



Seasons Magazine

- [Community](#)
- [Delicious](#)
- [Health & Wellness](#)
- [Feature](#)
- [Feature](#)
- [Spirit](#)
- [History](#)
- [Notes on Nature](#)
- [Last Word](#)

Da Vinci® robotic surgery improves outcomes for St. Francis patients

Story by **Maro Titus** | Photography by **Michael Fiedler**

WATCH VIDEO

Mention robotic surgery to most people and the immediate impression is likely to be of transformers, sci-fi movies, and any given clip from the popular television medical drama *Grey's Anatomy*. Dr. Beth Evelyn Nelson, gynecologic oncologist at Saint Francis Hospital and Medical Center, quickly dispels the sci-fi connotations.

Imagine having a surgeon with extra-sensory dexterity and visual capability. The da Vinci® Surgical System is this sort of "super surgeon." While surgery using da Vinci takes the same amount of time as a conventional procedure, the machine provides a magnified, three-dimensional view to the operating surgeon. "For the surgeon, it's much more similar to open surgery, moving hands in the same manner," explains Dr. Nelson. Inserted into the abdomen through four incisions, each no bigger than a dime, the da Vinci instruments provide surgeons performing procedures with increased stability and accuracy.



Dr. Nelson has more than 20 years' experience performing this type of procedure, and to the benefit of patients with gynecological cancers, the first da Vinci procedures were performed at Saint Francis five years ago. "Oncologic aspects are the important thing here," Dr. Nelson notes. Since then the hospital's general gynecologists, urologists and other specialties have begun to use the da Vinci® Surgical System.

According to the National Women's Health Information Center, more than 600,000 hysterectomies are performed in the United States every year, most often on women ages 35 to 49. The most common reasons for hysterectomy surgery are fibroid tumors, endometriosis, and uterine prolapse. In the past, gynecologic surgeries typically involved large abdominal incisions, followed by weeks of healing time and significant scarring. With the da Vinci® S™ Surgical System, surgeons can treat more complex, delicate cases through a minimally invasive approach. For patients battling gynecologic cancer, the advantage of the surgeon having better viewing capabilities can have a major impact on outcome. Da Vinci affords approximately 40-50% increased visibility, with greater depth perception resulting from the three-dimensional views in lymph node dissection and radical hysterectomy. "The major thing for women is the much quicker recovery and decreased pain," Dr. Nelson remarked. Da Vinci® hysterectomy surgery takes between two and three hours. According to Saint Francis data, once the surgery is completed, a patient can expect a one-to-two-day overnight stay in the hospital instead of the more typical five days. Recovery time with robotic surgery is greatly reduced from six-to-eight weeks to one-to-two weeks.

"I think initially many surgeons thought that robotics was a 'gimmick,' Dr. Nelson says, "but once a surgeon appreciates that it allows one to see in three dimensions, and experiences the way that the instruments can

mimic the normal movement of the hand, they are sold. For patients who are frightened of a 'robot doing my surgery,' I just reassure them that the surgeon is operating the robot, and that it makes my own movements more precise, lets me see much better."

Some robotic surgeries were formerly performed with laparoscopic procedures that were much less invasive than traditional procedures by scalpel. Robotics are an advance over this approach because regular laparoscopy is done using a flat screen offering no depth perception. Dr. Nelson does not advocate using robotics for every laparoscopic procedure, but does see its benefit in difficult surgeries, such as lymph node dissections or situations in which there are severe adhesions, such as endometriosis.

In terms of expanding access to robotic surgery, the good news is in the training. When Dr. Nelson went through medical school and residency training, robotic surgery was not on any syllabus. Now, both Saint Francis OB/Gyn residents and UCONN medical students are trained in this technique, and the technology continues to advance. The da Vinci® Surgical System now offers a second console that allows two surgeons to operate simultaneously and switch the controls back and forth. This allows experienced da Vinci® users to teach the technique much faster. Dr. Nelson goes on to explain that "the new model has an incredible simulation application that lets learners become familiar with the machine and more facile with certain movements before they ever touch a patient. Our residents are graduating with the skill and experience necessary to get credentialed to do robotic surgery in their own practices."

After five years of doing robotic surgeries, Saint Francis is just beginning to see long-term results. Dr. Nelson notes that new applications (colorectal, thoracic/cardiac) of robotic surgery abound, and new instruments are becoming available for use on the robot, such as other ways to cauterize for cutting tissue. "What truly sold me on the merits of this type of procedure," notes Dr. Nelson, "was when one of the first patients on whom I performed da Vinci® surgery came back the next week for follow-up and said 'I hope it was okay that I took my rumba class on Saturday!'"

To learn more about this surgical process, view the education video at:

www.davincisurgery.com/davinci-surgery/davinci-surgical-system/

Maro V. Titus is the owner of MVT Healthcare Consulting, LLC, a Connecticut-based health insurance advisory practice. Ms. Titus supports several advocacy organizations, including the American Heart Association.