What does Baptist Health do with its “profits”? 

As a faith-based, not-for-profit healthcare organization, Baptist Health has no shareholders. Our “stakeholders” are our patients and the communities we serve.

This means that all of the income left over after routine expenses (our “profits”) is reinvested in our community — through our hospitals, outpatient facilities, charitable care, and dozens of programs and services. Here are a few examples:

- We’re moving ahead with plans to build new facilities, such as a new Homestead Hospital, new Emergency Center at Baptist Hospital, and a new West Kendall Baptist Hospital. We’re also expanding and renovating South Miami Hospital.

- We invest in the latest medical and diagnostic technology, including the state’s first CT-PET scanner to diagnose cancer.

- A key part of our mission is to care for the less fortunate members of our community. We provide about $57 million in free medical treatment each year, along with $220 million in uncompensated care.

- We regularly present a wide range of community outreach services such as health education and screening programs.

So, who really profits from Baptist Health’s “profits”? You do.

Baptist Health South Florida
6855 Red Road, Suite 600
Coral Gables, FL 33143-3632


Baptist Hospital of Miami Chairman of the Board, Calvin H. Babcock; President, Baptist Hospital Medical Staff, Sergio Gonzalez-Arias, M.D.; Chief Executive Officer, Lee Huntley. Hospital Directors: H. Robert Berry Sr., A. Ruben Cano, M.D., the Rev. David W. Cleeland, Sergio Gonzalez-Arias, M.D., Charles Hodg III, S. Lawrence Kahn III, Pamela Larcada, M.D., Manuel Libaga, Paul May, the Rev. Tom Thompson, the Rev. Dr. William W. White, Philip Wolman.

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Homestead Hospital Chairman of the Board, the Rev. William L. Chambers III; Chief of Staff, J. Rudolph Gossman Jr., DMD; Chief Executive Officer, Bo Boulenger. Hospital Directors: Wendell Beard, William W. White, Philip Wolman.


Baptist Outpatient Services Chairman of the Board, George E. Cadman III; Chief Executive Officer, Patricia M. Rosello. Directors: Tony Alonso, H. Robert Berry Sr., Oscar Bussillo Jr., the Rev. David W. Cleeland, Charles Hodg III, Alfredo Quintana, Ronald Shue, Paul South, Roberta Stokes, Scott Weston.
Millions of premenopausal women have osteopenia, or less than average bone density. But whether these women are at greater risk for developing osteoporosis, or brittle bone disease, after menopause is not yet clear. Below average, experts say, does not necessarily mean below normal.

“Treating osteopenia in premenopausal women is very controversial,” said Baptist Health endocrinologist Diane Krieger, M.D. “Until ongoing studies are completed, we won’t know what the best treatment options are.”

In 1992, osteopenia was defined at a World Health Organization meeting to draw attention to the risks of bone loss and the troubling estimate that as few as one-third of women with osteoporosis are diagnosed.

Bone mass is measured by X-ray absorption or ultrasound waves. The resulting number, or T score, is the difference between the bone density of a 30-year-old white woman and that of the person being tested. Values between -1 and -2.5 are referred to as osteopenia; values above -2.5 are considered osteoporosis.

But the -1 value for osteopenia was essentially arbitrary, meant only to reveal women who might be at risk for osteoporosis. In addition, the values were based on the bone density of a young Caucasian woman, and “we don’t know that this is the right standard of comparison” in people of color, Dr. Krieger said.

Unlike a diagnosis of osteoporosis, for which treatments are available to strengthen bones (such as drug therapy), there’s no firm rule on dealing with osteopenia. At the least, it reminds women to stay vigilant about bone health and the risk factors for osteoporosis, a potentially crippling disease that usually can be prevented or successfully treated if diagnosed early.

All women need to do weight-bearing exercise and get 1,000-1,500 mg of calcium and 400-800 IU of vitamin D daily. After menopause, women need the top dose of calcium and vitamin D.

Dr. Krieger doesn’t routinely suggest drug treatment for premenopausal women with osteopenia. But she does recommend a physical “to find reversible causes of bone loss.”

A postmenopausal woman with osteopenia faces a choice, Dr. Krieger said.

“She can repeat the bone density scan in a year to see if the bones have deteriorated and begin treatment then if necessary. Or she can begin treatment right away,” she said.

Exactly when to have a baseline bone density test is something every woman should discuss with her doctor. Many physicians urge healthy women to have a bone density test within a year of their last period.

The National Osteoporosis Foundation, in collaboration with 10 physicians’ organizations, recommends a bone density test for all women 65 or older. Women with risk factors, however, should be tested at menopause, or even earlier, the Foundation says.

Risk factors include a family history of osteoporosis, a fracture without severe trauma, steroid and other drug treatments, a small or thin frame and being immobile.

“We don’t know the optimal time to measure bone density,” Dr. Krieger said, “but I would suggest it at menopause.”

— Patty Shillington
From the Editor

“Laughter is the best medicine,” proclaimed the cover of Resource in 1984, reprised in this issue. It’s also the best tool for an editor who must think of story ideas, then oversee the reporting, editing, proofing, design and production of a publication four times a year. That’s been my joy for 25 years. As I approached my 100th issue as editor, I grew a bit nostalgic. Usually, Resource looks ahead, but for this anniversary issue, we’re taking a look back at some of the people and medical developments that have enriched our pages. I hope you enjoy it.

— Jo Baxter

WINTER 1979

Rose Silverman spent her golden years — decades of them — keeping her mind and body in shape and inspiring her peers to do the same. At age 71, she posed in her trademark headstand. At 92, she led exercise classes at the Hebrew Home for the Aged on Miami Beach. “To be lazy and not exercise,” Ms. Silverman once said, “is to commit a crime against yourself.” She never stopped living that philosophy. Last January 30, on her 95th birthday, Ms. Silverman played a mean game of dominoes with her son, Calvin Silverman. A week later, on February 6, shortly after dining, she passed — quickly and peacefully. “She was doing her exercises right to the end,” her son said. “She died with a smile on her face.” Mr. Silverman vows to carry on his mother’s shining legacy: “I try to be as much like her as I can be.”

In 1990, minimally invasive surgery revolutionized gall bladder removal, a common and major operation. A laparoscope (a narrow tube with a light and camera lens) and other small instruments allowed surgeons to make tiny incisions and operate inside the abdomen by watching a TV monitor. Before laparoscopy, gall bladder removal required a six-inch incision, a week’s stay in the hospital and a recovery time of six weeks. When a laparoscope is used, the patient is generally home in two days and back to work in a week. Today, laparoscopic techniques have ever-broadening uses. “It can be applied to almost every procedure in the abdominal cavity,” said Doctors Hospital general surgeon Moises Jacobs, M.D. He and his partners perform about 1,000 laparoscopic operations each year, including hernia repairs, organ removals and obesity surgery. “The benefits are incredible,” said Dr. Jacobs, who in 1990 did the first laparoscopic appendectomy at Baptist Hospital. “The small incisions mean a much faster recuperation, less trauma to the immune system, less pain and fewer complications.”

### SPRING 1987

Cosmetic surgery has grown from a $2 billion industry in the mid-1980s to a $7.6 billion industry today. While the price of beauty has increased, so has the number of Americans who choose to go under the knife to improve their appearance. Here’s a comparison of the approximate price (including physician and operating room charges), in 1987 and today, for the following procedures:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>1987</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhinoplasty (nose)</td>
<td>$3,100</td>
<td>$6,050</td>
</tr>
<tr>
<td>Rhytidectomy (face-lift)</td>
<td>$3,700</td>
<td>$7,130</td>
</tr>
<tr>
<td>Blepharoplasty (eyes) Upper lids</td>
<td>$1,425</td>
<td>$3,500</td>
</tr>
<tr>
<td>Lower lids</td>
<td>$1,675</td>
<td>$3,500</td>
</tr>
<tr>
<td>Lpectomy (fat suction) of neck</td>
<td>$1,550</td>
<td>$3,320</td>
</tr>
<tr>
<td>Otoplasty (ears)</td>
<td>$2,850</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

*Prices may be lower if more than one procedure is done at the same time.

### FALL 1993

Steve Southerland was a man on a mission — to squeeze every second out of every minute of his life. He backpacked across Europe. He parasailed. He rappelled from buildings. He became a lawyer and ran for the Florida Senate.

And he did it all with one leg. Mr. Southerland was the eldest child in a family hounded by cancer for generations. He lost his leg at age 13. Before he was grown, the disease had claimed the lives of both his siblings — brothers Jeffrey and Michael, at age 4 and 16 — and his father, Ray, a Miami police officer, at 43.

*continued on page 6*
On June 10, 1997, the 16th anniversary of his brother Mike’s death, Steve Southerland, 37, died of a recurring brain tumor. “Steve did everything he ever wanted to do in his short lifetime,” said his mother, Jane McMillen.

She “found out about life” from her sons, who lived happy, meaningful lives. “Not every mother is that lucky,” she said.

The Southerlands agreed to open their medical histories to the National Institutes of Health. That cooperation helped researchers identify mutations in p53, a gene that suppresses tumors. “One of the dreams my family had was that giving all the information for research would help other people,” Ms. McMillen said.

Today, there’s a way of knowing if those children [with a high risk of cancer] are going to be born,” she said. “If I knew then what I know today, of course I would have thought twice about having children. But I’m so glad I did.”

WINTER 1996

South Miami Hospital went into security overdrive when Sylvester Stallone’s first daughter, Sophia Rose, was born to first-time mom Jennifer Slavin in a corner suite in the Birth-Day Place on August 27, 1996. Shortly after her birth, Sophia Rose underwent successful surgery in California to close a hole in her heart.

Ms. Slavin, a former model and the actor’s third wife, has been credited with taming Sly into a doting family man. They have since had two more daughters — Sistine Rose in 1998 and Scarlet Rose in 2002.

SUMMER 1998

At 85, Sam Boroughs still rode his beloved motorcycle and did volunteer work at his church and for AARP. Today, the retired salesman still has his cycle — it’s parked outside the group home he shares with seven other seniors. But his days of riding are over. At 91, Mr. Boroughs is known for his wit and humor. He attributes his long life to “taking care of myself — eating well and getting lots of exercise.”

— Patty Shillington

25 years of change

In 1978, Resource was mailed to under 10,000 households. Today, our circulation is more than 260,000. Over the last 25 years Resource has made the leap from traditional production with typewriters, glue and art boards, to a high-tech publication sent over the Internet from our designer in Maine to our printer in Hialeah where it is reproduced digitally. However, our mission hasn’t changed: to provide you with helpful medical information and interesting news about Baptist Health.
If you're 55 or older, take advantage of the programs and health screenings offered by Baptist Health. There is a $5 charge for most programs; however, Senior Advantage members attend free unless otherwise noted. To get a Senior Advantage card, call 786-596-3895. Registration is required for all programs, including those that are free. Call 786-596-3812. For Spanish programs, call 786-596-3814.

**BAPTIST MEDICAL PLAZA AT WESTCHESTER**  
8840 Bird Road, Suite 400, Health Resource Center

- **Ready, Set, Retire: Financial Planning for Tomorrow.** Monday, June 7, 7-8 p.m., Penny Marlin, certified financial planner.
- **Living with Arthritis: Treatment Update (in Spanish).** Thursday, June 10, 1-2 p.m., Dr. Jaime Pachon, rheumatologist.
- **Healthy Eating: Latin the Light Way (in Spanish).** Tuesday, July 8, 10:30-11:30 a.m., Lisa Cardenes, registered dietitian, and representatives from Fat Busters.

**BAPTIST MEDICAL PLAZA AT WEST KENDALL**  
13001 N. Kendall Drive, Suite 300, Health Resource Center

- **Staying Safe: Advice and Tips for Your Personal Safety.** Tuesday, June 1, 10:30-11:30 a.m., Laurel Wade, Miami-Dade police officer.
- **Faith and Its Healing Power (in Spanish).** Tuesday, June 15, 7-8 p.m., Jessie Perez, Baptist Health chaplain.

**WOMEN’S HEALTH RESOURCE CENTER**  
8950 N. Kendall Drive, Suite 105, Health Resource Center

- **Haven't Got Time for the Pain: What to Do When You’ve Tried Everything Else.** Wednesday, June 9, 7-8 p.m., Dr. John Serpa, pain specialist.
- **Haven't Got Time for the Pain: What to Do When You’ve Tried Everything Else (in Spanish).** Wednesday, June 23, 7-8 p.m., Dr. Moises Lustgarten, pain specialist.

**SOUTH MIAMI HOSPITAL • U.S. 1 and SW 62 Avenue, Victor E. Clarke Education Center**

- **Gotta Go Right Now? Help for Incontinence.** Thursday, June 3, 10:30-11:30 a.m., Dr. Jaime Sepulveda, obstetrician/gynecologist.
- **Benefits of Massage.** Tuesday, June 8, 7-8 p.m., Josie Houtenbrink, massage therapist.
- **Facing the Challenges of Diabetes.** Tuesday, July 27, 10:30-11:30 a.m., Oleta Powell, R.N., Diabetes Care Center.
- **Treating Back Pain.** Tuesday, Aug. 24, 10:30-11:30 a.m., Dr. Claudia Penalba, South Miami Hospital’s medical director of rehabilitation.

**HOMESTEAD SENIOR CENTER • 43 NE 16 St.**

- **Understanding and Treating Osteoarthritis.** Wednesday, June 23, 10:30-11:30 a.m., Dr. Ronald Chassner, orthopedic surgeon.
- **Eating for Optimal Health.** Wednesday, July 28, 10:30-11:30 a.m., Kathya Saenz, registered dietitian.

**ONGOING PROGRAMS**

- **CADRE (Cardiovascular and Diabetes Risk Eradication).** A weight-loss and exercise program for people who are at high risk for cardiovascular disease or diabetes. For information, call 786-596-3696.
- **Tai chi-style exercise.** Mondays and Wednesdays, 6:30-7:30 p.m. Fee $5 for Senior Advantage members. To register, call 786-596-3812.
- **Dadeland Walking Club.** Mondays, Wednesdays and Fridays, 9-10 a.m., Dadeland Mall, Saks Fifth Avenue entrance. Led by an exercise specialist. Free. For information, call 786-596-7044.
- **Dia-Beat-It.** A personalized weight-control program designed especially for adults with diabetes, pre-diabetes or insulin resistance syndrome. For information, call 786-596-3696.
- **Osteoporosis.** Screening and consultation available by appointment. Fee $15. For information, call 786-596-3812.
**Gone fishing...**

About 40 young cancer patients who went fishing on a sunny Saturday in February landed some trophies, but not many fish. They didn’t seem to mind.

The outing around the Baptist Hospital lake was organized by Lloyd Wruble, DDS, and Cristie Rubin, child life specialist at Baptist Children’s Hospital. About 25 volunteers helped the children use donated rods, reels and bait. Ms. Rubin said diversions like the fishing fest are therapeutic not only for the child with cancer, but for the whole family. “It’s good for them to have a fun time together outside the hospital,” she said.

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**Schools join forces to ban bullies**

Just about all of us have a memory of being bullied, of being called a nasty nickname or being deliberately tripped as we walked down a school hallway. But fourth and fifth graders throughout south Miami-Dade aren’t putting up with bullies anymore — they’re developing awareness campaigns and enforcing anti-bullying rules to bring an end to the abuse in their schools.

Ninety elementary school children from nine south Miami-Dade schools attended a day-long conference on bullying that was sponsored by The Melissa Institute for Violence Prevention and Treatment. School teachers, counselors and Killian High student mediators also heard experts speak on why bullies hurt others and what can be done to stop them.

The conference was particularly important because researchers now say that teaching children about bullying at a very young age discourages abuse as adults. According to a January article in *The New York Times*, bullies “are not born, they are made. And they can and should be unmade before the behavior becomes so ingrained that it shapes their personalities and behaviors for life.”

After 14-year-old Jaimie Gough was murdered by a classmate at Southwood Middle School this past winter, Eleanor Saunders, a counselor at Coral Reef Elementary who attended the bullying program, said many parents and students came to her.

“We are a feeder school for Southwood, and there was a lot of fear about going there,” she said.
bullies

“They were happy to find out that our anti-bullying program has made students more alert and aware. Who knows if the Southwood incident could have turned out differently if someone had reported something, anything, they’d seen or heard.”

“I know now that it takes a lot of courage to tell somebody, your parent or a teacher, that you are being bullied,” said Corinne Berdion, 10, a fourth grader at Coral Reef Elementary. “But you have to tell.”

“The children took a strong message back to their schools,” said Suzanne Keeley, Ph.D., president of The Melissa Institute, which was established in 1996 after the murder of college student Melissa Aptman. “Bullying must stop because not only is the victim hurt, but the bully often ends up a violent and antisocial adult. It can lead to dating aggression, sexual harassment and child and spouse abuse.”

Counselors from Pinecrest, Winston Park, Palmetto, Snapper Creek and Royal Green elementary schools, along with several safe schools facilitators, took the message so seriously that they began meeting regularly with Melissa Institute staff after the conference.

“We’re developing a Stamp Out Bullying tool kit that can be used by any school,” said Julie Astuto, counselor at Palmetto Elementary. “It will have components for students, teachers, school administrators and parents.” The group hopes to have its kit ready for the start of the school year.

Debra Pepler, Ph.D., a member of The Melissa Institute’s Scientific Board and an antibullying expert from York University in Toronto, told the group that the victim often cannot fix the problem alone. “It takes parents, teachers and friends to help, and research proves that when a friend intervenes, bullying stops within 10 seconds in more than half the cases,” she said.

Awareness of the problem will decrease bullying, agreed Matty Garmley, Perrine Elementary counselor. “I can tell that my students have a better idea of how bullying starts,” she said.

“Schools really need to teach the four R’s,” said Trish Ramsay of The Melissa Institute. “Reading, writing and arithmetic are important, but let’s not forget relationships. We need to focus on social skills.”

The New York Times also pointed out that bullying is beginning at a younger age. “Even preschoolers can be bullies,” it stated, “for example, giving other children insulting nicknames, refusing to invite particular classmates to birthday parties or excluding certain children from games.”

Because many children are reluctant to tell their parents they are being teased, there are some signs to look for, Dr. Pepler said. “Broken toys, ripped clothes, your child comes home starving because somebody ate their lunch, headaches and stomachaches are all signs.”

— Adrienne Sylver

BAPTIST CHILDREN’S HOSPITAL PRESENTS

Join the parenting experts at Baptist Children’s Hospital for enlightening conversation and practical advice. Each program is held in the auditorium at Baptist Hospital and costs $5. You must reserve your space by calling 786-596-3812.

Kids and Their Bones: Growing Up Strong

Thursday, June 24, 7-9 p.m.
Your 15-month-old isn’t walking yet. Should you be concerned? Are your toddler’s legs normal, even if they’re bowed? When should you seek a specialist’s evaluation? Join pediatric orthopedic surgeon Sylvia Hesse, M.D., who will discuss common childhood muscular and skeletal concerns, such as bowed legs, in-toeing, flat feet and other problems. For parents of toddlers through teens.

Sleep Tight: Getting Your Child to Sleep Through the Night

Thursday, July 22, 7-9 p.m.
When your child refuses to go to bed, stalls endlessly or winds up in your bed every night, you’re left exhausted. Your child isn’t learning much from the routine — or lack of — either. Child psychologist Gary Lancelotta, Ph.D., will give you a step-by-step common-sense guide that will have your entire family sleeping soundly in no time at all. For parents of babies and young children.

August — No program. Enjoy your summer break.

Baptist Children’s Hospital
8900 North Kendall Drive
Baptist Health’s Guiding Principle

The Baptist Health Board of Trustees recently added a Guiding Principle to expand upon Baptist Health’s faith-based mission of caring. The Guiding Principle reads: “Through our exceptional healthcare services, we seek to reveal the healing presence of God.”

The mission statement says, in part, “Consistent with its spiritual foundation, Baptist Health is dedicated to providing high quality, cost effective, compassionate healthcare services to all, regardless of religion, creed, race or national origin, including, as permitted by its resources, charity care to those in need.”

Dirt’s a flying in Homestead

Nearly 300 people attended groundbreaking ceremonies April 14 for the new $130 million Homestead Hospital.

“This is an important day, and an exciting one,” said George E. Cadman III, chair of the Baptist Health Board of Trustees. “If you’re not excited today, your exciter’s broken.” No one’s exciter appeared broken, but ground was. Shoveling dirt were (left to right) Wendell Beard, Homestead Hospital and Baptist Health Board member; Homestead Mayor Roscoe Warren; the Rev. William Chambers III, chair of the Homestead Hospital Board; Bo Boulenger, Homestead Hospital CEO; Brian E. Keeley, president and CEO of Baptist Health; Mr. Cadman and Rudy Gossman, M.D., chief of the Homestead Hospital medical staff. The new hospital, located on SW 312 Street a mile east of the Florida Turnpike, is projected to open in late 2006.

Cancer Survivors Day

If you or someone you love has had to cope with cancer, the Baptist-South Miami Regional Cancer Program invites you to join us for a program on medicinal mirth, “Hope, Laughter and Positive Thinking.” Author, humorist and cancer survivor Christine Clifford will show you how to use your funny bone to benefit the rest of your body. You can also meet our special guest, Lucky, the cancer therapy dog.

2004 National Cancer Survivors Day
Sunday, June 6, 1-3 p.m.
South Miami Hospital
Victor E. Clarke Education Center, U.S. 1 and SW 62 Avenue

This free program includes a light lunch. For reservations, call 786-596-2871.

Christine Clifford

Lucky

Baptist Health’s Guiding Principle
IN COMING UP WITH OUR NEW NAME,
WE REALIZED BAPTIST HEALTH STANDS FOR EVERYTHING WE NEED TO SAY.

Miami Cardiac & Vascular Institute is now Baptist Cardiac & Vascular Institute.
By adopting the word “Baptist,” our name now says quite a bit more than it used to. It says we’re at the forefront of medicine, continually pioneering new procedures to save lives and improve quality of care. It says we follow the Baptist Health tradition of hospitality by treating our patients as honored guests. And it’s a reminder that our Institute is conveniently located at Baptist Hospital in Kendall. For a referral to a physician affiliated with the Institute, call 786-596-2700.
In March, Israel Gonzalez had his cancerous prostate removed in a Baptist Hospital operating room — while his surgeon sat several feet away. Urologist Robert Puig, M.D., peered intently into a stereoscope that gave him an up-close, three-dimensional view of his target. Like a teenager playing a video game in extremely slow motion, Dr. Puig delicately manipulated joysticks at the console, remote-controlling instruments that make tiny incisions and suture tissue more precisely than a human hand.

Dr. Puig, chief of urology at Baptist Hospital, was using the da Vinci Surgical System, a $1.2 million robot that’s breaking ground in prostate cancer surgery. The benefits to patients like Mr. Gonzalez: less bleeding and pain, a shorter hospital stay, smaller scars and a quicker recovery than in traditional surgery. “I think the operation was a success,” said Mr. Gonzalez, 65.

Baptist Hospital was the first hospital in South Florida to perform robotic surgery, initially using Aesop, a robotic arm, and then da Vinci, purchased in 2001 for use in heart surgery.

The robot offers a 21st century version of minimally invasive surgery. Dangling over the patient like a giant insect, the robot “arms” hold surgical tools, including a tiny camera, that slip inside the abdomen through mosquito-bite-size incisions. O.R. nurses switch the tools on the robot’s arms as they cut and cauterize vessels to separate the prostate from the bladder. The surgeon then moves the robot out of the way and removes the prostate.

Dr. Puig and his partner, urologic oncologist Cosme Gomez, M.D., trained for a year before the first robotic prostate removal at Baptist Hospital.

“This is the future,” Dr. Puig said. “This is a procedure that demands a lot of effort and coordination, but I believe it’s here to stay. It may become the standard of care in five to 10 years.”

The robot improves the surgeon’s ability in several ways. “There’s better visibility and magnification inside the body, and the robot does more than your wrist can do,” Dr. Gomez said.

And the robot arms are steadier than a pulsing human hand.

“You can suture at an angle you wouldn’t be able to suture in the open procedure,” Dr. Puig added. “The preciseness is incredible.”

There is a downside to robotic surgery: it takes longer and the surgeon loses tactile feedback when not directly touching the body.

Nerve-sparing — removing the prostate without rendering a patient impotent in the long run — is still a question mark with the robot. If the bundles of nerves on either side of the prostate gland are not damaged during surgery, men have a better chance of having erections again 18 months after the operation. The robotic removal of the prostate is too new to know the results, though surgeons are hopeful the outcomes will be positive.

The potential for applying the robot is great: Prostate cancer is the most common cancer in American men (excluding skin cancer). “The good news is we’re picking up earlier cancers in younger men so we’re able to not only cure them but preserve their quality of life,” Dr. Gomez said.

The robot can’t be used with patients who are obese, have abdominal scars, a large prostate or advanced cancer. “We’re cautiously embracing this robotic technology,” Dr. Gomez said. “We have an obligation to offer patients what is state of the art — and yet proven.”

— Patty Shillington