

Media Contact: Russell Rian  
214-648-3404  
[russell.rian@utsouthwestern.edu](mailto:russell.rian@utsouthwestern.edu)

## **UT Southwestern head and neck surgeons perform Dallas's first scarless robotic surgery for throat cancers**

DALLAS – June 17, 2010 – Head and neck cancer surgeons at UT Southwestern Medical Center performed the area's first transoral robotic surgery (TORS), a recently approved minimally invasive no-scar procedure to remove tumors in the throat.

The robotic approach allows UT Southwestern surgeons to better view and access lesions from the oral cavity and throat down to the level of the vocal cords, making the technique advantageous for more patients with cancers in these areas. TORS, which requires special training for surgeons, was approved recently by the Food and Drug Administration for benign and cancerous lesions in the back of the throat.

"Transoral robotic surgery is probably the next step in the evolution of head and neck procedures because you have the option to go through the mouth and remove the tumor completely without any external incisions," said Dr. Baran Sumer, assistant professor of otolaryngology – head and neck surgery, who performed the first TORS on May 27 at UT Southwestern University Hospital – Zale Lipshy.

"Patients will notice a huge difference compared to traditional open surgeries," said Dr. Sumer, a member of the Harold C. Simmons Comprehensive Cancer Center and Comprehensive Skull Base Program at UT Southwestern.

Open surgery approaches can require incisions from ear to ear across the neck and cuts made through the jaw that leaves noticeable scarring. In some cases, this can leave patients with post surgery speech and swallowing problems that may necessitate permanent breathing and feeding tubes.

The TORS approach, along with endoscopic laser surgery also offered at UT Southwestern, offers patients tremendous advantages – no scarring or disfigurement; less time in the operating room and under anesthesia; less hospitalization and quicker recovery time; and fewer complications, infections and blood transfusions. It also permits lower doses of radiation and the possibility of avoiding chemotherapy after robotic surgery.

Head and neck surgeons have increasingly turned to the endoscopic approach, which uses a microscope for visualization and a laser to cut and remove the tumor. While offering some of the same advantages as robotic surgery, endoscopic laser surgery requires the tumor to be in the direct line of

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sight to the laser and microscope sometimes limiting its applicability.

The new robotic approach extends the less-invasive approach to cases where visualization of the tumor would not otherwise be possible.

“The laser is a straight-shot instrument and all your instruments are straight, so you can’t approach the tumor from different angles. The robot allows you to do those things,” said Dr. Sumer, who used UT Southwestern’s latest dual-console DaVinci Surgical System robot in two independent cases to remove tonsil cancers. “The wrists of the robot articulate so they can bend and get around corners. You can look around corners, so you can get a better view of the anatomic structures that may be involved with cancer. Because the robots’ arms are smaller and more flexible, you have more freedom of movement in a very confined space.”

The TORS technique may eventually aid in surgery on the back of the tongue for sleep apnea, a procedure still in the experimental evaluation phase.

The new approach is one of several methods available as part of the comprehensive head and neck cancer care at the Simmons Comprehensive Cancer Center. Other options include radiation therapy, chemotherapy, and other surgical options.

Head and neck cancers account for 3 percent to 5 percent of all cancer cases, affecting about 45,000 people per year in the U.S. Risk factors include tobacco and alcohol use as well as exposure to high-risk strains of the human papilloma virus. Head and neck cancers tend to strike in middle age, are more common in men, and usually require a thorough exam for diagnosis. Symptoms may include sores in the mouth that don’t heal after several weeks, sinus problems unrelated to allergies or colds, painful or difficulty swallowing, mass in the neck and voice problems that don’t resolve.

Visit <http://www.utsouthwestern.org/earnosethroat> to learn more about clinical services in otolaryngology at UT Southwestern. Visit <http://www.utsouthwestern.org/cancercenter> to learn more about UT Southwestern’s clinical services for cancer. To learn more about UT Southwestern’s clinical services in skull base surgery, visit [www.utsouthwestern.edu/patientcare/medicalservices/skullbasesurgery.html](http://www.utsouthwestern.edu/patientcare/medicalservices/skullbasesurgery.html)

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