

SAME-DAY SURGERY

Home After Hysterectomy

The same day that Joan Skinner had a hysterectomy at Robert Wood Johnson University Hospital (RWJ), she had dinner at the Olive Garden Italian Restaurant. The 54-year-old from Edison, N.J. needed the hysterectomy to remove abnormal cervical cells (called cervical dysplasia).

“Luckily for Ms. Skinner, we were able to find these lesions before they developed into invasive cancer,” said Mira Hellmann, MD, the surgeon who performed the robotic-assisted procedure that allowed Ms. Skinner go home the same day. Dr. Hellmann is a gynecologic oncologist at Rutgers Cancer Institute of New Jersey and an Assistant Professor of Obstetrics, Gynecology and Reproductive Sciences at Rutgers Robert Wood Johnson Medical School. RWJ is the flagship hospital of Rutgers Cancer Institute of New Jersey, the state’s only National Cancer Institute-designated Comprehensive Cancer Center.

Dr. Hellmann used the da Vinci surgical system to perform the procedure (removal of the uterus and cervix). She is one of only a few gynecologic oncologists in New Jersey who perform robotic hysterectomy, and RWJ is one of a few hospitals in the state where this is available. “Ms. Skinner is in recovery,” said Dr. Hellmann. “We removed the pre-cancer cells and eliminated the chance of this progressing into cancer.”

With the usual procedure, Ms. Skinner would have had a six-inch abdominal incision and spent two nights in the hospital. She would have needed narcotics to control pain and up to eight weeks to recover. But with robotic surgery, done through three dime-sized incisions, Ms. Skinner went

home the same day and was back to most normal activities in three weeks.

Within a few hours of the surgery, Ms. Skinner, who is a school bus driver, was awake and hungry. “I kept asking if I could go home,” she said. By about 6 p.m., Ms. Skinner was discharged and on her way to dinner. This was possible because robotic surgery causes less bleeding, nausea, and vomiting — the main reasons for a hospital stay — than open surgery. The robot’s high-resolution 3-D visibility let Dr. Hellmann operate more accurately and quickly (about one hour compared to up to 4.5 hours for open surgery), and be sure the bleeding had stopped. The shorter procedure meant less anesthesia and the smaller incisions meant less need for narcotics to control pain.

If Ms. Skinner needed other treatments, Dr. Hellmann would have provided them, as part of the gynecologic oncology continuity of care model at the Cancer Institute of New Jersey and RWJ. That model includes support services, which was crucial to Ms. Skinner. “Dr. Hellmann explained everything and told me it would be okay. If it wasn’t for her, I think I really would have lost it,” she said. After the surgery, Dr. Hellmann also helped Ms. Skinner get help to quit smoking.

Dr. Hellmann is one of five gynecologic oncologists at RWJ and the Cancer Institute who provide continuous care. They all perform robotic surgery, including for some cervical, ovarian, and endometrial cancers. Robotic surgery is also available at RWJ for colon and prostate cancer and for some bladder cancers.

Visit www.rwjh.edu/min-surgery or call 1-888-MD-RWJUH.