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UT Southwestern launches multidisciplinary program to handle difficult abdominal wall, hernia troubles

DALLAS – Feb. 22, 2011 – A 2002 auto accident started Rex Smith down a dark and difficult road.

The collision perforated his colon, requiring multiple surgeries that subsequently weakened his abdominal muscles until they could no longer hold in internal organs.

“I had little muscle in my abdomen, so I had a big belly with my intestines pushing on it,” he said. “It was very uncomfortable and it looked terrible.”

Mr. Smith had to have abdominal surgery, then hernia surgery. He developed complications with enterocutaneous fistulas, or connections from his intestine to the hernia repair, that necessitated additional surgery. With the weakened muscles, he had to wear a special belt to simulate the abdominal wall muscle.

After three months in the hospital – and with his care and complications growing ever more complex – Mr. Smith turned to UT Southwestern Medical Center’s new multidisciplinary abdominal wall surgery program, specifically designed to take on tough cases.

The program is co-directed by Dr. Edward Livingston, chief of GI/endocrine surgery and program chair of biomedical engineering in the UT Southwestern Graduate School of Biomedical Sciences, and Dr. Andrew Trussler, assistant professor of plastic surgery.

“We have all the relevant expertise on hand, so we’ve developed this program to provide the solutions and relief these patients and their referring physicians are desperately seeking,” said Dr. Livingston, director of the Clinical Center for the Surgical Management of Obesity.

Mr. Smith recently underwent reconstructive surgery.

“My recovery is going well,” he said. “I appreciate everything Dr. Livingston and Dr. Trussler did and what it meant to me and my family during this very trying time of my life.”

The program encompasses different specialties, including gastrointestinal and endocrine surgeons who perform hernia and other abdominal surgeries, plastic surgeons who specialize in reconstructing abdominal wall musculature, internal medicine physicians who specialize in digestive-related disorders, and rehabilitation physicians and therapists who aid patients in regaining movement after surgery. Others in the program include specialist in pediatrics, imaging and radiology, as well as specially trained nurses.

(MORE)

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“It’s critical to have a coordinated care strategy for these patients with the right mix of expertise and familiarity with the related issues,” Dr. Trussler noted. “There’s no simple fix and recovery periods can be lengthy, so it’s also important the strategies cover before, during and after surgery.”

The abdominal wall surgery team handles repairs from previous surgeries, including recurrences, cosmetic issues and surgical side effects, such as scarring, adhesions or infections. The surgical team uses state-of-the-art techniques and technology, while experienced abdominal wall specialists use the latest biologic and prosthetic mesh materials to strengthen and fortify the repair site.

The hernia and abdominal wall program tackles a full range of congenital and acquired hernias. Surgical teams also can strengthen weakened abdominal musculature due to injury or accident, prior surgery, pregnancy or to correct genetic and inherited abdominal-wall issues in infants and children.

Other faculty members involved in the program include Dr. Karen Kowalske, chairman of physical medicine and rehabilitation; Dr. Robert Rege, chairman of surgery; Dr. Karen Burnett, assistant professor of surgery; and Dr. Ron Hoxworth, assistant professor of plastic surgery.

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