Dr. Lambrou says.

The excellent outcomes have included successful pregnancies. No uterine ruptures have occurred during labor—a risk of traditional laparoscopic procedures if the stitches aren't done well. "In our Fibroid Center and in our practice, I've already delivered babies of patients who have had robotic myomectomies," Dr. Perez says. "Because of our volume and the different specialties we offer, we truly offer women state-of-the-art treatment at each stage of the treatment process."

Uterine fibroids removed using robotic surgery, seen moments after the operation.

BEST PRACTICES FROM THE EXPERTS
AT THE CENTER FOR ROBOTIC SURGERY

South Miami Hospital
Center for Robotic Surgery
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ROBOTIC SURGERY advantage

SUMMER 2012

Riding the Winds of Change

In medicine, the winds of change always propel us to improve patient care based on two inalienable processes—evidenced-based medicine and advancing technology. We can no longer say, "This is the way I was trained, so I will continue to do it this way." Procedures that were always done one way change over time, and the results of the procedures are either propelled by their evidenced-based results or are lost in the vast world of medical literature. After having been trained extensively in open, laparoscopic and robotic technology, I know where the advantage is in each, but also know that robotic technology has changed my practice.

In this issue of the *Robotic Surgery Advantage*, two procedures are highlighted that are well on their way to becoming the standard of care, based on current evidence and advancing technology. Both procedures have seen wide acceptance in the appropriate patient for many medical reasons.

The history of medicine is defined by the use of the latest technology to care for patients.

RICARDO ESTAPE, M.D.
Medical Director
South Miami Hospital's
Center for Robotic Surgery

Nephrectomy for renal tumors is an important tool for urologists; however, many patients present with smaller, slow-growing tumors that can be amenable to partial nephrectomy. This procedure has been shown to preserve renal function on the affected kidney and possibly improve cardiovascular health in the long term because both kidneys are preserved. In an attempt to improve the morbidity of an open procedure and to decrease the warm ischemia times of the laparoscopic procedure, the robotic approach might just be the ideal tool for this procedure. Two of our urologists tackle this complicated procedure and give us their experience.

In the second portion of this issue of *Robotic Surgery Advantage*, two of our gynecologists discuss one of the most common problems seen in women—fibroids. Thirty percent of all women have fibroids. They are even more common in African-Americans. Myomectomy is a very bloody procedure done in the open technique and a very complicated procedure done laparoscopically. A single fibroid or several small fibroids can be targeted through laparoscopic procedures, but most patients who truly need surgery have larger or more numerous fibroids. Many conservative measures, such as fibroid embolization, Lupron and hormonal treatment, have been used to manage fibroids, but for patients desiring future fertility, the preferred choice is myomectomy. The robotic platform has added significant benefits for these patients.

Robotic surgery allows us to do our jobs more efficiently and effectively, so we must continuously look at how others are using technology to learn from and improve our surgical practice.

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