

SURGERY TO COLUMBUS



Dr. Peter Seirafi of the Columbus Regional Medical Center removed a nodule from Linda Walker's right lung with minimally-invasive robotic surgery. Seirafi specializes in non-cardiac thoracic robotic surgery. The nodule was discovered during a follow-up exam after Walker's breast cancer recovery.

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Just the day before, a portion of Linda Walker's right lung had been surgically removed. Now, the 67-year-old Columbus woman was walking out of the hospital and was feeling minimal discomfort.

"I never would have believed it," she said.

The AT&T retiree also never would have believed her doctor would perform the surgery sitting about 10 feet away from the operating table.

"This science is amazing," she said. "I was a little concerned when I first heard about robotic surgery but I had faith in my doctor and he told me not to worry."

Dr. Peter Seirafi has only been in Columbus for about seven weeks. His specialty

is the surgical treatment of lung and esophageal cancers, as well as the surgical treatment of chronic obstructive pulmonary disease.

While Seirafi does much of his work in the traditional surgical manner, what sets him apart, according to Columbus Regional Healthcare, is he is the only physician in the region doing robotic thoracic surgery. Other area hospitals do robotic surgery but not in Seirafi's area of expertise.

"Nobody here does what I do," said Seirafi.

The graduate of New York Medical College came here from Florida. He said it was the reputation of the John B. Amos Cancer Center and the chance to work with the physicians there that brought him to Columbus.

It was the center's medical director Andrew Pippas who recommended Walker

a breast cancer survivor, to Seirafi when a cancerous nodule was discovered.

Seirafi removed all of the diseased tissue and discovered the cancer had not spread to the lymph nodes.

"That was a great relief," Walker said.

Since installing the da Vinci Surgical System in December 2011, Midtown Medical Center (formally known as The Medical Center) has performed more than 500 robotic surgeries—primarily hernia repairs, ovarian cystectomies, hysterectomies and endometriosis reductions.

In a thoracic surgery, Seirafi inserts a tiny camera and tiny mechanical arms into the chest through ports. The camera takes images inside the body and sends them to a video monitor where Seirafi is seated. The system features a magnified 3D, high-

definition vision system and tiny instruments that bend and rotate far greater than the human wrist.

"What I am looking at during surgery is magnified 10 times," said Seirafi, who underwent six months of special training on the system.

With traditional open surgery, doctors make a long chest incision called a thoracotomy. Seirafi said it can be as long as 81 inches. In some cases, there is a splitting of the breastbone and spreading of the ribs for easier surgeon access to the chest cavity.

Seirafi said that is not the case with the minimally-invasive robotic procedure in which only some small incisions are made.

"The goal is not to have small incisions but to remove a tumor," Seirafi said.

Still, with the smaller incisions there is less scarring,

the doctor said, as well as a reduced risk of blood loss and infection. He said the closing time is one-third of what it is in traditional surgery.

During the surgery, Seirafi sits at a console where he operates both the camera and the robotic arms.

Besides less pain, Seirafi said, benefits of the robotic surgery include a faster turn to a normal life. "It can be days instead of weeks," he said. "The patient is up and moving around in time."

He said not everybody is a candidate for the robotic surgery, for example, someone with a very large tumor.

"When I was doing surgical training, I always thought we'd be using robots for thoracic surgery," said Seirafi. "It was like a dream. Now, it is reality and it's really exciting."