

## Robotic Surgery on the Rise at Phoenixville Hospital

By Susan I. Shiber  
Photography by Kelly O'Keefe

Sue Tirado, a surgical nurse practitioner with Phoenixville Hospital, will never forget a pivotal Wednesday in November 2006. "What began as a normal work day, ended with enthusiastic anticipation," she says. "I was told that our da Vinci® Surgical System was arriving Friday, and I would be in charge of the robotic nursing staff. I didn't know what to expect, but was excited and proud to be involved with such monumental progress."

Pankaj Kalra, MD, medical director of the Robotic Surgery Center, echoes Tirado's sentiments. "I was absolutely thrilled. It was a big step for a suburban medical center. At the time, very few academic centers even had a robot."

Dr. Kalra performed the hospital's first robotic prostatectomy within a few weeks of the da Vinci's installation. New technology allowed his hand movements to be scaled, filtered, and translated into precise manipulations of micro-instruments at the operative site. Instead of one large incision, he introduced robotic arms through five tiny ports. Console controls gave him the ability to maneuver the arms with real-time precision. In the past three years, Dr. Kalra has performed more than 200 robotic procedures for conditions involving the prostate, bladder, and kidney.

Phoenixville Hospital CEO Steve Tullman emphasizes that robotic technology is only as good as the doctors who guide it. "We are fortunate to have a talented



*Above: As a urologist, Dr. Pankaj Kalra enjoys seeing the benefits that robotic surgery provides to his patients. Since the introduction of this technology, he has utilized the robot for numerous other conditions in addition to the treatment of prostate cancer. As Medical Director of the Robotic Surgery Center at Phoenixville Hospital, Dr. Kalra has seen similar growth in other specialties. His goal is to maintain the highest standards of patient care and safety, while fostering the evolution and growth of the Center so physicians can offer the latest treatments to the community.*

*Below: Pankaj Kalra, MD; Brian Rosenthal, DO; Brett Lebed, MD; José Moreno, MD; and Peter Oskanian, MD, are urologists who perform robot-assisted surgical procedures at Phoenixville Hospital.*



*Right: Joann Sansone, DO, Ob/Gyn; Dominick M. Giuffrida, DO, Ob/Gyn, Director of Gynecologic Robotic Surgery; and M. Allyson Brown, MD, Ob/Gyn, are amongst the surgeons who perform robot-assisted gynecologic procedures at Phoenixville Hospital.*

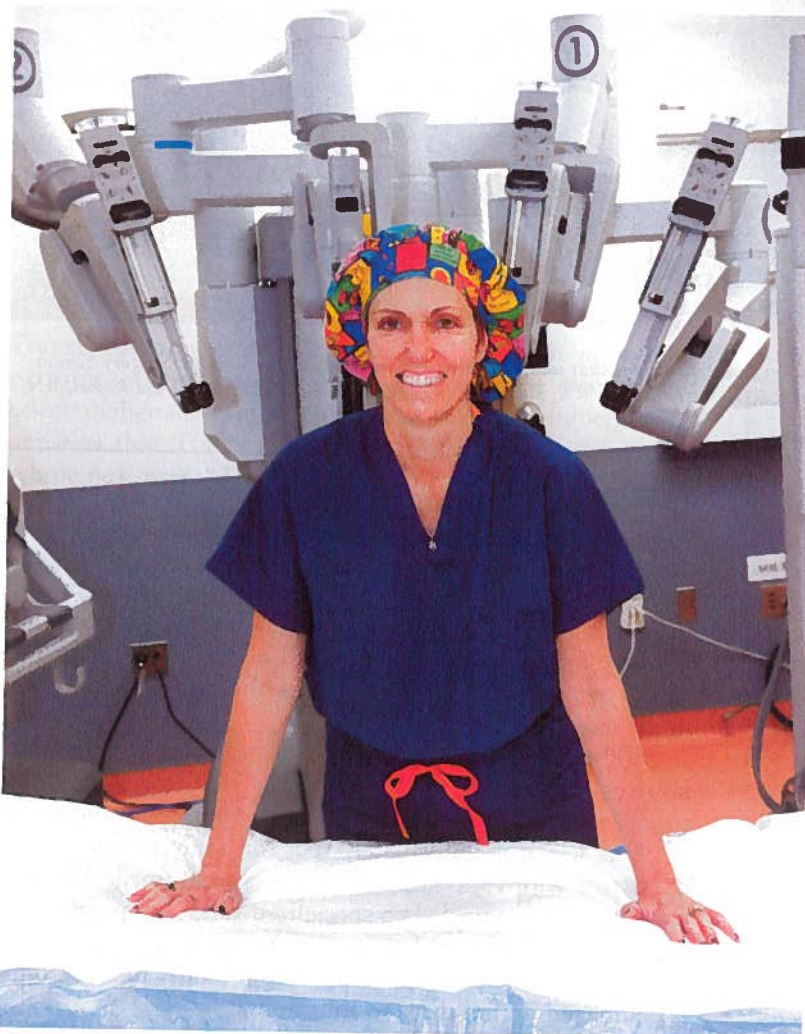
committed team of robotic surgeons. If you put a chisel in the hands of a mechanic, he cannot create Michelangelo's *David*. Put the same chisel in the sculptor's hand, and you have a masterpiece. We have similar extraordinary hands behind the da Vinci."

Those hands are responsible for the success and growth of the program. In addition to urology, cardio/thoracic, women's health, and ear, nose, and throat (ENT) surgeries are performed.

Dramatic growth last year motivated the hospital to exchange its original robot for da Vinci® Si HD, the most advanced surgical system available. Si features enhanced high-definition 3-D vision for superior clinical capability,



*Left: Sue Tirado, CRNP, is exceptionally proud to be the Robotic Surgery Coordinator. She has been in charge of the robotic nursing staff since the first da Vinci® Surgical System arrived in 2006. Tirado and her specially-trained team of nurses and surgical technicians work closely with surgeons at the Robotic Surgery Center at Phoenixville Hospital.*



and collaboration during minimally invasive surgery.

The new system's 3-D visualization provides up to 10 times magnification of the operative field. EndoWrist® instrumentation results in dexterity and range of motion that is far greater than the human hand, and motion technology replicates the experience of open surgery by preserving natural eye-hand instrument alignment and robotic instrument control.

What does all this mean for patients? Advantages are substantial. There is significantly less pain, blood loss, and scarring. Recovery time is shorter, return to normal daily activities faster, and in numerous cases clinical outcomes are improved.

Dr. Kalra conveys another benefit, which relates to kidney surgery. "In the past, when a patient had small masses on his kidney, we removed the entire organ. With the Si, it's possible to extract just the portion of the kidney involved with the tumor. The system enables us to work quickly, which is essential, because the blood supply to the kidney needs to be interrupted during the proce-

an updated user interface for streamlined setup and operating room turnover, extensibility for digital operating room integration, and dual-console potential to support training



*Above: Members of the specially-trained team of talented nurses and surgical technicians that work closely with surgeons at the Robotic Surgery Center: Lydia Bohen, RN; Paula Mbye, RN; Ducksoon Oh, RN; Denise Thren, RN; Maria Stesko, RN; Sue Tirado, CRNP; Charlene Hill, RN; Dale Rishel, RN; Dara Gulotta, ST; and Amy Prough, ST*

ture.” The urologist anticipates comparable future innovation. “We will certainly add more applications as time goes on. Safety and successful patient outcomes are always the most important components of any program, and Si supports these goals.”

Dr. M. Allyson Brown, MD, Ob/Gyn, who has relied on the robot for the past year, is succinct in her assessment. “This is not your mother’s hysterectomy. I recently had a patient come in for her post-op visit wearing a tennis outfit. Many women have surgery in the morning, sit up in a chair that night, have a light breakfast the next day, and wonder when they can go home. In cases where the patient is predisposed to heavy bleeding and difficult recovery, we see far less wound breakdown and fewer problems.”

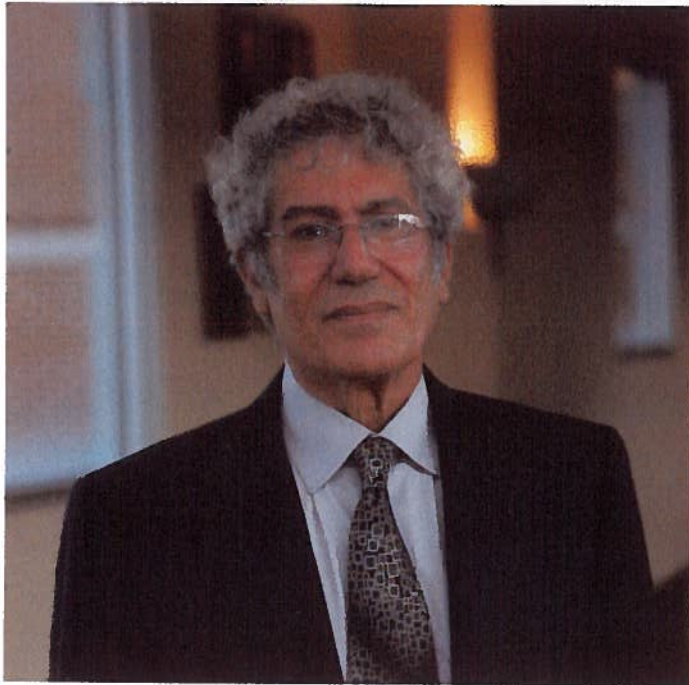
Dr. Brown and her Ob/Gyn colleagues use the robot for surgeries to treat conditions such as fibroid tumors, endometriosis (non-cancerous growths on the uterine lining), and prolapse (failing or slipping of the uterus). “We are now able to operate in concert with urologists,” says Dr. Brown. “I can complete a hysterectomy, and another surgeon can handle prolapse surgery.”

Dominick Giuffrida, DO, Ob/Gyn, and Director of Gynecologic Robotic Surgery at Phoenixville, points out,

“Complications in women’s health surgery are greatly reduced since the advent of the robot. Many complicated gynecologic surgeries that would not have been attempted laparoscopically, can now be performed with precision and ease. The Si is responsible for the enhanced quality of laparoscopic procedures. Remember it’s not just the robot, but the expertise of the surgeon using the robot that affects improved surgical outcomes.”

So has Arthur Martella, MD, a cardio/thoracic surgeon. He frequently performs lung surgery with the aid of the robot’s stereoscopic lenses and console controls. A biopsy of the lung lesion is immediately sent for analysis, and if it is consistent with cancer, a lobectomy is performed. The diseased lobe is removed via a specialized surgical pouch that is deployed and extracted through a small port incision. Dr. Martella says the entire procedure from biopsy to lobectomy is completed within three to four hours.

W.F. Fahmy, MD, FACS, who extols Si’s value during general surgery and bowel resections, particularly appreciates the lack of pain reported by his patients. “When someone tells you that they didn’t even take one pill after surgery – that is rewarding.”



*Above: During his lengthy career in vascular/general/thoracic surgery, W.F. Fahmy, MD, FACS, has used many different methods, techniques, and surgical equipment to improve outcomes for patients. He touts the use of the da Vinci Si at the Robotic Surgery Center at Phoenixville Hospital as one of the most outstanding enhancements to general surgery, especially abdominal surgery, that he has experienced.*

The latest addition to the hospital's Si procedures is TransOral robotic surgery (TORS). The robot is used to perform otolaryngologic operations to treat benign and select malignant tumors in adults. Joshua Goldberg, DO, explains that TORS allows him to approach surgery in a whole new way. "The purpose is to magnify the tumor and perform surgery through the mouth. A camera slides in the mouth, and two surgical arms dissect the tumor. It's not necessary to remove part of the jaw. And there are no external neck incisions. Previously, the entire voice box was extracted, and the patient was unable to speak or eat. Phoenixville Hospital is one of only a few facilities outside of a university center with TORS capability. We're delighted."

Phoenixville Hospital ended 2010 boasting more than 250 robotic surgeries, a dramatic leap in four years. A program that began with one physician, three RNs, and one surgical technician has grown to a contingent of 12 doctors, six RNs, two technicians, and a separate heart team. What's ahead for the next 12 months? "When you reach 250 cases," remarks Tirado, "a second robot is recommended. I believe this can happen."

Tullman adds that the staff has embraced the advanced technology, and results are above and beyond what was originally projected. "If someone had even suggested in 2006 that we would be doing 300 robotic surgeries annually, I would have danced on the table."

Tune up the orchestra! It's going to be a miraculous year. •

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### Team of Robotic Surgeons using the da Vinci Si Robot at Phoenixville Hospital:

Pankaj Kalra, MD, Urology, Medical Director,  
Robotic Surgery Center

Arthur Martella, MD, Cardio/Thoracic

W.F. Fahmy, MD, FACS, General Surgery

Dominick M. Giuffrida, DO, Ob/Gyn,  
Director of Gynecologic Robotic Surgery

M. Allyson Brown, MD, Ob/Gyn

Waleed Shalaby, MD, Ob/Gyn

Joann Sansone, DO, Ob/Gyn

Brian Rosenthal, DO, Urology

Peter Oskanian, MD, Urology

Brett LeBed, MD, Urology

José Moreno, MD, Urology

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