



Meet Your Doctor

By Aaron Curtis

Dr. Myron Luthringer

Doctor is the area's first da Vinci certified obstetrician/gynecologist performing robotic hysterectomies and myomectomies. He discusses the benefits of the da Vinci's use in surgery

Q: You are the first da Vinci certified obstetrician/gynecologist performing robotic hysterectomies and myomectomies in the region. What exactly is robotic surgery?

A: The robot, da Vinci, is a state-of-the-art, most advanced surgical assistant tool that we have in the world and we have it here in Syracuse.

Q: How do you operate the da Vinci robot?

A: The robot has a 3-D camera, which allows me to look into the abdomen. It is like I have been shrunk and put into the pelvis. I could never see anatomy like this even when I had an open procedure going on or conventional laparoscopy. The way I operate is, I sit at a console and I move the camera exactly where I want it. You have a clutch and a camera pedal, which zooms in and out and moves left and right. Clutch allows you to bring in an additional instrument. The right foot pedal has the energy sources which goes through your instruments that are in there because most of the surgeries are done through electrical current as far as cauterizing and cutting tissue.

Q: In which ways is it better than conventional lathroscopy?

A: Conventional lathroscopy includes the use of my hands, trying to hold different instruments while having an assistant trying to figure out where I need the camera. Some of the drawbacks however were the differences in anatomy. Anatomy is not just straight lines. There are angles and curves. You have to get around and see around tissue. When you start performing more advanced laparoscopy surgery, visualization is poor and manipulation is poor and suturing is very difficult. On the da Vinci, the instruments actually bend. The way I open and close my hands and move my wrists results in the instruments carrying out the same movements in the abdomen. Also, they have a 365 degree range, which, of course, I don't have that ability. It is extremely precise movement.

Q: What are the benefits to the da Vinci surgical system for the patient?

A: A da Vinci robotic surgery allows me to do surgery,

minimally invasively, while allowing me to perform difficult procedures that I wouldn't have done during a lathroscopic procedure. This is done with great safety for the patient and extreme precision. I have taken a fibroid the size of a grapefruit out of the uterus and repaired it. I have taken out a uterus the size of a 26-week pregnancy with the da Vinci. We have come through a spectrum of surgery. Initially, to do abdominal surgery, you need an incision six to eight inches long. Those patients are in the hospital three to five days sometimes longer. Recuperation could take six to eight weeks with a lot of pain and potential problems with wound healing. Laparoscopy surgery started in the late 80s and included small incisions. Here you put the scope inside the abdomen so we are not looking through a big incision, but on a TV

monitor. It works well in small procedures. The big thing is with robotic surgery, patients have much less pain and recover so much quicker. For example, patients after a complete hysterectomy go home 16 hours later on Motrin.

Q: Why do you think the pain is lessened as a result of the da Vinci being used for these procedures?

A: The instruments move but they are held stationary at the abdominal wall because the instruments bend. For these straight laparoscopy instruments, not da Vinci instruments, when we put instruments in the ports and reach across the patient trying to manipulate here and there we have to torque the abdominal wall in order to get the angles we need internally. As a result, the patients grow very sore in the abdominal wall.

Q: What is the benefit of using the da Vinci for you?

A: It makes me a better surgeon.

Q: Are there any negatives to the da Vinci robot?

A: The cost of the robot is \$1.65 million and the surgery does take a little longer. There is a learning curve. I have to train in other states for example. I have invested a lot of time in this. Also, when we are sitting at the console and we are doing robotic surgery I don't have tactile feeling. Which means, for example, I can put my finger in the abdomen to see how soft something is, but the instruments don't have that ability. I haven't seen this to be too much of a drawback.

Q: Is the da Vinci used for other procedures outside of your field of gynecology?

A: Prostatectomies are being performed with robotic surgery. Actually,

the da Vinci was initially designed for cardiac surgery. The saying is they were aiming for the heart and hit the prostate.

Q: How common is the use of the da Vinci in the world of gynecology?

A: The number of hysterectomies in the U.S. annually is 650,000. This makes it the second most common surgery after Caesarean section. Of those 650,000 two-thirds are done with old open large incisions. Out of that other one-third, some of that one-third are done vaginally and about 12 or 13 percent are done minimally invasively with lathroscopy, while only 2 or 3 percent are done with the da Vinci.

Q: I understand that Community General Hospital was the first hospital in Central New York to purchase a da Vinci. How common is the presence these units in hospitals across the nation?

A: Only 8 percent of hospitals nationwide have a robot.

Q: What does the future hold for the da Vinci robotic unit?

A: What I hope to see in the future, nationally and in the world, is the vast majority of benign gynecology being done with da Vinci robotic surgery. We know that complication rates are lowered with less transfusion and lower wound infection. I want to see more studies. My initial analysis by looking and reviewing charts is I believe that we are improving in many aspects of these surgeries.

Q: What personal strengths do you possess that make you good at your profession?

A: I care about my patients and I try to treat every patient like they were a part of my family.

Q: Why did you choose to specialize in obstetrics and gynecology?

A: I wanted to do medicine that involved surgery. During medical school we had a large exposure to obstetrics and the surgical aspects of gynecology. I remember as a medical student during my first rotation I was on the labor delivery suite and somebody was going to have a baby and there were no attendants on the floor. I was pulled in to do the delivery and I got through it. It was an experience that set the path for the style of my career.

Q: How many babies have you delivered through the course of your career?

A: It's estimated at over 8,000.

Dr. Myron Luthringer is a board-certified obstetrician and gynecologist. Luthringer operates out of the Advanced OB-GYN office located in Syracuse and Auburn. He is chief of gynecological robotic and minimally invasive surgery at Community General Hospital. Luthringer is the first da Vinci certified obstetrician/gynecologist performing robotic hysterectomies and myomectomies in the area. His office can be reached at (315) 492-5915 in Syracuse or (315) 255-5945 in Auburn.

