

# Surgical Solutions

## 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 (removal of the upper lobe of her right lung) that also confirmed she had lung cancer. Thanks to the minimally invasive nature of the 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 (a graduate of the Jefferson Medical College and Jefferson residency program), explains, “Much like laparoscopic surgery, VATS requires only three small



**Principal Eileen Weissman was back in the hallways of the Kensington International Business High School less than two weeks after lung surgery thanks to the VATS procedure offered by the Thoracic Surgery Program.**

incisions in the chest. Benefits to the patient include a decrease in early and late postoperative pain, less of an impact

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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.” Within one or two weeks

of surgery, a patient like Ms. Weissman is on her way to the next step in her treatment plan, with radiation, or in her case, chemotherapy.

“I stay current with the work I do,” says Ms. Weissman, “and I wanted a surgeon who was on the leading edge. My husband and I asked a million questions, and Dr. Evans answered all of them. From the beginning I was impressed by how he exudes confidence. Having a surgeon of that caliber in your corner makes the process somewhat easier.”

For more information about the Thoracic Surgery Program visit: [www.jeffersonhospital.org/thoracicsurgery](http://www.jeffersonhospital.org/thoracicsurgery)

### About the Program



**Scott Cowan, MD, and Nathaniel R. Evans III, MD, Director of the Minimally Invasive Thoracic Surgery Program**

For complex cases of lung and esophageal cancer, the Kimmel Cancer Center coordinates preoperative and postoperative care (including chemotherapy and radiation) through the Thoracic/Aerodigestive Multidisciplinary Cancer Clinic. This team of medical oncologists, radiation oncologists, pulmonologists, as well as physician assistants and nurse practitioners, forms a comprehensive treatment plan, which often includes clinical trials offering leading-edge treatments.

Thoracic surgeons also team up with general surgeons to perform the complex, minimally invasive esophagectomy procedure (removal of the esophagus) for gastric and esophageal cancer, using a combination of VATS and laparoscopy.

The Thoracic Surgery Program is also proud to offer Robotic-Assisted Thoracic Surgery. These procedures use several small incisions like the VATS, but are more complex because they access smaller spaces around the heart and lungs. The surgeon sits at a screen in the OR, watches images from the tiny cameras inserted through the incisions, and operates via the robotic arms. Jefferson is one of the only Delaware Valley hospitals to offer robotic thymectomy (removal of the thymus).

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