

# ROBOTIC COLON SURGERY

Enjoying Life Again



*When Michael DiSabato started having belly problems in 1998, he was not worried.*

"When I was a kid, I was always nervous and things went to my stomach. I did not think much of it," said the 36-year-old man from Manalapan, NJ.

Over time though, the belly pain and frequent diarrhea got worse. In 2000, the same year that he got married, Mr. DiSabato went to see gastroenterologist Brian Weiner, MD, MS, FACP, AGAF, who diagnosed ulcerative colitis, a long-lasting inflammation in the colon (part of the digestive tract). Dr. Weiner is a Clinical Assistant Professor of Medicine at Rutgers Robert Wood Johnson Medical School.

For the next 12 years, Mr. DiSabato took different medications to relieve the symptoms of ulcerative colitis, but not to cure it. He and his wife Angela started a family and now have four children: three girls and a boy ranging in age from 5 to 10. After a few years, the anti-inflammatory medications, steroids, and antibiotics were not helping much. As Mr. DiSabato's children grew, it became harder and harder for him to keep up with them and go to their soccer games. "Every time we got somewhere I was running out of the car looking for a bathroom," he said.

Mr. DiSabato was hospitalized several times for dehydration and he was malnourished. The steroids made him moody. "Mr. DiSabato had been through the ringer," said Dr. Weiner. "He had failed all of the powerful drugs that we use and was still sick." In late 2011, Dr. Weiner referred

Mr. DiSabato to colorectal surgeon Craig Rezac, MD.

Surgery can cure ulcerative colitis, but it means removing the colon and rectum. "Patients are understandably afraid of having surgery," said Dr. Rezac. "It seems like a drastic solution to their problem. But in select cases where the disease is not controlled or medications are causing more problems than they're controlling, surgery should be considered." Dr. Rezac is an Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School, Chief of Robotic Surgery and Director of the Colorectal Surgery Program at Robert Wood Johnson University Hospital.

After meeting with Dr. Rezac, Mr. DiSabato agreed to have surgery, which involved removing the colon and rectum and then rebuilding the rectum using the small intestine (called J-pouch surgery). This is usually done as open surgery. Dr. Rezac is one of a few surgeons in New Jersey with extensive experience in robotic and laparoscopic surgery for ulcerative colitis, and Robert Wood Johnson University Hospital is one of a few hospitals in the state where this minimally invasive procedure is available.

While more difficult for the surgeon, robotic and laparoscopic J-pouch surgery is much easier on patients than open surgery. Smaller incisions mean less pain, faster healing, and a shorter hospital stay. The robotic part of the procedure, using the da Vinci Surgical System,



*Shown: Craig Rezac, MD, Assistant Professor of Surgery at Rutgers Robert Wood Johnson Medical School and Chief of Robotic Surgery and Director of the Colorectal Surgery Program at Robert Wood Johnson University Hospital.*

is more precise than traditional surgery and greatly lowers the risk of damage to bladder and sexual function.

Dr. Rezac performed the procedure on Mr. DiSabato in February 2012, removing the rectum robotically and using traditional laparoscopy to remove the colon and create the J-pouch. To give the J-pouch time to heal, Dr. Rezac created a temporary opening in Mr. DiSabato's abdomen for passing bowel movements into a pouch, which is attached to the skin with adhesive. This was closed in another procedure in June 2012.

"Because it was going on for so long and gradually getting worse, I did not realize how bad I was."

After the surgery I started feeling normal again. It felt fantastic," said Mr. DiSabato, who can now spend the entire day at a soccer tournament without needing to find a bathroom. "I'm eternally grateful to Dr. Rezac for fixing me. He gave me my life back."

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