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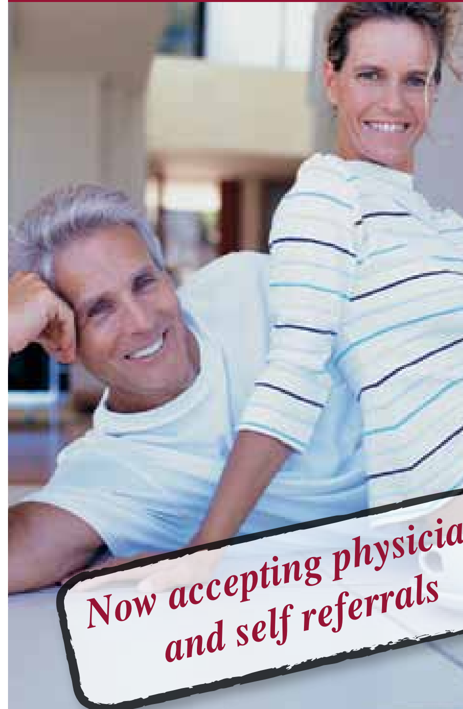

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Cutting-Edge Technology with a Human Touch:

Leading Urological Surgeon Joins Crouse Medical Staff

By Lois C. Gridley

BENEFITS OF ROBOTIC PROSTATE SURGERY

Since robotic surgery is minimally invasive, the side effects can be much less significant, depending on the patient. But in general, robotic prostate surgery offers:

Shorter recovery time

Less pain

Quick return of potency and urinary control

Tiny scars

A leading international authority in laparoscopic and robotic urological surgery has joined the medical staff of Crouse Hospital and is affiliated with Crouse Medical Practice, PLLC. David M. Albala, M.D., formerly director of the Center of Minimally Invasive and Robotic Urological Surgery at Duke University Medical Center in Durham, North Carolina, has been an active teacher in this clinical area for over 18 years. His research and clinical interests have centered around robotic urological surgery, which will be his primary focus at Crouse. In his career, Dr. Albala has performed more than 1,100 prostatectomies using the da Vinci® surgical robot. "As with any surgery, the experience of the surgeon controls the robot," he says. "The best care requires both cutting-edge technology and a human touch."

In the 1966 sci-fi thriller, Fantastic Voyage, an unlikely crew in an even more unlikely vessel navigated inside a human body to perform surgical miracles. The movie is being considered for remake in 2010, this time presumably without Raquel Welch among its stars, but here in the real world, that fictional voyage has a fantastic-yet-common parallel in the da Vinci robotic surgical system, currently the one such robot sold commercially in the U.S. since its approval by the FDA for general surgery 10 years ago. Urology is one of the biggest fields of use for robotics. Dr. Albala noted for an article in DukeMed Magazine this winter that 60 percent of prostatectomies in the U.S. in 2007, the most recent year for which data has been analyzed, were performed with the robot, up from 40 percent in 2006.

Dr. Albala might empathize with that fictional 1960s crew. He has commented that the 3-D close-up visualization of the surgical field afforded by the da Vinci's two cameras is almost as if he has "stepped inside the patient." It at least rivals the surgeon's view of the operating field during open surgery. And the robot's four arms rotate the robotic instruments much like human hands would, but with a greater range of motion and a much smaller scale; delicate, intricate maneuvers are successful through keyhole-size incisions.

Crouse Hospital President and CEO Paul Kronenberg, M.D., cites Dr. Albala's arrival at Crouse for its importance to "men's health – particularly prostate cancer and its treatment – an important area where Dr. Albala's significant expertise and clinical leadership will have a positive impact on patients, not just locally, but from across the region."

FACTS ABOUT THE BIGGEST CANCER RISK FOR MALES

One in six American men will develop prostatic cancer.

Early detection is crucial. African-American males should be checked regularly beginning at age **40**; all other males should be checked beginning at **45**.

About 46% of all cases are considered "low risk."

Prostate cancer is slow growing. But it is still the #1 killer of men; #2 is lung cancer; #3 is colon cancer.

RISK FACTORS FOR PROSTATE DISEASE (CANCEROUS AND BENIGN)

#1 Age - Less than 10% of victims are under age 54

65% are between age 55 and 74

#2 Race - Risk at all ages is 60% higher for African-Americans than for Caucasians. Mortality is 140% higher for African-Americans.

#3 Family history

Genetic connection: Likelihood increases as a father or brother has the disease.

DID YOU MISS IT?

Crouse Hospital provides minimally invasive robotic surgery for a wide range of medical conditions affecting male and female patients. In late April, Dr. Albala initiated the hospital's first patient seminar on prostate cancer and its treatments. The day included hands-on demos of the da Vinci robot. A similar event at Duke drew 300 participants; watch for more such opportunities in the near future.

AN INTERVIEW WITH DR. DAVID M. ALBALA

New York Physician spoke with Dr. Albala weeks after his arrival in Syracuse to ask him to expand on some intriguing parts of his extensive résumé.

Q: The term "robotic" still reminds many of us of R2-D2 and other movie robots. How exactly DOES robotic surgery work?

A. Actually, it's robotically assisted surgery. When it's explained that way, it makes more sense. The robot is a 1,000-pound unit with four arms which are used to carry a camera, forceps, scissors, a scalpel or needle holder--the standard surgical tools. These arms dock with trocars inserted into tiny incisions in the patient's body. The surgeon sits a short distance away at a console with hand controls and foot pedals. He or she looks through a viewer with left and right eyepieces that give a 3D view rivaling that of open surgery, with the advantage of being able to zoom in. The instruments rotate like smaller human hands, but with a seven-degree range of motion as compared to the hand's six-degree range.

Q: Can prostatic cancer patients expect that their surgery will involve robotics?

A: Not necessarily. It is a part of an array of viable treatment options. Open retropubic prostatectomy (RRP) is the "gold standard" for localized prostate cancer, and surgeons who have perfected it, or laparoscopic surgery (LRP)--which has been around 10 years longer than robotics, which were introduced in 2000--are likely to stay with the option they know from years of practice. But robotic technology has the potential to overcome deficiencies of LRP.

Q: Such as?

A: Two-dimensional vision, counter-intuitive motion, and non-wristed instrumentation. These have kept the use of LRP from expanding in mainstream urologic practice.

Q: How did your career begin?

A: I'm a native of Chicago. I completed medical school at Michigan State University and my surgical residency at the Dartmouth-Hitchcock Medical Center in New Hampshire. That's where I developed my interest in skiing, hiking, and biking. That's part of the lure of Upstate New York, with the mountains and snow and a nice quality of life.

Q: Oh good: you like snow?

A: Yes. But medicine here is an even bigger lure; Crouse Hospital "gets it" when it comes to its role as a center where a full array of treatment is available to men with prostate disease. I feel I can be an important part of that.

Q: How did you get from New Hampshire to North Carolina to New York?

A: I was an endourology fellow at Washington University Medical Center and practiced at Loyola University Medical Center in Chicago [note: he rose from the rank of instructor to full professor in urology and radiology in just eight years]. I joined the faculty at Duke as a tenured professor in 2001 and also served as the co-director of the endourology and laparoscopy fellowship program there until accepting the position on the medical staff at Crouse.

Q: What are your clinical interests other than prostatic surgery?

A: Minimally invasive treatment of benign prostatic hypertrophy (BPH)--commonly called enlarged prostate; stone disease; and the use of fibrin sealants in surgery.

Q: Could you comment on your past role as a visiting professor?

A: I have been a visiting professor at many institutions in the United States as well as in South America, Europe, Asia, Australia, and Iceland. I also conduct operative demonstrations; I've done them in over 32 countries and 23 states and I've trained 16 fellows in endourology and advanced robotic surgery.

Q: You are a widely read expert in the field of endourology and general urology. Where is your work published?

A. I have had over 165 articles published in peer-reviewed journals and have authored textbooks in endourology and general urology. I serve on the editorial board for the Journal of Robotic Surgery, Journal of Endourology, Current Opinions in Urology, and Urology Index and Reviews. I've also run or participated in over 60 teaching courses on urologic laparoscopy and robotics.

Q: You are a past White House Fellow. This Fellowship program, founded by President Lyndon Johnson in 1964, is one of this country's most prestigious for leadership and public service. What was your area of service?

A: I was a special assistant to Federico Pena, Secretary of Transportation under President Clinton, on classified and unclassified public health-related issues.

Q: Fewer than 20 of 1,000 applicants are chosen each year for this fellowship. What is selection based on?

A: Professional achievement and public service. The committee looked at the prostate screening program I established for inner-city Chicago, for individuals at risk for prostate cancer who would not have otherwise come to a hospital-based clinic. African-Americans have a 60 percent higher risk of developing prostate disease than other races. Also, in this century, for the past seven years I have traveled overseas annually to teach urologists in underdeveloped countries new and innovative techniques in minimally invasive prostate surgery.

Q: Who were some other White House Fellows?

A: General Colin Powell (former secretary of state); Doris Kearns Goodwin (Pulitzer Prize winner author and historian); Wesley Clark (U.S. Army General and supreme allied commander); William Roper (former director of the Centers for Disease Control and Prevention); and Sanjay Gupta (medical director for CNN).

Q: You're probably still getting acquainted with Syracuse, but do you have some goals and/or dreams for your time here?

A: Well, yes! I'd like to initiate a urology robotic program at Crouse, including a fellowship program for urologists from across the country. This would segue with Crouse's emphasis on its da Vinci program, which will continue to grow with the opening of the hospital's Witting Surgical Center in 2011.

For more information about robotic surgery at Crouse Hospital, visit davinci.crouse.org

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