It’s an exciting time for robotic surgery — and the surgeons who rely on it. Recent breakthroughs in wristed instruments have opened up single-site surgery options; and new fluorescent dyes offer an even better view of nerves and the ureter. But patients aren’t the only ones benefiting from robotic surgery. Surgeons at the cutting edge of this technology are well-rewarded with a host of advantages.

Performing robotic surgery is less stressful than traditional open or laparoscopic surgery. Instead of standing, bending, leaning back and moving from side to side, surgeons sit comfortably at a computer console, with foot-pedal electrocautery. No more fatigue, sore legs or back pain.

Compare laparoscopy’s single, stationary, two-dimensional camera with only two times magnification to robotic surgery’s two moving three-dimensional, high-definition cameras with up to 10 times magnification. The former’s flat picture gives way to one with a total circumference, revealing once-hidden blood vessel holes. Here at the Center for Robotic Surgery, we added a zoom feature, allowing for more exact dissection and greater injury prevention.

The robot’s four arms excel beyond “straight-stick,” by moving a full 360 degrees. Complete with articulated wrists and knuckles, they do the turning and twisting, not the surgeon, so internal knot tying is much easier. So is changing out instruments.

Of course, this all comes with a steep learning curve. Surgeons should expect to perform at least 20 robotic surgeries before gaining confidence and control, and more than 50 to be considered “very experienced.” Once mastered, given the reduced fatigue, robotic surgery is increasing surgeons’ cases to double that associated with laparoscopic or open surgery. And that’s something patients will appreciate, as more and more of them expect this technology.

Meanwhile, at Baptist Health South Florida, we’re leading the way in superior training with the latest technology — and continuing to learn with each new advancement — to ensure both surgeons and patients the highest-quality robotic surgery experience.

PREVIEWING THE MIAMI ROBOTICS SYMPOSIUM
How to register, schedule details and what you can expect.

Inside this issue
PAGE 2: PRESERVING THE UTERUS WITH ROBOTIC MYOMECTOMY
PAGE 7: ROBOTIC THORACIC SURGERY: SAFE, SUCCESSFUL AND COST-EFFECTIVE
BACK COVER: ROBOTIC PROSTATE SURGERY AND OPTIMAL OUTCOMES
Pain, heavy bleeding and urinary and fertility problems often come with uterine fibroids. Though fibroids are not usually malignant or life-threatening, many women opt for their removal.

Increasingly, women are choosing robotic myomectomy over open or laparoscopic surgery. With it, they avoid open surgery’s large incisions, extensive scarring and lengthy recovery. And laparoscopic surgery can’t reach fibroids too high or far inside the abdomen, or dissect as well.

**BETTER ACCESS, CLEANER INCISIONS**

“Robotic surgery more likely can remove all fibroids, even those that are deep inside the uterine cavity. While there, we can reconstruct the cavity and the uterus — retaining or restoring fertility — and suture more easily,” said Ricardo Estape, M.D., medical director of the Center for Robotic Surgery at Baptist Health. Since 2006, when the FDA approved robotic gynecological surgery, he has performed about 700 robotic myomectomies.

Robotic surgery’s 360-degree wristed instruments can move in any direction, at any angle. “So, we can make a nice, clean incision into the uterus without having to turn it. Once inside, we lower the arm of a high-definition ultrasound into it, to look for fibroids that we can remove from there,” said Dr. Estape, who can see side-by-side laparoscopic and ultrasound views on the monitor, which is not possible with laparoscopic surgery.

Also, there’s much less blood loss with robotic myomectomy than in open surgery, and almost no scarring or adhesions. The latter is a “huge problem with open surgery, because of the uterus getting stuck to the anterior wall of the abdomen. That doesn’t happen with robotic surgery.”

**RETAINING FERTILITY WITH FEWER COMPLICATIONS**

Compared with open surgery, with robotic myomectomy women face only one day of recovery instead of three to four, and just a few days of narcotic pain medication, not a few weeks. Also, because the uterus is more likely preserved, pregnancy can remain a possibility. “That, and being able to remove the more complicated fibroids, are the most exciting things about robotic surgery for me,” said Dr. Estape.

Meanwhile, the biggest nuisance for him is the erroneous publicized claims of higher complication rates with robotic gynecological surgery. “Those claims are refuted by more than 5,400 papers,” he said. What about patients who still aren’t sure about robotic myomectomy? “I tell them that the procedure can’t be done laparoscopically without complications.”

When it comes to robotic myomectomy, Dr. Estape says patients will undergo the safest and most complete surgery, with only the most positive outcomes.
PREVIEWING THE MIAMI ROBOTICS SYMPOSIUM

Please save the date for our third symposium, scheduled for April 25 and 26 in Miami Beach. In this insert, you’ll find helpful information about the event — including how to register, schedule details and what you can expect.

Our world-renowned leaders in robotic surgery will present advances in complex minimally invasive surgery through concurrent multispecialty sessions.

The sessions will cover these topics:
- Gynecology and gynecologic oncology
- Urology
- Thoracic surgery
- Bariatric procedures
- Colorectal surgery

In addition to focusing on specific areas of specialty, you will have the opportunity to learn strategies for launching a successful robotics program — from a single-robot center to a multi-robot, world-leading institution. You will also have the opportunity to watch as we perform “live” robotic surgeries.

The Baptist Health South Florida Center for Robotic Surgery offers a revolutionary approach to minimally invasive surgery, capitalizing on the latest operating room advances to improve patient care. The Baptist Health Center for Robotic Surgery is located at South Miami Hospital, Baptist Hospital of Miami and Doctors Hospital. The hospitals are part of Baptist Health South Florida, the largest faith-based not-for-profit healthcare organization in the region.

We look forward to having you join us.

Sincerely,

Symposium Director Ricardo Estape, M.D.

LEARN MORE
Visit these websites:
- General information: BaptistHealth.net/Robotics
- Symposium details: MiamiRobotics.BaptistHealth.net

WHO SHOULD ATTEND?
- Gynecologists
- Gynecologic oncologists
- Urologists
- Bariatric surgeons
- General surgeons
- Colorectal surgeons
- Thoracic surgeons
- ENTs
- Robotic surgical teams
- Anesthesiologists
- Nurse practitioners
- Physician assistants
- Operating room nurses
- Operating room technicians
- Allied health professionals
- Hospital executives and administrators looking to start or grow a robotics program
- Doctors who might refer patients for a surgical procedure in which robotics is an option

PlANNING COMMITTEE

JOHN DIAZ, M.D.  MARK DYLEWSKI, M.D.  ANTHONY M. GONZALEZ, M.D.

RAFAEL PEREZ, M.D.  JORGE RABAZA, M.D.  SANJAY RAZDAN, M.D.  CARMEN RODRIGUEZ, R.N.
SYMPOSIUM SCHEDULE

Friday, April 25
7:15 a.m. to 5:30 p.m.

Gynecology
Sessions include: Anatomy and Staying Out of Trouble, Current Robotic Topics, Endometriosis, Pelvic Reconstruction.

General Surgery
Sessions include: Training in Robotics, Single Site, Robotic Hernia Repair, Robotic Foregut, Robotic Bariatric Surgery, Abstract and Videos.

Thoracic
Sessions include: Robotic-Assisted Pulmonary Surgery, Mediastinal Disorders, Training for Participants Attending Saturday’s Case Observation/Training Lab.

Urology
Sessions to be determined.

Saturday, April 26
7:15 a.m. to 3:30 p.m.

Gynecology and Gynecologic Oncology
Sessions include: Single-Site Surgery, Myomectomy, Gynecologic Oncology.

Colorectal and General Surgery
Sessions include: Training in Robotics; Robotic Rectal Surgery; Complications, Challenges, New Concepts & Technology.

Thoracic
Sessions include: Thoracic Surgery, Live Case Observation, Panel Discussion.

Urology
Sessions include: Live Surgery: Robotic Radical Prostatectomy, Is Robotics the Way Forward?, Improving Potency.

Allied Health Professional
Sessions include: Clinical specialty tracks.

TRAVEL AND LODGING INFORMATION

The symposium will be held at the legendary Eden Roc Hotel, 4525 Collins Ave., Miami Beach.

The hotel offers oceanfront accommodations and elegant amenities. Special rates are available for symposium attendees.

To learn more about Eden Roc Hotel, go to edenrocmiami.com. For symposium room rates, call 305-531-0000 and specify the Baptist Health Robotics 2014 Conference.

HIGHLIGHTS FROM THE LAST SYMPOSIUM » Here is what you told us …

“Excellent review of literature and techniques.”

“Well-spoken presenters.”

“Hotel was a perfect place for the symposium. Very nice accommodations.”

“We are already roboholics!”

“Thanks to all staff members who put together this great presentation.”

see more on page 6 »
You can register in the following ways:

- Go to MiamiRobotics.BaptistHealth.net and click on the REGISTER NOW button at the top of the page.
- Fill out the form below and fax it to 786-533-9821.

For additional information, contact the Baptist Health Continuing Medical Education Department at 786-596-2398 or CME@BaptistHealth.net.

You may also mail your request to:

Baptist Health South Florida
8900 North Kendall Drive
Miami, FL 33176

Name ____________________________________________ Practice name __________________________________________________________
Address ______________________________ City _____________________________ State ____ ZIP _____ Phone _____________________________
Mobile phone _____________________________ Email address ______________________________________________________________

Select attendance category:
- Physician  Fellows/Residents  Allied Healthcare Professional  Hospital Admin  Industry Rep  Baptist Health Employee

Select track:
- Specialty tracks (full access)
- Special sessions (allied healthcare professional/hospital admin/industry rep)
- Special session (fellow/resident)

Payment information
Credit card type __________________________ Number __________________________ Expiration date __________ Security code __________
Signature ________________________________________________

Full registration includes Friday and Saturday sessions, breakfast, breaks, lunch and Friday reception.

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*Choice of attending the sessions at the hotel or at South Miami Hospital included in registration fees.
**Group discount available for doctors when three or more register together as a group by March 23.
Add-ons will not be accepted. Call for details: 786-596-2398.

***Registration must be accompanied by a letter from the fellowship/residency director.
Note: No photography or recording of presentations is allowed in the general session, unless authorized by Baptist Health South Florida. By attending, you agree to be included in photographs that will be used for educational purposes or to promote future courses. If you do not agree to be photographed, contact us at 786-596-2398.
P
urpose: Inspired by Baptist Health South Florida’s mission to improve the health and well-being of individuals, the mission of the Continuing Medical Education (CME) Program is to provide continuing education to doctors and allied healthcare professionals that will improve competence and/or performance in order to improve patient care, safety and treatment outcomes. This will be accomplished through organized educational activities that focus on both existing and new diagnostic and therapeutic modalities as well as disease prevention.

Content Areas: Activities sponsored by the CME Program are consistent with Baptist Health’s mission. They include topics for which the greatest need and interest have been identified in the fields of medicine, surgery, radiology, obstetrics and gynecology, pediatrics and psychology, as well as topics that meet the requirements of Florida professional regulatory agencies and The Joint Commission.

Target Audience: The CME Program conference topics are based primarily on needs of the Baptist Health hospitals’ medical staffs; however, the target audience includes the local, regional and national medical communities in certain specialized fields of medicine consistent with our centers of excellence, and may include other health professionals who could benefit from continuing education activities designed for physicians.

Types of Activities: CME activities follow various formats depending on the goals of the activity and the characteristics of the target audience. They include such formats as lectures with discussion, case reviews, hands-on training, live case demonstrations, visiting fellowships, self-directed learning and enduring materials. Baptist Health will jointly sponsor CME activities on a limited and selective basis on topics consistent with the Baptist Health mission.

Expected Results: The Baptist Health CME Department expects to improve patient care, safety and treatment outcomes by providing independent, evidence-based activities designed to improve competency and/or performance. The effectiveness and efficiency of the CME Program are continuously evaluated using individual activity evaluations to measure competence; post-conference evaluations and follow-up surveys may also be used to measure performance. Where appropriate and feasible, process improvement data are reviewed to assess the potential impact of CME on improving patient care, safety and treatment outcomes.

HIGHLIGHTS FROM THE LAST SYMPOSIUM » Here is what you told us …

“Everyone is knowledgeable and was ready to answer questions.”

“Excellent tour and overview of robotic surgery.”

“Interesting listening to Dr. Patel about cryopreservation—great speaker.”

“Good presentation with robotics and laparoscopic surgery.”

“This symposium was very informative and will help us start our robotics program.”

“This program was superb in its format—practical pearls and experience from ‘masters’ in the field.”

“Everything has been excellent!”
Robotic thoracic surgery is fast becoming the standard of care that’s already established in gynecology and other specialties.

“Numerous studies in recent years have demonstrated that robot-assisted surgery is feasible and safe for major pulmonary resection. As a result, there’s a rapid increase in the number of patients being offered robotic lung surgery,” said Mark Dylewski, M.D., chief of thoracic surgery at Baptist Health Medical Group and pioneer of the “Dylewski method” for robotic lung surgery. “As the science develops, more institutions are publishing data supporting its benefits, such as reduced length of hospital stay, decreased morbidity and quicker recovery compared with open surgery or traditional video-assisted thoracic surgery [VATS].”

In an editorial Dr. Dylewski wrote for the December 2012 edition of *Chinese Journal of Cancer Research*, he reported that of 200 cancer patients with early-stage to complex clinically operative tumors, 98.5 percent successfully underwent complete port-based robotic thoracic surgery.

An expert and pioneer in the subspecialty, Dr. Dylewski has performed more than 1,000 robotic thoracic surgeries since 2007, including lobectomies, bilobectomies, segmentectomies, esophagectomies and mediastinal surgeries. “Many patients’ tumors are too big or their disease is too advanced for VATS, so they usually face traditional surgeries,” he said. “With the help of the robotic system, surgeons are able to tackle more complex lung resection, therefore reducing the number of patients requiring open surgery.”

This also means reduced morbidity, mortality and hospital expenses, “because open lung surgery is known to be associated with increased complications and cost,” continued Dr. Dylewski. Robotic lobectomy costs nearly $4,000 less than open surgery and is comparable to VATS lobectomy, due to reduced length of hospital stay and lower nursing care costs. The approval of newer, more advanced robotic systems and soon-to-be-available advanced stapling technology will be real game changers for the future of robotic-assisted thoracic surgery, he said.

Dr. Dylewski is committed to changing skeptics’ minds about robotic surgery. “Cynics of robotic surgery who are close-minded about the advantages of robotics’ new technology are one of the biggest challenges we face,” he said. So he and other experts continue to educate hospital administrators and fellow physicians about the medical advantages and cost-effectiveness of robotic surgery.

“The key to safe adoption of robotic-assisted surgery is proper training of surgeons,” said Dr. Dylewski, who oversees the thoracic robotic surgery training program at the Center for Robotic Surgery at South Miami Hospital. “As a Baptist Health Center of Excellence, we are dedicated to training future robotic surgeons. Many hospitals and surgeons abroad seek out centers like ours that have a proven track record and offer the expertise needed to develop a robotic surgery program that is beneficial to patients and successful for physicians.”

Mark Dylewski, M.D., general and robotic thoracic surgeon, is an expert and pioneer in the subspecialty.
There's no question: Robotic prostate surgery, versus open surgery, is now the preferred approach. “Treatment for those with clinically significant prostate cancer is far less traumatic for them than it used to be,” said urologic surgeon Fernando J. Bianco, M.D., who has performed more than 600 robotic prostatectomies since 2006.

With its reduced pain and blood loss, robotic prostatectomy portends a quicker recovery. However, the pinnacle for this surgical method aims at the trifecta outcome — achieving continence, potency and a cancer-free status. These depend on the stage of cancer and aggressiveness of the tumor. Potency has the most variability. Its degree of success relies on the quality of erections before surgery, the patient’s age and whether the surgeon preserves the neurovascular bundle. “That last one is critical,” said Dr. Bianco, “because there’s a wide variation and lack of uniformity in what is perceived as nerve-sparing.”

To better identify the neurovascular bundle, Dr. Bianco innovated this procedure with near-infrared fluorescent imaging. Used with indocyanine green (ICG) dye injected into the patient, it distinguishes blood vessels from other tissues, thereby increasing surgical precision and decreasing blood loss.

Another advancement for prostate cancer patients is MR-US fusion, the blending of MRI and real-time ultrasound imagery. This is used for cryosurgical focal therapy, a nerve-sparing method that targets the cancer and destroys the tumor by freezing it. “It represents a great alternative for low-volume, low-risk prostate cancer patients,” he said.

In his effort toward continued advancement in prostate cancer treatment, Dr. Bianco was the top recruiter for a multi-institutional, double-blind, randomized trial evaluating continence outcomes after robotic prostate surgery. In the study, more than 1,000 participants received a smartphone with which to answer a daily survey regarding their continence. “The study will provide level 1 evidence for early continence outcomes,” Dr. Bianco noted. “Also, the methodology removed human-interaction bias and yielded a greater than 99 percent response rate.”

Meanwhile, the biggest challenge that the field of robotic prostate surgery faces is “how to define the operation that’s well-executed,” Dr. Bianco continued. “That’s something we already know here at Baptist Health, where surgeries are performed by those with the highest-quality training, and impressive knowledge and experience. This helps ensure the thing that matters most — the most successful outcomes for our patients.”