



Urology

Swedish Robotic Surgery Fellowship Program Update Fall 2015

As one of our most generous donors, I wanted to update you on the remarkable urologic care you are making possible at Swedish. Urologic disorders can be among the most uncomfortable, inconvenient and often embarrassing health issues for patients. But with the partnership of donors like you, patients all over the West Coast now have access to advanced treatment options such as robotic surgery.

As a nonprofit health-care provider, your philanthropic investment has been vital to establishing Swedish as one of the country's leading robotic surgery centers. Led by Jim Porter, M.D., our medical director for robotic surgery, in 2005 Swedish purchased one of the first daVinci surgical robots in the Northwest to perform minimally-invasive prostatectomies. We have been growing our use of this groundbreaking technology to treat a wide variety of disorders including urological, gynecological, colorectal, cardiac, lung, esophageal and general surgeries. The technique improves maneuverability, visibility and precision for our surgeons and improves healing time for patients while reducing trauma, pain, complications and time under anesthesia. Our program has grown to become the highest volume center for robotic surgery on the West Coast and one of the busiest programs in the country.

Swedish's early adoption of robotic surgery was made possible by gifts from donors who understood its potential, and two key components of our program, medical research and our robotic surgery fellowship program. These components are crucial to our ability to offer our community the most advanced care possible and for Swedish to remain a national leader in robotic surgery.

Our research allows us to identify and validate best practices in the expanding field of robotic surgery. Our early adoption of this technology, our large patient volumes and the long-term follow-up data we now have access to make us uniquely qualified to conduct this kind of research.

Swedish has also become an important center for robotic surgery training. For the twelfth year in a row, our 100 percent donor-funded daVinci Robotic Surgery Fellowship Program offers a qualified surgeon one year of intensive training in robotic surgery. The fellows have been key to the rapid expansion of robotic surgery at Swedish.

Our outgoing fellow, Ashraf Haddad, M.D., and incoming fellow, Joy Lee, M.D., recently answered our questions about Dr. Porter's Robotic Surgery Fellowship Program at Swedish.

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Ashraf Haddad, M.D., Outgoing Fellow
Swedish Robotic Surgery Fellowship Program
Undergraduate School: University of Michigan
Medical School: Wayne State

Swedish: What inspired you to get into medicine?

AH: My father is a pediatrician, so I always had a health background. I thought I was going to be going into the medical field, but I wasn't exactly sure. I took a couple of years off after college because I wasn't exactly sure what I was going to be doing, but ultimately did think that the right decision for me was medicine.

Going through a rigorous type of major in the sciences (bio-chemistry), sometimes you forget about what the end results of some of that science is. It was more of a mini-epiphany for me that I wanted to apply that science to people and have a clinical outlook for the sciences that I was learning.

Swedish: How did you identify robotic surgery as an interest and learn about the Robotic Surgery Fellowship at Swedish?

AH: That was closer towards the end of my residency. I had some exposure to it in my residency, but for me, I didn't feel comfortable enough to be doing it on patients regularly without having a more comprehensive training in it. I was familiar with Dr. Porter. He's pretty well-known for his robotic surgery, especially in the urology field. I looked him up and applied to the fellowship.

Swedish: What was the focus of your fellowship this past year?

AH: The purpose of this fellowship is to learn robotic surgery. Most of the robotic cases that we do are cancer-related operations. The two main kind of cancer operations that we do are for prostate cancer where we remove the prostate robotically. Then there's kidney cancer, which is probably second most common operation where we remove parts of the kidney that have the kidney masses, the tumors in them. That's particularly important because doing that procedure has more variability to it than doing prostate cancer operations robotically. Because of that variability, it requires a little bit more expertise in robotic surgery.

I think that's where and why a lot of patients do actually ultimately get referred to Dr. Porter for kidney masses is that there's a much higher level of difficulty to do those operations. To do them robotically requires that expertise. Otherwise, the patients end up getting a different kind of operation because that expertise can't be met. Instead of removing, for instance, that part of the kidney that has the tumor in it, a lot of patients will end up getting a full removal of that kidney because the tumor is in a harder location to access or it's just bigger than what a urologist is normally capable of removing, but with his abilities, he's able to remove that portion of the kidney and preserve the rest of it.

That's a very different kind of an operation than just removing the kidney. It does require that amount of expertise. Something that's pretty valuable to be able to see

somebody doing that robotically, that's why a lot of those patients are referred to him because it's just too difficult for those other urologists to do.

Swedish: What kind of research are you working on with Dr. Porter?

AH: It's a randomized study. We're randomizing patients into one of three arms. Those three arms are referring to how we're going to control a number of blood vessels that sit on top of the prostate. When we're doing our robotic prostatectomy, there's a few ways to go about doing it. We're trying to answer the question, is one of those three ways better for the patients in general from a cancer perspective, from a continence perspective, and from an erectile function? Those are the three ends that prostate cancer treatment typically affects.

Afterwards, when we see them in their follow-up visit, that's where we're going to collect more data and find out how our treatments have affected them. That involves me creating a database and putting those patients in our database and following them in that regard.

Swedish: What has been the most valuable thing that you've learned this year?

AH: When we're doing minimally invasive surgery and we're doing robotic surgery, a lot of urologists pride themselves in being able to do the operation in a speedy fashion to be in and out of the room as quickly as possible. It's thought of as a mark as to how well you can do robotic surgery. Since I came out to do this fellowship, I noticed that Dr. Porter's operations last just as long as other surgeons and sometimes longer, but that is because he is doing so much more intraoperatively to ensure the success of the operation and minimize complications than the vast majority of other robotic surgeons.

I think it's, at the end of the day, looking at how great his outcomes are, it's just because of how comprehensive he is in trying to make sure that patient safety is probably above all things and cancer control and the whole purpose of why we're doing the operations obviously take into consideration. He does a very great operation regardless of what that operation is. He's a 110 percent involved in that treatment. There's really no slacking when it comes to him. He's very comprehensive in his approach to treating the patient, but with that, he's not trying to just speed along, though he's probably one of the fastest robotic surgeons I've ever met.

There's a reason why he's rarely had to take patients back to the OR for any complications. It's because of how comprehensive and how safe he is in the operations. I hadn't really considered the degree to which this is the case until I started the fellowship. Of course, we always try to optimize outcomes, but to the amount that he does it is a big surprise.

The patients really do reap those rewards. It's one of the few things that I ever had to worry about is postoperative complications. It would be very rare actually in this fellowship to have them with how comprehensive he is. I don't think it's just because I'm coming from a training facility. I think it's very rare for any urologist to have this low of a complication rate. I think it's dedicated to his comprehensive care from beginning

to end with these patients in the operation and afterwards.

It's very impressive. I'm sending patients home the next day. I've got to remind myself not to be tempted to overlook some of the minutia just because of how good his outcomes have been in the past. I have to treat every one of his patients as a new patient, make sure I look at every single part of the data, even though I know that they're going to go home that same day. It's very rare for them to stay an extra day. These are for cases that are some of the most complex urological cases that we do as urologists. Cases that patients would normally stay in the hospital for a week are going home the next day.

Swedish: What advice would you give the incoming fellow?

AH: I would say one of the beneficial things that I've learned to do is to watch the videos that he's done.

If there is a patient who had a positive surgical margin, he wants to know why that's the case. He'll watch his videos over again. That is unheard of. Nobody does that. No other urologist I've ever seen does that. He's that interested in trying to get the best kind of outcomes he possibly can. He does his homework. The benefit of him doing that is also not only the fact that he's learning how to better himself with these surgeries and teaching the fellow how to do that, but now the fellow can also reap some of these rewards by watching the videos and making sure that we're doing the same kinds of steps he is.

We're able to mimic his hand movements, his procedures. Why is he doing this? Why is he doing that? You can go back to the videos and learn why he's doing whatever he's doing in the procedure by being able to have that. It's not just a real time, if you weren't paying attention you missed it, right then and there. You can recycle. You can renew yourself. You can watch his videos over again and try to understand why he is doing a particular technique or why he has that technique in the first place.

Swedish: Is that something you think you'll incorporate into your own practice?

AH: Yeah, I do. In addition to that, just the fact that he has a database and he follows his cancer patients from that perspective, it gives you an objectivity to your practice because you can counsel these patients and tell them this percentage of my patients after they undergo this operation are incontinent. That's not a number that I'm giving you just from nationwide data. That's my actual numbers. That's important because they're going to be treated by you. They know up front what you're able to offer them based on your history. It's a very valuable thing I think that he has. That's something I'll be carrying off to my next practice.

Swedish: What's next for you?

AH: I'm going to be joining a private practice group in Sacramento. One of the urologists who works there now is one of my chief residents. They are professional and do a great job.



Joy Lee, M.D., Incoming Fellow
Swedish Robotic Surgery Fellowship Program
Undergraduate School: Yale University
Medical School: UT Southwestern Medical Center

Swedish: Tell us about your background.

JL: I grew up in New Orleans and went to undergrad at Yale. I was initially interested in medicine, and then at Yale became interested in history and art history. I majored in art history and was looking to do a master's in art history to explore that route. I took a year off, went to India, did community and environmental medicine health volunteer work. After India, I went to UT Southwestern in Dallas for medical school.

Swedish: When did you become interested in robotic surgery?

JL: I knew I was interested in surgery all along, but didn't know exactly which sub-specialty. It was actually a good friend of mine who had decided to apply for urology who told me to check it out because it's a great field, with really down-to-earth people, especially for surgeons. They're pretty normal people. They have an immature sense of humor. So I looked into it, and I loved it. At the time it was probably one of the first fields using robotics, so it felt like it was on the forefront of technology. There was endoscopy, robotics and laparoscopy, and big open cases. You could take care of kids, women, men – the full spectrum – while being a surgical subspecialist.

I just finished residency at Stanford. We get great training there, but not as much exposure to robotic retroperitoneal surgery, which I was interested in. This seemed like a perfect opportunity to hone this advanced technical skill-set and be in Seattle.

Swedish: How did you learn about the fellowship with Dr. Porter?

JL: One of my mentors from Stanford, Dr. Ben Chung, suggested I look into it. He trained in minimally invasive surgery, and in those circles Dr. Porter's name is often mentioned. So when I was looking at opportunities in Seattle, he encouraged me to look into this fellowship and consider it strongly.

Swedish: Robotics is an emerging technology, how does it impact patient care and why is that interesting to you?

JL: Robotics has been shown to have decreased blood loss and slightly faster length of stay for certain surgeries. Our patients do great. In part it has a lot to do with the nursing here. I think nursing staff is really good about being hands-on, showing the patient they're around and that they're here to help. These are many things that help recovery, and first and foremost is actually getting up and moving. It helps your lungs, it prevents pneumonia, blood clots, it stimulates the intestines. The patients may not necessarily associate all that with walking, but the nurses get them up and walking, they start to have a little bit more of an appetite and they take in more liquid, more nutrition. It actually kind of catapults everything in motion for recovery.

Swedish: What's your favorite thing about Seattle so far?

JL: Would it be weird to say the weather? It's absolutely beautiful. When I drive to

work from Eastlake, I drive down along I-5, so I get to skirt Lake Union. I see the Needle. I see the water. I can often see Mt. Rainier from Dr. Porter's office. My fiancé and I actually climbed Rainier last year and he proposed on the summit, so every time I see Rainier it brings back great memories which overshadow the pain and blisters.

Swedish: You just started your fellowship, but where are you headed after Swedish?

JL: Hopefully, I will still be in Seattle next year! I'm open to a wide variety of opportunities, whether academic, academic-affiliated, private, group systems; hopefully with the opportunity to do a fair amount of robotics.

Swedish: What's it like to be the first female urology fellow at Swedish?

JL: Urology is still a pretty male-heavy field. The percentage of women in urology has certainly increased significantly in the last 20 or 30 years, but we are still very much a minority.

Swedish: What do you like about working with Dr. Porter?

JL: He has so much experience. He has done over two thousand prostatectomies and I don't even know how many kidney surgeries. One of the greatest pearls I've learned already is in recognizing tissue planes. With as much experience as he has, he can see a lot that I'm still striving to see.

Dr. Porter has been good about letting me learn robotic surgery. In the operating room (OR) it's been a tremendous amount of learning. He's efficient. He's meticulous, which I think I was surprised about because often efficiency is at the cost of being meticulous about bleeding or about this or that. He will get fired up, stop in the middle of the operation, go to the white board, draw what he's trying to show me, and then go back.

Swedish: What do you want people to know about Swedish and the Robotic Surgery Fellowship Program?

JL: I've been really impressed at the entire infrastructure here. It's the most well-built, streamlined infrastructure I've seen, starting from clinic, getting patient's in for surgery expeditiously, the dedicated and fantastic OR team. We always have the same scrub nurse, and the same circulating nurse and they know his operations like the back of their hands. The OR suite was designed and built precisely with robotics in mind and is state-of-the-art. Dr. Porter's bedside assistant is one of the most skilled and active bedside assistants I've ever seen. Everyone is on the same page – the post-op care with the nurses encouraging patients, motivating them, getting them up and walking ... the entire "episode of care" as they started calling it at Stanford, is really impressive here. It's hard to replicate what he has here.

Thank you!

Thank you for bringing advanced urologic care available to our community. To learn more about the program or to meet Drs. Porter or Lee, contact Samantha Vanover, senior director of major gifts at Swedish Medical Center Foundation, at 206-386-3349 or Samantha.Vanover@swedish.org.