

CLINICIAN'S CORNER

An Interview with Dwight Im, MD, FACOG

Q: First, I'd like to thank you for your time today, Dr. Im. As one of the busiest robotic surgeons in the world, I know how precious every minute is to you. On the topic of robotic surgery, can you tell me a little about how you got started on the da Vinci® Surgical System?

DI: I was a late adopter of robotic surgery. I had been performing complex laparoscopic surgeries and frankly, wasn't sure robotic surgery would add much to my capabilities. Since adopting robotics in 2009, however, I've had an "all in" attitude and realized that I can do even more complex procedures on heavier and/or sicker patients than ever before. Since 2009, I have performed more than 2,000 robotic procedures and am doing more and more every year.

Q: What are some of the challenges you still face in robotics?

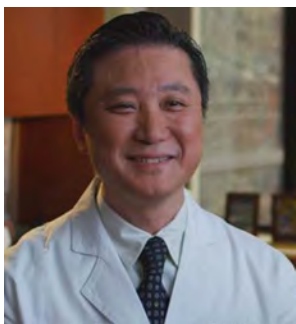
DI: From early on in surgical residency, we all hear that surgery is all about exposure. In robotic surgery, maintaining exposure is all about maintaining pneumoperitoneum. When you lose your operative space, you lose your orientation, which can be hazardous in some surgical situations like identifying a key structure or controlling a bleeder. This is even more challenging in Single-Site® surgery since there are currently fewer degrees of freedom with the instruments so maintaining exposure is even more critical.

Q: How has AirSeal made a difference for you in robotic surgery?

DI: Since incorporating AirSeal into my procedures in 2013, I have been able to operate without the fear of losing pneumoperitoneum, even when the vaginal cuff is wide open after colpotomy. In addition, AirSeal helps me get the most out of the 3D camera on the da Vinci System by keeping my visual field free of smoke and fluids that can sometimes obstruct key structures. AirSeal's built-in smoke evacuation works quite well but the fact that my assistant can use suction without losing pneumoperitoneum makes it even better, especially in Single-Site procedures where smoke evacuation occurs close to the camera. By using suction deeper in the cavity to clear away from the operative field, I rarely have to deal with camera cleaning delays caused by fluid build-up on the lens.

Q: How has Single-Site surgery changed your medical practice?

DI: If you are going to be a minimally invasive surgeon, you have to go "all in." Operating through a single incision is less invasive than multiple incisions and with new technologies around the corner, I believe that a surgeon should do the least minimally invasive operation possible. That means making fewer incisions, operating at lower pressures, and minimizing the length of recovery whenever possible, all of which improve patient outcomes. I recently looked at my first 100 Single-Site procedures and compared them to my first 100 multi-port da Vinci procedures and found that there was no statistical difference between the two treatment modalities in operating time, outcome and complications. The patients did have less pain with the Single-Site™ procedures.



Dwight Im, MD, FACOG

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Dr. Im is board certified by the National Board of Medical Examiners and the American Board of Obstetrics and Gynecology. He has made numerous professional presentations on topics such as cervical and ovarian cancer, fallopian tube cancer, vagina/lesions, even breast cancer.

Dr. Im has had many clinical articles and chapters published on such subjects as ultrasonic surgical techniques, primary lymphoma of the ovary and other issues relative to reproductive cancers. His interests include pelvic surgery and treating HPV.

The comments expressed in this article are the surgeon's own and do not necessarily reflect the view of CONMED Corporation.

Dwight Im, MD, FACOG, is a consultant for CONMED Corporation (and subsidiaries).

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Bringing the Value of the AirSeal® Platform to Robotic Single Incision Surgery

The AirSeal® 5mm Blunt Access Port addresses the unique challenges associated with da Vinci® Single-Site® Surgery."

Requested by many surgeons who perform robotic, single incision surgery, the AirSeal 5mm Access Port features a non-serrated, smooth cannula design with a distal and proximal anchoring component to secure the port within the da Vinci Single-Site® gel device throughout the procedure. The enhanced 150mm length is designed to provide adequate space for robotic arms to function with a wider range of motion. This innovative design delivers the AirSeal System's well-known benefits of stable pneumoperitoneum and continuous smoke evacuation to cutting edge robotic, single incision procedures.



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