Use of robotic surgery expanding across BJC

Missouri Baptist now offers colorectal cancer patients robotic surgery

by Mary Beck

Dr. Eric Lederman, Missouri Baptist Medical Center board-certified general and colon and rectal surgeon, displays the robotic arms of the da Vinci Surgical System. | Photo by Elizabeth White

MBMC ■ Missouri Baptist Medical Center now provides patients with a minimally invasive surgical treatment option for colorectal cancer — robotic surgery with the da Vinci®-S™ Surgical System.

MBMC was an early adopter of this new technology for minimally invasive patient treatment and began robotic surgeries in 2007. Fifteen MBMC surgeons use the robot to perform a wide range of surgeries — from prostate and gynecological cancer surgeries, to general gynecological, urologic and partial kidney surgeries.

Eric Lederman, MD, a board-certified general and colon and rectal surgeon, performed the first da Vinci robot-assisted colorectal surgery at MBMC in late 2010.

Colorectal cancer — cancer of the colon or rectum — is the third most common form of cancer for both men and women in the United States. Annually, 140,000 people are diagnosed with the disease, which causes 60,000 deaths each year. Colorectal cancer begins when normal cells in the lining of the colon or rectum begin to change and grow uncontrollably, to form a tumor. It can spread to lymph nodes or invade other organs. According to the American Society of Colon and Rectal Surgeons, colorectal cancer requires surgery in nearly all cases for complete cure.

Most patients whose cancer can be removed with the robotic option experience less pain, blood loss and scarring, plus quicker return of bowel function and normal diet, and shorter hospital stays than with traditional open surgery, Dr. Lederman says. The robotic system allows the surgeon to operate with just a few dime-sized incisions for the robotic instruments, plus a two- to three-inch incision to remove the tumor. Traditional colorectal surgery involves a large open abdominal incision.

"The advantage of the robot in colorectal surgery appears to be greatest for pelvic operations, such as rectal cancer," Dr. Lederman says. "It's like having a second set of hands. With assistance from four robotic arms, I can make micro-movements to enhance my hand maneuverability. Magnified, three-dimensional images give better visibility within the pelvis, which is a small confined space that's difficult to see and operate in, even with the open surgery.

"The robotic system is able to facilitate surgery deep in the pelvis, giving tremendous visualization and access that was previously not possible. This has enabled minimally invasive resections for both rectal cancer and benign diseases, such as rectal prolapse or Crohn's disease. These patients can now experience the benefits of less pain and shorter recovery times," he says.

As with any treatment option, robotic surgery for colorectal surgery may not be appropriate for everyone. Patients should discuss treatment options with their surgeons to find out if they're a good candidate for robotic surgery. Often, robotic surgery depends upon previous operations.

Dr. Lederman received his undergraduate degree from Yale University and earned his medical degree from Washington University School of Medicine. He completed his internship at Mt. Sinai Medical Center in New York City and his general surgery residency at Albany Medical Center in Albany, N.Y. He completed his colorectal surgery fellowship at Saint Louis University. His surgical interests include minimally invasive colorectal surgery, colorectal cancer, ulcerative colitis and Crohn's disease, diverticulitis, and anorectal disorders. ■

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