ROBOTIC SURGERY IS GRADUALLY BECOMING more and more mainstream. It has been featured on TV shows such as Grey’s Anatomy as a state-of-the-art surgical option.

If you have robotic surgery, your physician is still the one in control. The robot is best thought of as an extension of your physician’s hands. This technology enables many surgical cases to be done in a minimally invasive way that previously would have required a more traditional approach via a large abdominal incision.

One rapidly growing use for the robot is for hysterectomies. More than 500,000 hysterectomies are done every year in the U.S. And one out of three women have had a hysterectomy by the age of 60.

ADVANTAGES OF ROBOTIC SURGERY
Physicians can use the da Vinci Surgical System® to perform robot-assisted surgery. Using the da Vinci Surgical System for gynecologic surgery has several advantages for patients. This includes less pain, minimal blood loss (less need for blood transfusion), fewer complications, shorter hospital stay, quicker recovery, and less scarring.

The majority of hysterectomies in the U.S. are still being done through a large abdominal surgery. But now at USMD Hospital at Arlington, that is changing. By using the robot, surgeries can be done in a minimally invasive fashion for severe endometriosis, large fibroids, pelvic adhesive disease, and chronic pain.

USMD Hospital at Arlington had one of the first robotic systems in Texas and now has the largest robotic surgery program in the state. Some experts are now saying that when a hysterectomy is necessary, the da Vinci robot should be considered over a traditional abdominal hysterectomy due to the many benefits.

EXPERIENCED STAFF
I have been doing robotic surgery for over five years, and I’m still amazed at the speedy recovery that my patients routinely have. Less than 5 percent of the time my patients require the large abdominal surgery.

I believe that the future is now here at USMD Hospital at Arlington. In fact, I believe the future has been here for several years. Our combination of experienced staff, anesthesiologists, and surgeons is a distinct advantage for a patient needing this type of procedure.

the doctor
Ellen Parrill, M.D.
Gynecology and Robotic Surgery

If you need a specialist, please call (888) 444-USMD for a free physician referral.
EIGHT OUT OF 10 URINARY PROBLEMS among men are the result of an enlarged prostate. Although it’s an age-related condition just about as common as graying hair or wrinkles, most men don’t want to talk about it.

An enlarged prostate, also called benign prostatic hyperplasia (BPH), is a condition shared by more than half of all men ages 50 and older, regardless of race. In fact, 90 percent of men have BPH by the time they reach their 80s. With numbers like these, it’s time to talk about it.

KNOWING THE SYMPTOMS
An enlarged prostate can potentially block the normal flow of urine from the bladder and may cause bothersome symptoms during urination. Symptoms of BPH are common in men after the age of 50.

You should make an appointment with a urologist if you experience symptoms such as:

- Weakened urinary stream
- Difficulty starting your stream
- Frequent need to urinate
- Intense urge to urinate
- Sensation of not emptying your bladder completely
- Frequent urination at night (two or more times)
- Urinary retention or inability to urinate

Aside from bothersome symptoms, BPH can, in some cases, lead to more serious problems, such as bladder and kidney damage, bladder stones, and urinary tract infections.

TREATING BPH
Fortunately, there are many effective treatments available. Your physician can prescribe medication that helps improve the flow of urine from the prostate or that can help shrink the prostate.

There are also surgical options, including minimally invasive procedures that can be done in the office with a microwave (TUMT) and laser surgery that can be done in the operating room without incisions. Only your physician can determine if your symptoms are caused by BPH or a more serious condition, such as prostate cancer.

Diagnosis and evaluation of BPH will include a physical exam and blood work including a prostate-specific antigen (PSA). If you think you have BPH, you should talk to your physician about your symptoms and which treatment options are right for you.

THE DOCTOR
Geoffrey Nuss, M.D.
Urology
If you need a specialist, please call (888) 444-USMD for a free physician referral.
PROSTATE CANCER: Not Everyone Needs Aggressive Treatment

PROSTATE CANCER WAS DIAGNOSED IN over 240,000 men in 2012. Using current screening methods, many men will be identified with nonaggressive, early stage prostate cancer. A management strategy has emerged called active surveillance.

Active surveillance involves observing the prostate cancer over time, with periodic testing to watch for any cancer progression. This strategy allows a patient to initially avoid aggressive treatments that have significant side effects.

ACTIVE SURVEILLANCE APPEARS TO BE SAFE
Active surveillance has been shown to be an effective initial management strategy for many men diagnosed with prostate cancer. Typically, they have been diagnosed at a very early stage when the risk of prostate cancer spreading and growing is low. Surveillance involves follow-up prostate-specific antigen (PSA) blood tests, exams, and a repeat prostate biopsy to periodically evaluate the activity of the prostate cancer.

If progression is not identified, then the patient is able to continue observation and avoid the risks of therapies that remove or destroy the prostate cancer. Men who do have progression of the cancer will then require treatment. Studies suggest that delaying aggressive therapy and following the active surveillance plan does not change the overall risk of dying from prostate cancer. Because of this, immediately going through treatments, such as surgery or radiation, may not be necessary and may create more risks than benefits.

IS ACTIVE SURVEILLANCE THE RIGHT CHOICE?
If you or a loved one is diagnosed with prostate cancer, ask your physician about all the treatment options. Your physician will discuss whether the specific situation is one where active surveillance makes sense. Fortunately, many men are candidates for this form of prostate cancer management. Depending on various factors, active surveillance may be the right choice for you.

WHAT PUTS YOU AT RISK FOR PROSTATE CANCER?
About one in six men will be diagnosed with prostate cancer during his lifetime. Though scientists are still uncertain about what causes prostate cancer, they do know that some men are at a higher risk of getting the disease than others.

RISKS MEN CAN’T CONTROL
Here are three unavoidable risks:

• Age: The risk for prostate cancer increases with age. More than 64 percent of all diagnosed prostate cancers are found in men ages 65 and older.

• Family history: The risk for prostate cancer doubles if a man has a father or a brother with the disease.

• Race: African-American men are at greater risk for prostate cancer compared with men from other racial/ethnic groups.

WHAT MEN CAN CONTROL
Eating a diet rich in fruits and vegetables may help men lower their risk for prostate cancer. The American Cancer Society recommends that men eat at least five servings of fruits and vegetables each day. Also, men who are age 50 or older should talk with their physician about annual testing options. Men at high risk may want to begin screenings at age 45. However, not all experts advise routine screening for prostate cancer. Ask your physician for help deciding if annual testing is the right choice for you.
I STARTED MEDICAL SCHOOL in August of 1993. The lecture hall for the first-year students was completely full as we all sat there anxiously awaiting the beginning of our new careers. With open ears and minds we listened as the chief of surgery began our very first lecture: “Hippocrates once said, ‘No manner of brains is worth a good set of bowels.’” And then he walked out of the classroom leaving us to think about that statement.

Now that I am a colorectal surgeon, I spend most of my day preaching that very Hippocratic truth to the masses. There is indeed no greater gift God can grant us than a well-functioning digestive tract.

HOW THE DIGESTIVE TRACT WORKS
The digestive tract, or gastrointestinal (GI) tract, is a long muscular tube that intermittently contracts to propel food from top to bottom. The lining of this tube is responsible for absorbing water, salts, and nutrients. It also serves as a protective barrier against the bacteria of the outside world. When you have digestive problems, you are having problems with the muscular tube, the absorbent lining, or both.

An easy-to-understand analogy regarding the physical properties of the lining of the colon takes us back to our childhood experiences in the sandbox. Dry, loose sand is easier to hold when you grab it loosely. The tighter you squeeze, the more it wants to slip out between your fingers and out the sides. When the muscular colon squeezes hard, the lining wants to squeeze out through the sides (creating diverticular disease) and out the bottom (creating hemorrhoids).

HELP IS AVAILABLE FOR DIGESTIVE TRACT PROBLEMS
The first treatment for these problems is to encourage the patient to eat a high-fiber diet. Fiber bulks and softens the stool, lowering the pressure in the colon and minimizing both diverticulosis and hemorrhoids. If this treatment fails, surgery often becomes necessary.

The surgical approaches for both diverticulosis and hemorrhoids have become minimally invasive. This means the newer treatments cause less postoperative pain and fewer days away from work. If you or someone you know is suffering, schedule an appointment today to discuss robotic-assisted laparoscopic surgery for diverticulitis or total hemorrhoidal dearterialization for symptomatic hemorrhoids.

HOW MUCH FIBER DO WE NEED?
The more calories you eat, the more fiber your body requires. Government health experts recommend 25 grams per day for women and 38 grams per day for men. But most of us eat only about 15 grams daily.

If you stick to natural sources of fiber, such as beans, whole grains, vegetables, nuts, and fruits, you're unlikely to eat too much fiber. Give your body a chance to adjust to extra fiber by starting slowly. Eating a bit more every few days over a period of weeks will help you avoid digestive problems, such as bloating, gas, and diarrhea. Also, drink plenty of water to help your body process the fiber. Too much fiber can reduce absorption of vitamins, minerals, and proteins. Avoid this problem by eating mineral-rich, high-fiber foods rather than relying only on fiber supplements.

Finally, if you’ve been treated for a digestive problem, ask your physician how much fiber you should eat.
WHEN OBESITY IS TREATED EFFECTIVELY, patients can expect significant improvement in common conditions, such as hypertension, type 2 diabetes, and cardiovascular and pulmonary disorders. Unfortunately, for many patients, interventions that rely on medically supervised diet, exercise, and behavior modification produce only modest and often transient results.

But for patients who meet the criteria—and who have a plan and support in place—bariatric surgery can be an effective alternative for weight loss, long-term risk reduction, and improved quality of life.

SELECTING FOR SUCCESS
Successful bariatric surgery depends on proper patient selection. Current guidelines identify candidates for surgery as patients with a body mass index (BMI) of at least 40 (or 35 with another obesity-related condition), a history of failed diets, no medical or psychological contraindications, a proper understanding of the procedure and its risks, and strong motivation to comply with a regimen after surgery.

Poor patient knowledge and certain psychological issues are predictors of poor outcomes, so it is essential to educate patients about the procedure and help them develop realistic expectations. Patients also need psychological counseling since certain psychiatric disorders—as well as disturbed eating habits, substance abuse, and limited social support—can lead to poor outcomes. Nutritional counseling and developing an exercise program will help patients understand the importance of behavioral changes.

POST-OP PLANS
As with any surgery, bariatric procedures do come with risks and complications, commonly gastrointestinal ones. More than 50 percent of patients experience nausea and vomiting, often from eating too much or too rapidly.

That’s why having a postoperative plan is so important for success. Successful weight management after surgery requires a long-term commitment from both patients and health care professionals. With this support, bariatric surgery can help improve health-related quality of life.

the doctor

Augustus E. Lyons, M.D.
Bariatric Surgery

If you need a specialist, please call (888) 444-USMD for a free physician referral.
EVERY THREE MINUTES, A WOMAN HEARS the words, “You have breast cancer.” After that, it’s hard to think about next steps. But a diagnosis is just the beginning of a path through treatment and toward recovery.

CHOOSING YOUR TREATMENT
Each woman’s journey will be different. You and your oncologist will consider your age, health, and family history. Tests, such as X-rays and CT or PET scans, will determine how far your cancer has spread.

After your oncologist suggests a course of treatment, you may want to get a second opinion. Learning about your options can boost confidence in your decisions. You can then choose to switch physicians or stay with your initial plan.

FACING SURGERY
Though treatment plans vary, most women will have surgery to take out their tumors. Early-stage cancers can usually be treated with a lumpectomy, which removes only the lump and some surrounding tissue. Most of your breast will be spared.

For larger or advanced cancers, surgeons may perform a mastectomy, removing the entire breast. Newer methods preserve your nipple or other natural breast tissue. You can often have your breast reconstructed during the same operation. During your operation, your surgeon may also take out lymph nodes from under your arms to check for cancer cells.

SHOULD YOU HAVE CANCER-PREVENTING SURGERY?
Before Angelina Jolie announced that she’d had surgery to remove both her breasts, most women would have traded places with her in a second. Now, many wonder if they should follow in her footsteps.

Having a mastectomy to prevent breast cancer may help some women at very high risk of breast cancer. This includes women who:
- Have had cancer in one breast already
- Have certain genes that increase risk
- Have many family members who had cancer, especially at young ages

However, the surgery has serious downsides, including anxiety and depression. Many women choose other ways to reduce their risks. Talk with your physician about your options. And consider seeking a second opinion before having surgery.

the doctor
Kory Jones, M.D., FACS
General Surgery

If you need a specialist, please call (888) 444-USMD for a free physician referral.
HERE’S A HARD TRUTH ABOUT BREAST cancer: About one in eight women will develop the disease in her lifetime. In fact, next to skin cancer, breast cancer is the most commonly diagnosed cancer in women. Furthermore, the American Cancer Society estimated there were approximately 3,900 new cases of breast cancer diagnosed in the Dallas–Fort Worth metroplex in 2013.

But the news isn’t all scary. The five-year overall survival rate for newly diagnosed breast cancer patients has increased from 75 percent in the 1970s to 90 percent in the 2000s. The keys to beating any cancer are prevention, early detection, and expedited therapy.

GREAT CARE CLOSE TO HOME
The USMD Center for Breast Care is designed specifically to assist women through each step of their care, from screening to diagnosis to treatment and survivorship. All the involved medical specialists and support services, including breast surgery, medical oncology, radiation oncology, reconstructive surgery, genetics counseling, American Cancer Society support groups, and integrative health services, are also available on-site.

USMD at Arlington currently partners with Solis for both screening and diagnostic mammograms. Ultrasound-guided biopsies are performed on-site at USMD at Arlington. If a biopsy confirms a cancer, Carol Knipping, the USMD ONN-certified nurse navigator, is notified immediately. The role of nurse navigators in cancer care is to expedite and streamline the referral process and to guide patients through every step and phase of their care.

For those with a high-risk family history, the USMD Center for Breast Care has partnered with the genetics department of UT Southwestern Medical School to provide on-site board-certified genetics counselors for comprehensive genetics counseling and testing.

NOVEL SERVICES
During treatment, women are invited to attend a quarterly “Look Good, Feel Better” program co-sponsored by the American Cancer Society, during which beauty tips are discussed. The Integrative Health Program offers numerous novel yet research-proven beneficial services, including acupuncture, massage therapy, image-guided relaxation, and yoga, to help offset the potential treatment-related side effects.

the doctor

C.K. Wang, M.D.
Oncology

If you need a specialist, please call (888) 444-USMD for a free physician referral.
Relief for Incontinence

The following **FREE** events will be offered at USMD Hospital at Arlington.

**Bariatric Seminar**
Learn more about your surgical weight-loss options. Presented by Dr. Lyons and Dr. Dyslin. 6 p.m.
- January 15
- February 5
- February 19
- March 5
- March 19

**Bariatric Support Group**
Already had bariatric surgery? Meet with others who have gone through the same thing. 6 p.m.
- January 13
- February 10
- March 10

**upcoming events**

EMBARRASSMENT CAUSES MANY women to keep quiet about urinary leakage. But their silence may only be stopping them from addressing this common condition.

**IN THE KNOW**
Are the following statements about incontinence true or false?
1. Incontinence is usually caused by childbirth.  **True**  **False**
2. All women are equally likely to develop incontinence.  **True**  **False**
3. Surgery is the only treatment for incontinence.  **True**  **False**

**THE TRUTH ABOUT INCONTINENCE**
1. **False.** Childbirth is only one cause of pelvic muscle weakness, which contributes to stress incontinence. Women who have stress incontinence involuntarily lose urine during physical exertion, such as when exercising.
2. **False.** Some women run a higher risk than others. Stress incontinence affects Caucasian women more often than African-American women. Both stress and urge incontinence (having sudden urges to urinate—when touching or hearing running water, for example) are more likely to develop in overweight women.

**3. False.** It’s really a matter of finding what works best for each individual. Many women get significant relief from behavioral methods, such as bladder training or pelvic muscle exercises. Medication may help, too.

Most patients with urinary incontinence can be treated, and many will achieve a better quality of life as a result of their treatment.

**the doctor**

Marie-Blanche N. Tchetgen, M.D.
Urology

If you need a specialist, please call (888) 444-USMD for a free physician referral.