

WOMEN'S HEALTH

Robotic Surgery Helps Moms On the Go

Tamika Dukes no longer takes “normal everyday things” like shopping, eating out and going to the park with her son for granted.

Shown: Tamika Dukes' biggest concern when considering surgery to remove her uterus was how she was going to care for her autistic son after surgery. So Ms. Dukes sought out the care of a surgeon specially trained in performing hysterectomies with a robotic surgical system, and her pain and recovery was minimal.

For five years, the cramping, bloating and heavy bleeding from uterine fibroids and endometriosis forced her to limit her activities and stay close to home.

But after having a robotic hysterectomy at Robert Wood Johnson University Hospital Somerset (RWJ Somerset) in September, Ms. Dukes said, "I got my life back. I'm off the couch and out of the house."

Ms. Dukes, 39, of Plainfield, first began experiencing heavy menstrual periods after the birth of her son in 2009. At first, she thought the heavy bleeding was normal after childbirth. But over the years, the pain and bleeding got progressively worse. Because her mother had been diagnosed with uterine cancer at the age of 28, she grew more and more concerned.

Friends suggested she see Marlan Schwartz, MD, a robotic surgeon who is Chairman of the Department of Obstetrics and Gynecology at RWJ Somerset.

Tests showed that the cause of her symptoms were uterine fibroids and endometriosis. Uterine fibroids are tumors that develop in the uterus, causing heavy menstrual periods, bleeding between periods and abdominal pain. Endometriosis is when tissue similar to endometrial tissue that lines the uterus develops outside the uterus, either on other organs or tissue in the pelvis, causing internal bleeding during the menstrual cycle, inflammation and pain. This condition affects between 2 and 10

percent of women of childbearing age. Dr. Schwartz discussed her range of treatment options, including uterine fibroid embolization to cut off the blood supply to the fibroids and shrink the tumors and a hysterectomy to surgically remove the uterus.

Ms. Dukes felt that the best long-term solution was to remove her uterus, but she was concerned that a long recovery after surgery would limit her ability to care for her autistic son. Because her fibroids were amenable, Dr. Schwartz recommended a robotic hysterectomy using the *da Vinci*® Surgical System which would require only four small incisions and allow her to go home from the hospital in less than 24 hours.

"The pain and ability to recover after robotic surgery is much easier because of the small incisions," said Dr. Schwartz. "There is less bleeding and less chance of developing a hernia or infection. The robot also offers advantages for me as a surgeon, giving me better dexterity and better visualization."

The *da Vinci*® Surgical System is a robotic platform that gives surgeons a high-definition 3-D magnified view, with a level of detail far beyond what is seen during traditional surgery. Sitting at a console a few feet from the operating table, the surgeon controls the robot's arms to manipulate tiny instruments. These instruments have a greater range of motion than the human hand and give surgeons access to hard-to-reach areas.

In addition to hysterectomies, gynecological surgeons at RWJ Somerset are using the

robot for the removal of fibroids, ovarian cysts, one or both ovaries and/or tubes, uterine suspension, vaginal vault suspension, endometriosis and the excision of pelvic masses. Urologic, bariatric and general surgeries, such as colon, gallbladder and spleen removal, are also performed by the hospital's robotic surgeons.

Ms. Dukes says she noticed an immediate relief of her symptoms after her surgery.

"I felt amazing," she said. "I felt really, really great."

Although she felt a little sore and achy after the surgery, she didn't take any pain medications, not even ibuprofen, she says.

"Everyone at the hospital was so genuinely amazing – they were so concerned and caring," Ms. Dukes said. "It was the best experience I had in the hospital ever."

Thirteen days later, she was back to work full-time as a receptionist for Neurological Associates of Central Jersey in Bound Brook. Typical recovery time for a traditional open hysterectomy is six to eight weeks, according to Dr. Schwartz.

"It was the best thing I've ever done," Ms. Dukes said. "Technology is great. Don't wait like I did to get the help that you need."



Shown above: Marlan Schwartz, MD, Chairman of the Department of Obstetrics and Gynecology at Robert Wood Johnson University Hospital Somerset, is also a surgeon specially trained in robotic surgery for women's gynecologic conditions.

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