



PELVIC SURGERY

Dancing to a New Beat

Age is only a number for 70-year-old Alice Agrillo.

Shown: Alice Agrillo, 70, was suffering from pelvic organ prolapse, which prevented her from leading the active lifestyle she was accustomed to. Mrs. Agrillo sought the care of a urogynecologist at Robert Wood Johnson University Hospital (RWJ) where she learned she was a candidate for a robot-assisted procedure with a fast recovery that got her back in her tap dancing shoes.

The Cream Ridge resident likes to walk two miles several times a week and can usually be found on a dance floor; whether it's with her tap dance group or with her husband, Leo.

Her active lifestyle changed when her bladder began to drop and she started experiencing discomfort and pain in her vaginal area.

"I felt a lump bulging out of my body," Mrs. Agrillo said. "It was uncomfortable to walk, I couldn't dance – even sex was painful."

Mrs. Agrillo was suffering from pelvic organ prolapse, a condition in which structures such as the uterus, rectum, bladder, urethra or the vagina itself may begin to prolapse or fall out of their normal positions. Without medical treatment or surgery, these structures can fall further into the vagina or even through the vaginal opening if their supports weaken enough. The condition develops when the support network of muscles, ligaments and skin that hold pelvic organs, tissues and structures in place begin to weaken or break over time.

Pelvic organ prolapse can impact sexual functions and bodily functions such as urination and defecation. It can also cause severe pelvic pressure and discomfort, similar to Mrs. Agrillo's symptoms.

Mrs. Agrillo's gynecologist recommended that she follow a consistent exercise regimen to strengthen the vaginal area and potentially address the pain.

"I tried that for five years, but it didn't help," she explained. "I love to dance. I belong to a tap dance group where I live. There is a lot of jumping involved with tap dancing, but it became very uncomfortable. I didn't want to give it up."

As the pain and discomfort grew worse, Mrs. Agrillo asked her primary care physician for advice. He recommended that she see Manish Gopal, MD, a urogynecologist at Robert Wood Johnson University Hospital (RWJ), who specializes in the correction of complex gynecologic and bladder problems as well as hernia defects in the pelvic floor. Dr. Gopal thought Mrs. Agrillo was an excellent candidate to have sacral-colpopexy and vaginal reconstruction with the robot. She was active, healthy and had no other serious health issues.

Recently, Dr. Gopal became the first surgeon in New Jersey to perform a minimally invasive robotic sacral-colpopexy using the *da Vinci*® Xi Surgical System, the most advanced generation of the *da Vinci*® surgical robot.

"By using the *da Vinci*® Xi I can perform complicated procedures while leaving a small surgical footprint behind," Dr. Gopal said. "The procedure is much less invasive using this technology."

Because RWJ is the only hospital in the region using the *da Vinci*® Xi for procedures

such as these, Mrs. Agrillo chose to have her procedure there.

"Years ago, I did per diem nursing there at RWJ," Mrs. Agrillo noted. "I knew that the hospital always had the latest technology and I felt safer there."

Dr. Gopal performs the surgery by making small, one centimeter incisions with the robot instead of one six-inch incision used in traditional methods.

"A six-inch incision is similar to the size of the incision used for a c-section," Dr. Gopal explained.

Using the robot, Dr. Gopal attaches permanent material (a mesh) around the vagina to provide support. It is anchored to the vagina and a ligament over the sacrum. This prevents the existing bulge from growing larger and becoming worse.

"Many patients can return home the next day, be back to work in two weeks and experience less pain as they recover," Dr. Gopal said. "The immediate return to quality of life is significant."

Mrs. Agrillo had the procedure in February and returned home just three days later. She started walking within the first 24 hours and needed virtually no pain medicine.

"I felt immediate relief from the pain I was having," she explained. "I had five little



Shown above: Manish Gopal, MD, a urogynecologist at Robert Wood Johnson University Hospital New Brunswick, recently became the first surgeon in New Jersey to perform a minimally-invasive, robotic sacral-colpopexy for Mrs. Agrillo's pelvic prolapse using the da Vinci® Xi Surgical System.

incisions, which healed right away. I feel fantastic now; I am back to walking two miles three to four times a week and dancing."

Visit www.rwjh.edu/minimally-invasive or call 1-888-MD-RWJUH.