

# SOUTHWESTERN NEWS

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## UT SOUTHWESTERN UNVEILS PLANS FOR INNOVATIVE SURGERY-TELECONFERENCING CENTER

DALLAS – October 27, 1999 – UT Southwestern Medical Center at Dallas has unveiled plans to build a \$2.5 million, 3,800-square-foot surgery-education center that will link residents via video teleconferencing with live surgeries at the medical center's affiliated hospitals.

“We need to be the beacon in surgical education,” said Dr. Royce Laycock, vice chairman of surgery. “We are poised to be the first in the nation to offer this facility and in so doing will set the educational standard that will keep pace with rapidly evolving endoscopic procedures.”

Architectural plans for the center, which will be linked with operating rooms at Parkland Memorial Hospital, Zale Lipshy University Hospital, St. Paul Medical Center and the Dallas Veterans Affairs Medical Center, were unveiled in August. The center will be located on the sixth floor of the Fred F. Florence Bioinformation Center.

UT Southwestern's Department of Surgery is pioneering the Tele-Education 2000 program, a new mode of surgery education for the new millennium. When the high-tech center opens, surgery residents -- with a patient's consent -- will be able to view a laparoscopic operation at Parkland via the virtual operating room, while sitting at individual workstations four buildings away.

“All endosuites and angiosuites in the medical center and eventually all those throughout North Texas will be connected to this tele-education hub that will enable innovative teaching via teleproctoring or teleconsulting,” said Dr. Daniel Jones, assistant professor of GI/endocrine surgery and director of the Southwestern Center for Minimally Invasive Surgery at UT Southwestern.

The fundamental shift toward minimally invasive surgeries – those with less cutting and bleeding – means that the basic design of the operating room and surgery-education curriculum are due for radical change.

(MORE)

## **TELE-EDUCATION 2000 – 2**

Dr. Robert Rege, chairman of GI/endocrine surgery, said, “This is not simply a bricks-and-mortar project. As holographic cadavers, virtual hernia-repair models and ultrasound equipment become standard surgical-education tools, this facility will be the crucial link that will enable physician interaction with the new technology.”

The departments of surgery, urology, and obstetrics and gynecology are committed financially to the new project.

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