SOUTHWESTERN NEWS

Media contact: Jennifer Haigh
(214) 648-3404
jhaigh@mednet.swmed.edu

SOUTHWESTERN CENTER FOR MINIMALLY INVASIVE SURGERY LAUNCHES STATE-OF-THE-ART ENDOSUITES

DALLAS – October 21, 1998 – Two video screens, each suspended from cantilevered booms, face both sides of the surgical table. Videocassette recorders and assorted monitors rest in staggered modules below the screens. Gleaming surgical instruments lie in precise rows.

In one of two new state-of-the-art endosuites at Zale Lipshy University Hospital – the first such suites in North Texas, colorectal surgeon Dr. Clifford Simmang performs a low anterior colonic resection assisted by clear televised optics without a large incision or significant bleeding. The endosuites designed with the newest high-tech laparoscopic equipment are destined to become teaching tools for practicing surgeons throughout the area as well as students and residents at UT Southwestern Medical Center at Dallas.

Simmang, assistant professor of GI/endocrine surgery at UT Southwestern, inserts a needle in the patient's abdomen via a microcut to start insufflation, a procedure that distends the abdominal cavity in preparation for laparoscopic surgery. He then inserts a laparoscope -- a telescopic instrument with a camera lens at the tip -- through a keyhole-sized incision. Ports, or trocars, are the tube-like insertion sleeves through which instruments are introduced without loss of the distended abdominal working space. Two other incisions support the trocars, through which the surgeon conducts the cutting, clipping and electrocauterization of surgery. The video

(MORE)

screens show the periscope-like journey from the patient's intestine to the colon. A magnified, opalescent colon segment gleams on each monitor.

Simmang views the screen intently, studying the walnut-sized tumor and asks the assisting nurse for endoshears and ratchet graspers. At one point, he uses an electrocautery tool to help control the vessels. His gaze momentarily shifts down to the patient as he steers the scope for a better view of the colon, it then returns to the high-resolution image on the monitor.

"The acquisition of this technology allows UT Southwestern to remain on the cutting edge when it comes to state-of-the-art surgical care," Simmang said. "The first fully equipped endosuite in North Texas has brought requests from surgeons all over the country to visit and evaluate the system. This system allows us to provide our patients with the best possible care that can be obtained anywhere in the country. It also enhances our educational programs by enabling us to teach our residents in the operating room of the future – a model that the rest of the country will try to follow."

Endosuites represent the fast-forward direction of minimally invasive surgery. "The endosuites at Zale Lipshy are the first in North Texas; Parkland Memorial Hospital and St. Paul Medical Center also plan to install endosuites," said Dr. Daniel Jones, assistant professor of surgery and director of the Southwestern Center for Minimally Invasive Surgery. "Better technology means offering patients the best of care. In general, laparoscopy diminishes pain, shortens hospital stays and speeds recovery compared with conventional surgical procedures."

(MORE)

The Southwestern Center for Minimally Invasive Surgery is generously supported by an unrestricted educational grant from U.S. Surgical Corporation. Storz Endoscopy is providing the scopes, monitors and digitally enhanced equipment for the center's two endosuites at Zale Lipshy and the five planned for Parkland. The instruments help solve the fundamental challenges of minimally invasive surgery: how to work in a confined space, deliver light without attendant heat and develop optics that render an exact representation. Ascent Medical Systems supplied the booms, suspended shelves and remote cameras in the suites.

"The next step is to connect our operative images to the teleconference center so surgeons can speak with students, residents and other surgeons in contrast to the conventional setting, where everyone is huddled together in one room peering over shoulders in an attempt to view the procedure," Jones said. "Our teaching-education goal is not simply to use the endosuite technology for continuing medical education courses; rather, with further advances we'll be able to teach students and residents every day. In a few years, the technology will enable surgeons at other hospitals to consult with UT Southwestern surgeons for intraoperative advice."

Surgeons will treat gastroesophageal disease, gallstones, hernia, heart disease, colorectal disease and breast disease in the endosuites.

###