From the OR to the Principal’s Office: Video Assisted Thorascopic Surgery Offers Faster Recovery

Until this year, Principal Eileen Weissman had missed only a handful of days in her six years at Philadelphia’s Kensington International Business High School. That changed this past January when she underwent a lobectomy procedure—a Video Assisted Thorascopic Surgery (VATS), performed by Nathaniel R. Evans III, MD, Director of the Jefferson Minimally Invasive Thoracic Surgery Program—she was back with her students within two weeks of surgery.

A Brooklyn native, Ms. Weissman had developed a cough last July and was diagnosed first with bronchitis and then with pneumonia. Six weeks later an x-ray revealed that her chest was still not clear. In December, she was referred to Jefferson for a PET CT scan and ultimately to the Thoracic Surgery Program.

Dr. Evans explains that, in 2010, Jefferson performed 85 percent of thoracic procedures using VATS, largely to treat early stage lung cancer—rates that are nearly four times higher than the national average. “Given the sophistication and complexity of the procedure, experience is crucial in performing a VATS lobectomy,” explains Dr. Evans, “At Jefferson we have successfully provided the procedure to nearly 200 patients of various ages. Most importantly, the oncologic outcomes of these procedures are at least equivalent to those of patients who had the more traditional thoracotomy.”

Assistant Professor Scott Cowan, MD, explains, “Much like laparoscopic surgery, VATS requires only three small incisions in the chest. Benefits to the patient include a decrease in early and late postoperative pain, less of an impact on breathing and a shorter hospital stay. Our average hospital stay after VATS lobectomy is less than half the national average. Many patients go home the day after surgery.”

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In this issue

Dr. Yeo’s Overview
Page 2

Clinical Integration
Live Donor Liver Transplant – Page 2

Changing Lives Through Research
Dr. Beeldley – Page 3

On the Job
Dr. Goldberg – Page 3