The Heart Hospital Baylor Plano Performs 1,000th Robotic Surgery

Baylor Heart & Vascular Hospital Begins Robotically Assisted PCI; Expands Structural Heart Disease Program

Surgeons on the medical staff at The Heart Hospital Baylor Plano (THHBP) achieved a major milestone when they performed the hospital’s 1,000th robotic surgery March 31, nearly six years after initiating the program in November 2011. According to Intuitive Surgical, the manufacturer of robotic-assisted technology used by The Heart Hospital Baylor Plano, THHBP is the busiest program in Texas and the 10th busiest in the world.

“We've made a significant commitment to quality that has resulted in excellent outcomes,” said Robert L. Smith II, MD, a cardiovascular surgeon on the medical staff and cardiovascular surgical services vice chair at THHBP. “We have an entire team that makes us successful, from hospital administration and anesthesiologists to OR nursing and scrub techs.”

Cardiovascular procedures that can be performed with the robotic surgical system include limited coronary revascularization, mitral and tricuspid valve repair and all thoracic surgical procedures. They have also used the robot in atrial septal defects closure and atrial fibrillation ablation. Almost every thoracic procedure can be performed with the robot unless there is a large lung mass greater than 15 centimeters.

“The surgeon has a lot more maneuverability with the robot compared to other minimally invasive techniques using long instruments that don’t have wrists,” Dr. Smith said. “There are small instruments at the end of each wrist which provide a much greater degree of freedom when using sutures and other devices around the heart. It’s almost like having the surgeon’s hands in there.”

Kimble Jett, MD, medical director of thoracic surgery, said “Robotically assisted surgery is a win-win for the surgeons on our medical staff and our patients. The surgeons can do a better job because their vision is better. Even if we remove an entire lobe of the lung robotically, most patients go home the next day with greatly decreased pain and with a much quicker recovery.”

BHVH/THHBP Begin Robotic-Assisted PCI

Interventional cardiologists face unique occupational hazards. Radiation exposure puts them at risk for cancer, including brain tumors. The heavy lead aprons worn to decrease radiation exposure often leads to orthopedic problems.

Earlier this year, interventional cardiologists on the medical staff at Baylor Heart and Vascular Hospital in Dallas and Fort Worth, as well as THHBP, began performing coronary angioplasty using a robot (robotic-assisted PCI).

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The CorPath® Vascular Robotic System allows the precise, robotic-assisted control of coronary guidewires and balloon/stent devices during percutaneous coronary intervention (PCI) from the safety of a radiation-protected interventional cockpit.

“The most significant advantage is to the operator who is shielded from radiation with less wear-and-tear on the back,” said Jeffrey M. Schussler, MD, FACC, FSCAI, medical director for Critical Care Cardiology at BHVH. “In addition, the robotic system does offer a slight increase in patient safety. The system allows more precise delivery of stents and balloons. By using this device, we can place stents into the heart arteries in increments of a millimeter, movements that are hard to replicate with human hands. This also allows us to see how long the blockages are by measuring against the balloon and determine the size of the stent that is needed.”

Dr. Schussler performs his coronary angiograms through the wrist more than 95 percent of the time. By going through the wrist, patients can sit up immediately, in contrast to the transfemoral approach. The transradial approach also reduces the risk of bleeding, and makes earlier discharge more feasible.

**BHVH Expands Heart Valve Program in Dallas and Fort Worth**

Baylor Heart and Vascular Hospital continues to grow its structural heart disease and heart valve program at both the Dallas and Fort Worth campuses. In this program, a multidisciplinary team of interventional cardiologists, cardiothoracic surgeons and imaging specialists apply advanced technology and techniques in the treatment of aortic and mitral valve disease.

Physicians on the medical staff are highly skilled and experienced in both open and percutaneous procedures. Specialized interventions include:

- Transcatheter aortic valve replacement (TAVR)
- Transcatheter mitral valve repair
- Evaluation for mitral valve repair over replacement. Repair in most cases is the better option for long-term survival with fewer complications
- Minimally invasive valve repair and replacement using sternal sparing, port-access approaches

“Our TAVR program in Dallas has grown and become quite successful,” said Gonzalez Gonzalez-Stawinski, MD, chief of cardiac surgery for Baylor University Medical Center at Dallas and Baylor Scott & White All Saints Medical Center – Fort Worth. “Patient selection is broadening with clinical trials now studying its use not just in the highest-risk patients but in intermediate- and low-risk patients, which will have an incredible impact on the way we care for valve patients in the future.”

BHVH also has committed to bringing advanced heart and vascular services to Fort Worth and all of the Tarrant County area through its center on the sixth floor of Baylor Scott & White – Fort Worth. Currently, a mitral valve program is in place, and a TAVR program is planned for the near future.

“The mitral valve program is a unique program that is not offered by any other medical center in the Fort Worth market at this time,” Dr. Gonzalez said. “We are definitely interested in continuing to grow and develop our minimally invasive and percutaneous valve programs in both the Dallas and Fort Worth markets.”

For more information on these programs or any of our services, visit www.TheHeartHospitalBaylor.com or www.BaylorHeartHospital.com
Fourth and Fifth Uterus Transplant Recipients Achieve Milestone of Uterine Functionality

In September 2016, Baylor University Medical Center at Dallas performed the first four altruistic or living-donor uterine transplants ever done in the United States. These procedures were part of a new clinical trial being conducted through Baylor Scott & White Research Institute that will implant wombs in 10 women with absolute uterine factor infertility, meaning their uterus is nonfunctioning or nonexistent. The hope is to give these women a chance to become pregnant and carry a child full term.

In three patients, the uteri were removed when it was determined the transplanted organs were not receiving adequate blood flow. However, both the fourth patient and a fifth patient who was transplanted in December have achieved uterine functionality, i.e. they are experiencing menstruation.

"With uterus transplants, there are four milestones to success," said Giuliano Testa, MD, principal investigator of the clinical trial and surgical chief of abdominal transplantation at Baylor Dallas. "The first milestone is a successful transplant procedure. The second is uterine function. The third milestone is implantation of a fertilized egg, while the fourth and final milestone is pregnancy and delivery of a baby. Our next step with these two patients is implantation of a fertilized egg, first with the patient who received a uterus in September, and then with the patient who received a uterus in December. We are considering how long to wait since it is better for the patients to take immunosuppressive medications for the shortest time possible."

The five remaining recipients for a uterus transplant have been selected, but the trial is still accepting applications for altruistic donors. Potential donors must be healthy, have had children and are finished with pregnancy, and are willing to help someone else. As with any organ donation, younger donors may lead to better outcomes.

"The requirements are fairly strict right now since we are in an experimental phase," Dr. Testa said. "But because this is a much less invasive surgery than a partial liver or kidney donation, for example, I foresee the requirements in the future may not be quite as strict.

"We have learned an enormous amount of information since the initial surgeries," Dr. Testa continued. "There are not large groups of statistics since so few of these procedures have been done around the world. Each case has a unique history, and with each case we learn something new."

The clinical trial was first announced in February 2016 after a two-year research initiative. The surgical team included four surgeons on the Baylor Dallas medical staff and two from Sweden’s Sahlgrenska University Hospital, a relationship forged through Göran Klintmalm, MD, PhD, FACS, chief and chairman of Baylor Annette C. and Harold C. Simmons Transplant Institute at Baylor Dallas, and his connection to the University of Gothenburg. That was the location of the world’s first successful birth via transplanted uterus in October 2014.

"We strongly believe in this clinical trial and its potential to change lives," Dr. Klintmalm said. "The entire process of transplantation, fertilization, prenatal care and delivery – they’re all connected as part of this study, and they’ll all take place at Baylor Dallas. All of these components are integrated with one goal in mind: helping women who’ve been previously unable to have a baby."

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Surgical Institute has Highest Volume Robotic Hernia Repair in Baylor Scott & White Health

Surgical Institute has maintained a long-standing reputation for quality surgical care throughout the Dallas, Plano, McKinney, Carrollton and Frisco communities for more than 50 years. With seven practice locations in Dallas, Park Cities, Carrollton, Plano, McKinney and two in Frisco, patients can receive prompt access to an experienced general surgeon.

“Inguinal hernias are one of the most common problems we see, and with our volume and experience in robotic repair, we have had fantastic patient outcomes. Patients have a faster return to work with many work hours saved, which we think is a tremendous benefit to the community,” said Lam D. Le, MD, FACS.

“With the robot, we can assess the hernia bilaterally and make the repair through small incisions less than a centimeter,” said Steven Schatz, MD. “We’ve had good success with this approach.”

Surgical Institute Offers Ease of Access, Personal Service

“We have the ability to accommodate patients with same-day or next-day appointments. Even with our many offices, we all manage our schedules to provide coverage for patients that need to be seen promptly,” said Elizabeth Papaila MD. “We have a small, tight-knit staff our patients feel comfortable with. We are a large, multi-office practice that maintains a personal touch.”

“Referring physicians will always speak with one of us when calling after hours, rather than an assistant, Dr. Le said. “There is constant communication among all of us, so we know ahead of time what to expect and what to do about a patient’s care.”

In addition to Dr. Le, Dr. Papaila and Dr. Schatz, the very experienced surgeons of Surgical Institute include Ryan Burkart, MD FACS, Howard Derrick, MD FACS, Nelson Littrell, MD, FACS, and Jill Stephenson, MD FACS. Among the varied procedures they perform are paraesophageal hernia repair, gallbladder surgery, endocrine procedures, including thyroidectomy, adrenalectomy, parathyroidectomy and melanoma surgery, as well as colon resections for colon cancer.

“With these complex, specialized procedures, we try to perform them laparoscopically as often as possible,” Dr. Littrell said. “Patients are usually in the hospital just one night and back to normal function in about two weeks.”

The surgeons of Surgical Institute take an individualized approach to developing treatment plans, but are committed to using minimally invasive surgical techniques, either traditional laparoscopy or robotically assisted laparoscopy, whenever possible.

The surgeons treat patients at Baylor University Medical Center at Dallas, Baylor Scott & White Medical Center – Plano, Baylor Scott & White Medical Center – McKinney, Baylor Scott & White Medical Center – Carrollton and Baylor Scott & White Medical Center – Frisco. They will soon open a third location in Frisco where Surgical Institute will provide the general surgery and trauma service for Baylor Scott & White Medical Center – Centennial.

For more information, visit www.SurgicalInstituteDocs.com.
Chris Cottrell, MD, and Steve Leeds, MD, Discuss Alternative Procedures for GERD

Over-the-counter or prescription medications, including proton pump inhibitors (PPIs), can be effective in controlling gastroesophageal reflux disease (GERD). However, many patients would prefer not to take medication, are tired of taking pills or are not doing as well as they would like. In addition, there is growing concern about the potential side effects of long-term use of PPIs, which include electrolyte disturbances, decreases in bone density and interactions with some heart medications. There is also some new evidence of an association with dementia and acute renal injury. Solutions for this cohort of patients attempted for the past two decades have been riddled with failure, but three procedures persist that have addressed this gap. Those procedures are TIF®, Stretta® (radiofrequency muscle injection) and LINX® (magnetic sphincter augmentation).

“These three therapies have been studied for outcomes with a robust published history,” says Steven G. Leeds, MD, of Minimally Invasive Surgery Specialists, an esophageal specialist who serves as director of minimally invasive surgery research at Baylor University Medical Center at Dallas. “Endpoints include the patient’s ability to be off PPIs, improvement in quality of life and the ability of the procedure to normalize the acid level in the esophagus.”

The LINX® Reflux Management System is a laparoscopic, fundic-sparing anti-reflux procedure that is placed around the esophagus just above the stomach using a minimally invasive surgical technique. The procedure lasts about an hour and many patients are able to go home the same day. The strength of the magnets helps keep the valve between the stomach and esophagus closed to prevent reflux. When a patient swallows, the magnets separate temporarily to allow food and liquid to pass into the stomach. “LINX has clearly provided the best response to GERD, but the patients have to undergo an outpatient surgical procedure as opposed to a purely endoscopic procedure without incisions for TIF and Stretta,” Dr. Leeds said.

Because acid reflux is a condition that has to be followed every year, patients of Dr. Leeds who have the condition are enrolled into a database and are evaluated at six months and every year after that. There are some cases where patients require more surveillance, but the majority of patients that have reflux need to be monitored.

“The best outcomes for any of these procedures result when performed in high volume centers with surgeons who are well acquainted with the knowledge needed to perform the appropriate esophageal procedure,” Dr. Leeds says. “This will maximize the patient’s chances of a favorable outcome and satisfaction while minimizing complications.”

For more information, visit www.SurgerySpecialistsDallas.com or call 214.820.0434

Christopher J. Cottrell, MD, FACS, a general surgeon with Baylor Scott & White Innovative Surgical Care – Rowlett and chief of staff at Baylor Scott & White Medical Center – Lake Pointe, offers the TIF® (transoral incisionless fundoplication) procedure to treat the anatomic cause of chronic acid reflux. The procedure is incisionless if no large hernia is present and is performed using the innovative Esophyx® surgical device. Over the last five years, Dr. Cottrell has performed the highest volume of TIF procedures in the Dallas/Fort Worth area.

“Using an endoscope and a device that fits over the endoscope, we can more closely recreate the normal anatomy by placing fasteners around the junction of the stomach and esophagus,” Dr. Cottrell says. “Traditional fundoplication can result in dysphagia, gas, bloating and the inability to burp or vomit. TIF has a better side-effect profile, offers a faster recovery and equal results in controlling heartburn and reflux.”

Patients with a small hernia can undergo a TIF procedure that is incisionless. For patients with a significant-sized hiatal hernia, Dr. Cottrell repairs the hernia robotically through a few small incisions in the abdomen, along with the TIF procedure. Almost 90 percent of patients go home the next day, whether they have undergone TIF only or TIF with surgical hernia repair.

“Many patients with reflux don’t know surgery is available,” Dr. Cottrell says. “The TIF procedure can be an excellent alternative for patients who don’t want to take medication or are not doing well on medication.”

For more information, visit www.ISCRowlett.com or call 469.619.2920.
Introducing Baylor Scott & White Center for Esophageal Diseases

The Center for Esophageal Diseases at Baylor University Medical Center at Dallas is a specialized gastroenterology practice focusing on esophageal disorders. The center offers an advanced, multidisciplinary team approach for treating complex esophageal disorders. The comprehensive center is built on three pillars: providing quality clinical care for patients, conducting innovative research and participating in education across the field of esophageal diseases. The Center for Esophageal Diseases works together with the Center for Esophageal Research at the Baylor Scott & White Research Institute.

Gastroenterologists Vani J.A. Konda, MD, and Stuart Spechler, MD, AGAF, FACG, are experts in treating gastroesophageal reflux disease (GERD), erosive esophagitis, Barrett’s esophagus, difficulty with swallowing, achalasia and other motility disorders, eosinophilic esophagitis, esophageal strictures and narrowing, and esophageal cancer. Gastroenterologist Rhonda F. Souza, MD, AGAF, FASGE concentrates primarily on the center’s research efforts. Dr. Spechler and Dr. Souza are the co-directors of both the Center for Esophageal Diseases and the Center for Esophageal Research.

“We are very excited to bring these specialized centers to North Texas,” Dr. Konda said. “In recent years, there have been significant advances in treatment for different diseases of the esophagus. Having our specialized centers means patients will receive advanced care and the benefits of advanced research.”

Esophageal cancer that develops in a condition called Barrett’s esophagus has been increasing seven-fold over the past several decades, and most patients are diagnosed at the late stages when they become symptomatic. In the past, patients with Barrett’s esophagus had to undergo an esophagectomy if dysplasia was present.

“Esophagectomy is a significant surgery with a lot of risk and lifestyle implications,” Dr. Konda said. “Today we have alternatives to surgery, including endoscopic mucosal resection, radiofrequency ablation and cryotherapy. We can perform these procedures through a scope to prevent or cure the disease at a very early stage and keep the esophagus largely intact.

“We will also see patients with reflux, especially those who need more answers when medications aren’t enough,” Dr. Konda said. “Often it’s not reflux at all, but something else that mimics reflux. We’ll do a thorough workup to diagnose and address the underlying cause of the symptoms.”

The Center for Esophageal Diseases also offers expertise in swallowing disorders. They offer high resolution manometry and specialize in the diagnosis and management of achalasia, a major esophageal motility disorder. They can counsel patients on which of the different treatment options for achalasia may be right for each individual. For example, per-oral endoscopic myotomy, or POEM, is a novel advanced endoscopic technique that allows physicians to enter through the patient’s mouth and pass an endoscope down the esophagus to cut the muscle fibers of the lower esophageal sphincter to allow the esophageal contents to empty into the stomach properly. This minimally invasive procedure may be an option for certain patients.

“Our Center for Esophageal Research is performing advanced investigations that integrate basic science techniques with clinical observations in many areas of esophageal disease,” said Dr. Spechler and Dr. Souza. “Our recent studies have challenged a century-old concept of how GERD damages the esophagus. We are presently involved in studies that will use this information to develop new treatments for GERD, and possibly prevent the development of Barrett’s esophagus. We are also very involved in studies on eosinophilic esophagitis, a recently recognized but surprisingly common allergic disorder of the esophagus. The Center for Esophageal Research has identified basic mechanisms for how proton pump inhibitors, which traditionally are used to treat GERD, can benefit

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Vani J.A. Konda, MD
patients with eosinophilic esophagitis. Our research is funded through grants from the National Institutes of Health, as well through the Baylor Scott & White Research Institute.

Dr. Konda attended medical school at Brown University Warren Alpert Medical School in Providence, R.I. She went on to complete her internship, residency and fellowship in gastroenterology at the University of Chicago. During her time there, she was named Director of Endoscopic Research and Director of Education Programs at the Center for Endoscopic Research and Therapeutics. Most recently she was awarded the American Society of Gastrointestinal Endoscopy Endoscopic Research Award.

Dr. Spechler attended medical school at Boston University School of Medicine. He completed his internship, residency, and gastroenterology fellowship at the Boston VA Medical Center program associated with Boston University School of Medicine. He later joined the Beth Israel Deaconess Medical Center in Boston to become the Director of the Center for Swallowing Disorders at Harvard Medical School. Prior to joining BSW HealthTexas Provider Network in January 2017, Dr. Spechler was Professor of Medicine and holder of the Berta M. and Cecil O. Patterson Chair in Gastroenterology at the University of Texas Southwestern Medical Center.

Dr. Spechler has chaired three VA Cooperative Studies on medical and surgical treatments for GERD, and he described the condition known as “short-segment Barrett’s esophagus” in 1994. Dr. Spechler has published more than 300 scientific reports, editorials, review articles, and book chapters on esophageal disorders, and he has served on the editorial boards of numerous gastroenterology journals.

Dr. Souza attended medical school at Howard University College of Medicine in Washington, DC. She then went on to complete her internship and residency at Harvard Medical School-Beth Israel Hospital in Boston. She completed her fellowship in gastroenterology at the University of Maryland Medical Center in Baltimore. Before joining BSW HealthTexas Provider Network in January, Dr. Souza was professor of medicine at the University of Texas Southwestern Medical Center.

Dr. Souza is internationally recognized as an expert in the molecular mechanisms underlying esophageal diseases. Her basic science studies have had considerable impact on the clinical management of patients with those diseases. In recognition of her scientific achievements in 2010, Dr. Souza was awarded membership in the prestigious American Society for Clinical Investigation, an honor society of physician-scientists who translate their laboratory findings to the advancement of clinical practice.

For more information, call 469.800.7050 or visit www.EsophagealDiseasesTX.com
Pulmonary and Critical Care Specialists of Dallas Significantly Expands Outpatient Access

Pulmonary and Critical Care Specialists of Dallas, who provide 24/7/365 coverage for the ICUs and pulmonary consultation at Baylor University Medical Center at Dallas, have opened a new general pulmonary outpatient office and pulmonary function laboratory in the new physician office building across from the medical center. The new clinic will allow patients to be seen much more promptly.

“Patients with lung disease often have to wait two to three months to see a pulmonologist. We definitely saw a need for more pulmonary specialists to be able to see patients on an outpatient basis,” said Jeffrey Kopita, MD, medical director of the new outpatient office and pulmonary function lab. “Since our practice covers both inpatient and outpatient, we believe there will be enhanced continuity of care.”

Among the pulmonary conditions the physicians consult on are abnormal chest X-ray, asthma, bronchiectasis, bronchitis, emphysema, influenza, lung nodule, pleural effusion, pneumonia, pneumoconiosis, pneumonitis, pulmonary edema, respiratory infections, sleep apnea, tuberculosis and lung cancer.

The full pulmonary function lab has capabilities for spirometry, lung volumes, diffusing capacity (which many outpatient labs do not have) and lung plethysmography or the “body box.” The body box provides pulmonologists with information about how well a patient’s lungs are functioning to help guide the plan of care.

Dr. Kopita has been in practice with BSW HealthTexas Provider Network since 1995. Dr. Kopita attended Medical College of Ohio and completed his internship and residency in internal medicine and pulmonary and critical care fellowship at Duke University. In addition to board certifications in internal medicine and critical care medicine, Dr. Kopita is board certified in hospice and palliative medicine. He is board eligible in pulmonary disease.

“When treating patients with chronic diseases, such as COPD or pulmonary fibrosis, it is a real plus to have expertise in both pulmonology and palliative care. We believe we can offer unique services to our patients,” he said.

Pulmonary and Critical Care Specialists of Dallas currently has 11 physicians in the practice. Jeffrey Kopita, MD, Nithya Iyer, MD, Ariel Modrykamien, MD, Idrees Mogri, MD, Mohammed Mogri, MD, and Dan Schuller, MD, primarily cover the practice’s inpatient and outpatient pulmonary consult service with some overlap covering the ICUs. Kimber Foust, MD, William (Chris) Haden, MD, Adan (Adam) Mora, MD, Crescens Pellecchia, DO, and Haala Rokadia, MD, cover the ICUs and do not see general pulmonary outpatients. Most of the physicians are board certified in internal medicine, pulmonary disease and critical care medicine.

Pulmonary and Critical Care Specialists of Dallas’ new general pulmonary outpatient office and pulmonary function lab is located at 3417 Gaston Avenue, Suite 950, Dallas, TX 75246.

Phone: 469.800.8070; Fax: 469.800.8080. Office hours are Monday through Friday, from 8 a.m. to 5 p.m.