

Dr. Robot Meet the newest member of Greenwich Hospital's surgical team

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February 13, 2007

"Robotic surgery has revolutionized prostate surgery," says Greenwich Hospital urologist Dr. Judd Boczko. He should know. Boczko is among the first area doctors trained in robotic surgery for prostate cancer.

He recently performed the operation on fellow physician, Dr. John Clarke, an anesthesiologist at Greenwich Hospital.

Clarke had no misgivings about undergoing robotic surgery. "I started doing my research and was ready to go to another institution when our program got up and rolling. Of course, I spied on the surgeons to see how well things went, and that was it."

Prostate cancer is linked to 180,000 to 200,000 newly diagnosed cases annually and 40,000 deaths each year, according to the American Cancer Society. It is the second most common cause of cancer death in men, behind lung cancer.

The surgical robot, called the da Vinci Surgical System, is the quickest-growing treatment for prostate cancer in the United States. The surgeon views the patient's surgical area through a screen and manipulates robotic arms that convey exact hand and wrist movements to minute laparoscopic instruments inserted into the patient through small incisions.

With robotic surgery, the surgeon can access difficult-to-reach areas to remove the cancerous prostate gland without damaging vital surrounding areas such as delicate nerves.

Boczko says benefits of this minimally invasive surgery include a shorter hospital stay; less bleeding, pain and risk of internal scarring; and quicker recovery time. In addition, cure rates are equal or better with robotics, as are recovery rates regarding long-term complications such as incontinence and erectile dysfunction. The muscles that control urine flow are not injured during the procedure because "we are not doing it blindly," says Boczko. "With this approach, we can also see the nerves that help control erections much more clearly and spare them."

Most patients are home within 24 hours and cautioned not to lift objects heavier than 15 pounds until one month after the operation because it puts pressure on the surgical area. "That's the specific limitation; everything else is tailored to the individual."

In contrast, traditional prostate cancer surgery involves a long vertical incision from the navel down, through which the diseased prostate gland is removed. The typical hospital stay for this type of surgery is three to five days.

Clarke, 61, an anesthesiologist at Greenwich Hospital, was diagnosed with prostate cancer last October. Spikes in two of his prostate specific antigen tests revealed the possibility of prostate cancer. (Heightened levels of the PSA enzyme, generated by prostate cells, may be linked to this type of malignancy.) The disease was confirmed through a biopsy.

The da Vinci prostatectomy was first performed in Frankfurt, Germany, in May 2000, and introduced in this country six months later. The Food and Drug Administration gave the procedure regulatory clearance in May 2001.

In 2005, 15 percent of prostate cancer surgeries in this country involved the da Vinci system. According to its manufacturer, Intuitive Surgical Inc. of Sunnyvale, Calif., that number will increase this year to 35 percent.

Boczko performed 300 da Vinci prostatectomies last year during a one-year fellowship in robotic surgery at Strong Memorial Hospital of the University of Rochester Medical Center.

"Between the old traditional way of doing prostate surgery and the robotic way of doing it, there's no comparison," says Boczko. "It's apples and oranges."

The robotic arms have a 360-degree capability and are not restricted in any motion, he explains.

Because the prostate gland lies beneath the pubic bone, often the surgeon can't see the leading edge of the gland because it is hidden.

"So, it's by feel," says Boczko. "With the robot, you can pull back on the prostate and actually see the entire edges. These hard-to-reach areas are where the robotic arms give you a huge advantage."

The prostate is egg-shaped, he explains. A surgeon can carve it following its edges, which helps with cure rates. "You don't leave cancer behind."

As for his patient, Clarke plans to return to work next week. "Doctor Clarke can only say great things about the surgery," says hospital spokesman George Pawlush.

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