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UT Southwestern surgeons perform first robot-assisted cystectomy in Dallas-Fort Worth area

DALLAS – Feb. 17, 2010 – UT Southwestern Medical Center surgeons completed the North Texas region’s first robot-assisted bladder removal using the DaVinci system, a four-armed robot controlled by the surgeon via a joystick.

Doctors diagnosed 77-year-old John Greer of Dallas with bladder cancer last year, but initial treatments were unsuccessful. After being referred to UT Southwestern, Mr. Greer learned about minimally invasive surgery to remove his bladder and agreed to undergo the procedure, known as a cystectomy.

Dr. Yair Lotan, associate professor of urology at UT Southwestern, performed the complex surgery, which involved removal of Mr. Greer’s diseased bladder and surrounding tissue – including lymph nodes and muscle. Dr. Vitaly Margulis, assistant professor of urology, assisted with the January procedure, in addition to a surgical team at UT Southwestern University Hospital - Zale Lipshy.

“The robot can offer easier access to some of the more inaccessible places in the body, and the less-invasive nature of this procedure hastens recovery,” said Dr. Lotan. “Another advantage of the robot versus open surgery is a reduction in blood loss. It’s also preferable for the patient cosmetically and for improved pain management.”

Traditional bladder-removal surgery involves a large abdominal incision and retraction of surrounding tissue to make room for surgeons’ hands. The DaVinci system, however, uses much smaller incisions to permit access of four mechanical arms and a high-definition camera. The system allows surgeons to see the inside of the patient’s abdomen on a monitor, while remotely guiding the robotic arms from a nearby console.

“The entire surgery with the robot takes about six to seven hours,” Dr. Lotan said, noting that the urology team at UT Southwestern is one of the most experienced in the region with robot-assisted surgeries. And, the DaVinci can provide better camera views and more precise surgical manipulations than are available in traditional surgeries, Dr. Lotan said. Recovery time is generally shortened to two to three weeks when DaVinci is used, compared with six to eight weeks of recovery with open surgery.

“Removal of a cancerous urinary bladder and subsequent diversion of the urine stream is the

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most taxing procedure urologic surgeons perform,” said Dr. Claus Roehrborn, chairman of urology at UT Southwestern. “Robotically assisted laparoscopic surgery minimizes bleeding, pain and recovery time, with a faster return to normal activities, and thus represents a logical and major step forward in offering our patients improved quality of life, while maintaining excellent cancer control.”

Mr. Greer said his post-surgical experience was surprising.

“Just a couple of days afterward, I was already feeling better,” the self-employed household-service provider said. “I was ready to go home pretty fast after the surgery; it took about seven days.”

Although Mr. Greer still has a long road ahead of him in his battle against cancer, he says this is a major step toward his recovery. His next goal is to make it to his grandson’s high school graduation in a few years.

Bladder cancer is the fourth most-common cancer in men and the fifth most-common cancer overall. In the early stages of the disease, it’s common to have no signs or symptoms.

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