

# Surgical Solutions

## Thoracic & Esophageal Surgery Program Combines Nationwide Expertise with Robotic, Telehealth Innovations



Our surgeons use the da Vinci® Surgical System, which provides a magnified, high-definition 3-D image of the patient's anatomy and translates the surgeon's hand movements into precise micro-movements.

The Jefferson Thoracic & Esophageal Surgery Program offers a full range of services with an emphasis on robotic procedures (90% of cases) – increasing the likelihood of a shorter hospital stay and a faster overall recovery. Led by Nathaniel R. Evans III, MD, the Program is comprised of surgeons Scott W. Cowan, MD, Tyler R. Grenda, MD, MS, and Olugbenga T. Okusanya, MD, as well as nurse practitioner, Sung E. Whang, DNP, CRNP.

Robotic approaches can be especially beneficial for lung cancer patients. When performing lobectomies and segmentectomies with this technology, surgeons are able to spare more healthy lung tissue.

"These techniques provide patients optimal breathing function after surgery," Dr. Evans explains. The team also uses robotic methods to treat esophageal cancer and hiatal hernias, including very large hernias of the stomach into the chest.

The Program is part of an enterprise multidisciplinary group, which includes gastroenterologists and general surgeons and looks at all types of complex esophageal cancer, as well

as benign esophageal diseases and conditions, such as reflux and hiatal hernias.

*Along with robotics, the Program has also been an early adopter of telemedicine. Even before the COVID-19 pandemic, the team led the way in using virtual visits to engage with patients.*

Dr. Evans notes that one of the Program's strengths is the diversity of its team's education and experience. Having been trained at institutions from coast to coast, these surgeons bring perspectives from some of the largest thoracic surgery programs in the country. For example, Dr. Grenda is an expert in revision foregut surgery – that is, correcting previously treated hernias that recur a second or third time. In addition, Dr. Okusanya came to Jefferson from the nation's leading Minimally Invasive Esophagectomy program and is also initiating a program

focused on Thoracic Outlet Syndrome. Common among athletes, this condition may develop when the muscles at the top of the chest become so enlarged that they pinch the nerves, arteries and veins coming out of the chest.

Along with robotics, the Program has also been an early adopter of telemedicine. Even before the COVID-19 pandemic, the team led the way in using virtual visits to engage with patients. In 2018, Dr. Whang received the JeffConnect Healthcare Delivery & Quality Transformation Award for facilitating 149 video visits with post-op patients over a 12-month period.

"Because of that early experience, it was easy for us to transition fully to telehealth visits earlier this year," Dr. Evans says, adding that the program completed 567 telehealth visits from mid-March to mid-December. Dr. Grenda reported that experience in the August 2020 issue of the *Annals of Surgery*.

"There were multiple patients that we 'met' via video visit to review the plan and the imaging studies that needed to be done prior to their surgery. We wouldn't physically meet them until the day of the surgery."

One such patient first presented in the Emergency Department with COVID-19. Only through that diagnosis was she found to have lung cancer. After a virtual visit with Dr. Evans, she was scheduled for a robotic right upper lobectomy – a procedure that successfully removed the cancerous tissue and confirmed she had stage IIB disease. She spent just one night in the hospital and following an uncomplicated recovery, she was treated with adjuvant therapy.

To schedule an appointment with a thoracic surgeon or refer a patient, please call **215-955-5562**.

### The Surgeon Speaks



"Our team is committed to exploring and adopting new and better ways of caring for our patients. That's evident both in the surgical techniques we use and the ways in which we engage with patients.

It's also clear in our research priorities. One example is a recent clinical trial on immunotherapy for early-stage lung cancer. This represents the new frontier for immunotherapy, which currently focuses on metastatic or late-stage disease.

In another study, we're collecting lung cancer samples to explore the potential to create a blood test for lung cancer. This involves drawing blood from patients with and without lung cancer and then assessing their micro-RNA to identify potential signs of cancer.

We're being mindful to include patients of all ethnic backgrounds to ensure our results are applicable to the real-world – including the diverse base of patients that we care for at Jefferson."

**Nathaniel R. Evans III, MD**  
Professor of Surgery  
Director, Division of Thoracic & Esophageal Surgery

For more information, please visit:  
[JeffersonHealth.org/Korman](http://JeffersonHealth.org/Korman)

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