



Clinical Update

September 2005



Robotic-Assisted Prostatectomy

The ultra hi-tech daVinci surgical system at University Hospital has expanded its reach – to minimally invasive, robotic-assisted prostatectomy, performed by Gabriel Haas MD, professor and chair of Urology. Dr. Haas recently returned from a six-month sabbatical dedicated to working with the daVinci system.

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ALS Expert Named Neurology Chair

Jeremy Shefner MD, PhD, nationally recognized for his leadership role in clinical research on ALS, advances from interim to permanent chair of Neurology.

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ChildAbuseMD.com

SUNY Upstate Pediatrician Ann Botash MD launches a website for medical professionals who need decisive, easy-to-access guidance in diagnosing and treating sexual abuse.

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“Doctor” da Vinci expands reach to Robotic-assisted Prostatectomy

Building on its success with robotic-assisted cardiac procedures, University Hospital is now using its daVinci surgical system to conduct minimally invasive prostatectomies.

This ultra hi-tech surgical tool was introduced last year to *Physicians Practice* readers as a partner to the surgeons conducting certain cardiac bypass procedures and valve repair and replacement. It is now used regularly by Urologist Gabriel Haas MD for the treatment of prostate cancer.

Robot-assisted prostatectomy, which integrates the latest advances in robotics and computer technology, is revolutionizing prostate surgery, according to Dr. Haas (see next page).

“The prostate gland is deep in the pelvis,” he explains. “Like the heart, it is challenging to access. In these difficult-to-reach areas, the robotic arms make tissue handling much more accurate. They can make surgical moves that human hands are incapable of making.”

Larger than Life

“The daVinci cameras give our surgical team a larger-than-life, three-dimensional view of the surgical field,” he continues. “This helps us to better maneuver around the many structures and nerves that surround the prostate – and results in an increased chance of the patient regaining erectile function and continence after surgery.”



Less Pain for Patient

In terms of recovery, the robotic-assisted approach also offers distinct advantages, according to Dr. Haas. “There are much smaller incisions and less blood loss, which translate to fewer complications and less pain for the patient.”

Recovery time is also accelerated by 50 percent or more, he adds. “Most of these patients go home within 23 hours, as opposed to the four-to-five day hospitalization required for open prostate surgery.”

Most important, robotic-assisted prostatectomy is proving to be as effective as traditional surgery in removing the cancerous prostate.

Robotic assisted prostatectomy is an option for patients whose cancer is confined to the prostate and who are in otherwise good health. Most insurance carriers cover the cost of the operation.

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The Surgeon



"I did not want to subject my patients to a learning curve. I chose instead to "go back to school."

—Gabriel Haas MD

Urologist Gabriel Haas MD, professor and chairman of the Department of Urology at University Hospital, is the only fellowship-trained urological oncologist in Central New York – and a nationally recognized leader in the epidemiology of prostate cancer.

Dr. Haas has spent the past 15 years tackling prostate cancer on two fronts: research and clinical. He has been awarded two NIH grants to study early intervention, and his epidemiological studies of prostate cancer are considered the most comprehensive in the nation.

On the clinical front, Dr. Haas recently returned from a six-month sabbatical devoted to robotic-assisted prostatectomy. "I chose to study in leading sites around the globe, to amalgamate the best techniques," he explains. Those sites included the University of Zurich, the Institute Mutualiste Monsouris in Paris and the Vatikuti Urological Institute at Henry Ford Hospital in Detroit.

"It is very unusual for a clinician to take such a sabbatical – and somewhat controversial for a department chair to do so," he admits. "But I did not want to subject my patients to a learning curve. I chose instead to "go back to school."

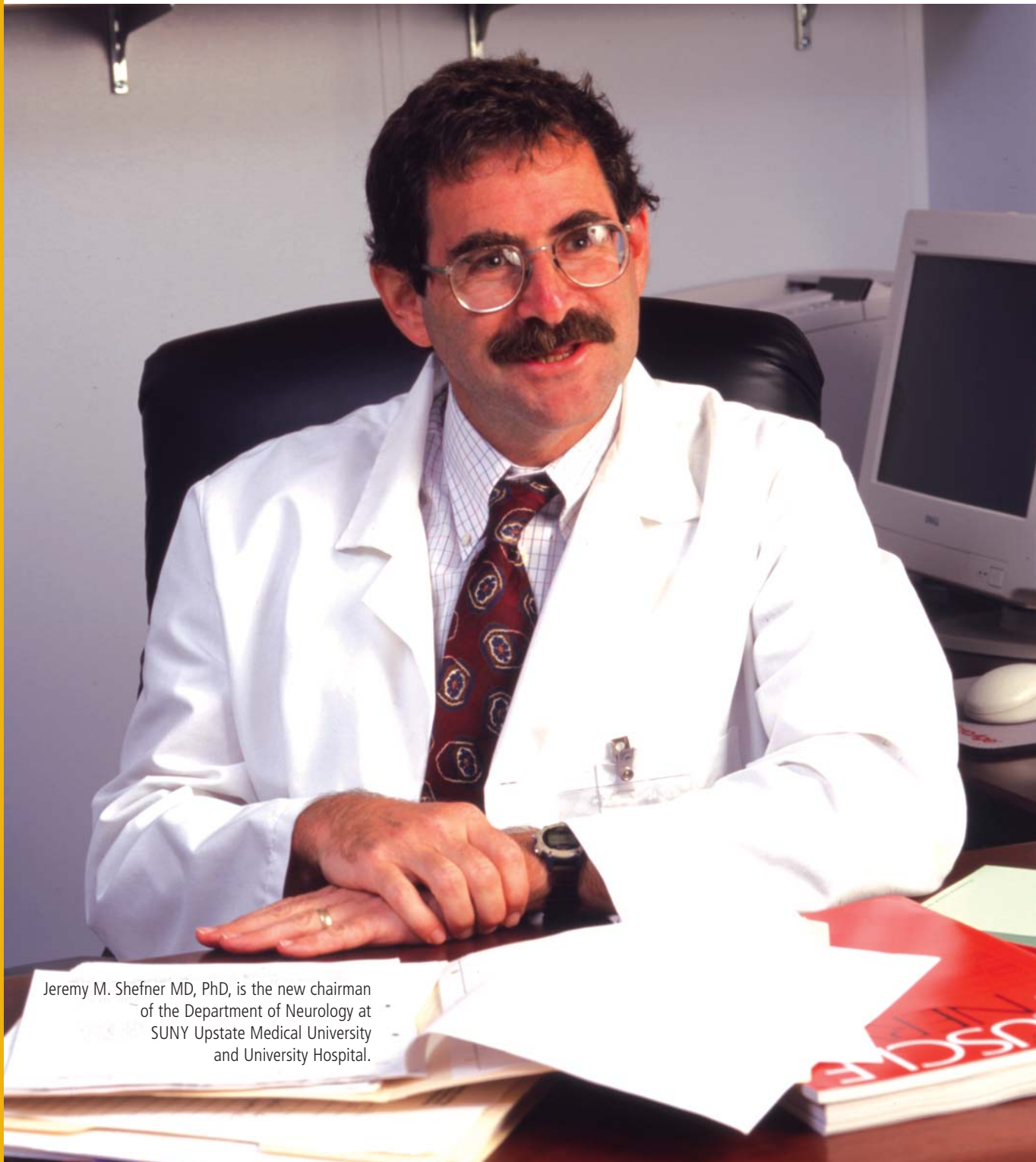
The Surgery

- During robotic-assisted prostatectomy, the surgeon makes several one-quarter to one-half inch incisions in the patient's abdomen (compared to a single five- to six-inch incision for an open approach to prostate removal).
- A lighted telescope (laparoscope) is inserted through one incision. Surgical instruments, held by daVinci's robotic arms, are inserted into the other incisions.
- The surgeon, seated at a console, manipulates daVinci's robotic arms and surgical instruments, directing them to remove – through the tiny incisions – the prostate, nearby lymph nodes, seminal vesicles and adjacent tissue.
- The robotic arms expand the surgeon's capabilities to a full range of motion, including the ability to rotate instruments more than 360 degrees.
- They also extend the surgeon's ability to repeatedly and precisely perform technically challenging maneuvers, such as endoscopic dissection and suturing, through very tiny incisions.

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SUNY UPSTATE MEDICAL UNIVERSITY
& University Hospital Syracuse, New York



Jeremy M. Shefner MD, PhD, is the new chairman of the Department of Neurology at SUNY Upstate Medical University and University Hospital.

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Jeremy Shefner MD, PhD, Named Neurology Chair

Nationally Recognized for ALS Focus

Jeremy M. Shefner, MD, PhD, has been named chairman of the Department of Neurology at SUNY Upstate and University Hospital. The appointment, which took effect July 1, was announced by Steven J. Scheinman MD, dean of the College of Medicine and executive vice president for biomedical sciences.

Dr. Shefner had been serving as interim chair of the department since February 2004, when he replaced Burk Jubelt MD.

At Upstate since 1996, Dr. Shefner has built a strong regional and national program related to amyotrophic lateral sclerosis, including a multidisciplinary patient clinic and an active clinical research effort.

He received his medical degree from Northwestern in 1983, after earning a PhD in physiological psychology from the University of Illinois and completing a two-year NINDS postdoctoral research fellow in sensory physiology.

Dr. Shefner completed his residency in neurology at the Harvard-Longwood Neurological Training Program in 1988, with a one-year hiatus as a primary-care

physician in Papua, New Guinea. He was a neurophysiology fellow for two years at the Brigham and Women's Hospital and Harvard Medical School before joining the Harvard faculty as assistant professor in 1990.

Promoted to associate professor in 1995, Dr. Shefner served on the staff of Brigham and Women's Hospital, established an ALS clinical and research program and founded the Northeast ALS Clinical Trials Consortium (NEALS). He also directed the clinical neurophysiology fellowship program.

In 1996 he moved to Upstate as associate professor and director of the EMG Laboratory. In 1998, he was promoted to professor and assumed the position of director of clinical neurophysiology. Continuing his focus on the care of ALS patients, he established an MDA-sponsored multidisciplinary ALS clinic at Upstate; it has since become the largest such clinic in Upstate New York. He has continued to co-chair NEALS, which has grown into the largest academic ALS clinical trials group in the United States. Within the context of NEALS, Dr.

Shefner has directed or co-directed four multi-center clinical trials in ALS, with three others in the beginning stages. Two NEALS trials have received NIH funding.

Shefner has also been intimately involved in the founding of the ALS Research Group, an organization involving all major North American ALS researchers and clinicians. He serves as vice chair of this group, the mission of which is to advance collaborative population-based research efforts in genetic and proteomic investigation of ALS and related diseases.

In addition to his ALS work, Dr. Shefner continues to focus on the field of clinical neurophysiology. He has served on national committees of the American Association of Neuromuscular and Electrodiagnostic Medicine and is currently associate editor of the journal *Muscle and Nerve* and neuromuscular section editor of the online medical text *Uptodate*.

Shefner and his wife, Kathy, an area pediatrician, reside in Manlius.

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Upstate Pediatrician Launches www.ChildAbuseMD.com

Ever alert to gaps in services, Ann Botash MD sensed almost immediately that her much-applauded, 36-hour Child Abuse Medical Provider (CHAMP) program would suit only a fraction of the medical professionals dealing with child abuse.

CHAMP is tailored to those seeking comprehensive training in the evaluation of pediatric sexual abuse. "But not every medical professional aspires to be the local expert or requires this degree of expertise," concluded Dr. Botash, who recently launched a website to meet the needs of physicians, nurse practitioners, physician assistants and registered nurses desiring equally reliable guidance, but on an as-needed basis.

ChildAbuseMD.com, like the CHAMP program, is a very comprehensive resource designed to help medical professionals diagnose and treat suspected and known victims of abuse. Unlike CHAMP*, the new website can be consulted as the need arises. "It is ideal for those who do not have a background in forensic pediatrics yet who strive to develop best-practice

standards," says Dr. Botash.

Ease of access is a primary goal of the website. "This is not a PDF that you download and read from cover to cover," she says. "It's like a 500-page online resource with a super-index – easily searchable by Google – where you can find answers to very specific questions. For instance, a physician could learn how to treat HIV exposure in a sexually assaulted child or how to proceed in a case involving a foster child."

The website content was compiled over a period of years, with input from more than 50 professionals. It features up-to-date information on best practices, as well as New York State policies and resources. And it links to many other sites, so that a physician researching a medical condition could download and print a brochure for the patient's parents.



"The website is easily searchable...you can find answers to very specific questions."

—Ann Botash MD

"People tell us they haven't seen anything this inclusive on the Internet – that we're setting a new standard," reports Dr. Botash. "But we just wanted to provide reliable, accessible information for any medical professional who might encounter child abuse."

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www. ChildAbuseMD.com



About the Author

The ChildAbuse.com website was developed and written by Ann Botash MD, a nationally recognized expert on the care and treatment of sexually abused children. Dr. Botash is medical director the CARE (Child Abuse Referral and Education) program at SUNY Upstate Medical University, where she is also professor of pediatrics. She serves as medical director of the McMahon/Ryan Child Advocacy Site in Syracuse, which works to raise awareness and prevent child abuse. In the past 15 years, Dr. Botash has intervened in close to 4,000 cases of sexual abuse - and has led the charge to educate NYS medical professionals about this highly sensitive topic.

**Additional in-depth instruction. CME credit and mentorships regarding child abuse are available through the CHAMP program: <http://www.upstate.edu/peds/care>*

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