



StLukesCR

A better place to be

St. Luke's Hospital Twitters a surgery

What is Twitter?

Twitter is a free, online social media tool that helps people connect with others. Twitter limits users to post "What they are doing" in 140 characters or less in length. Each post is called a tweet. A member of St. Luke's Marketing Communications Department received permission from a patient to send tweets describing the procedure -- a play-by-play as the doctor operated . This Twittercast occurred live from St. Luke's OR on August 31, 2009. The patient's family and community followed the tweets from their own computers.

Below is the Twitter log from a robotic Supracervical Hysterectomy with a Colposacropexy (uterine prolapse case). For questions specific to the tweets below or about robotic surgery at St. Luke's, call 319/369-7224.

Good morning from St. Luke's Hospital in Cedar Rapids, Iowa. We are Twittercasting live from operating room 2.

Thanks for joining us. Today we are performing a hysterectomy and uterine prolapse surgery on a 70 yr. old woman from eastern Iowa.



< Dr. Brent Feller is the anesthesiologist.

Patient is in place and Dr. Feller is anesthetizing her.

Drs. Jerry Rozeboom & Owen McCarron from OB/GYN Associates P.C. are operating. Drs. will be using the da Vinci surgical robot to operate.



< Drs. Jerry Rozeboom & Owen McCarron.

Surgeons are scrubbing in right now.

St. Luke's acquired its 1st surgical robot in 2005. Now have 2 robots. Nearly 600 robotic surgeries have been performed at St. Luke's to date.



OR staff is doing a timeout, which means they are going over safety information.

OR staff is currently prepping abdomen & pelvis.

There are seven people in the OR. Surgeons are putting on a cervical ring

to see where the bladder ends & the cervical boundaries.

We welcome your questions you can send them via Twitter or you can e-mail them to us at stlukes@crstlukes.com.

One question we've received – is Twittercasting safe for the patient?

Yes, where I am sitting is outside the sterile field. Dr. will use his best judgment at all times. Patient safety is our number one priority.

For more information on robotic surgery at St. Luke's call 319/369-7224 or log on to stlukescr.org.

Doctor just put catheter in the bladder. Preparing the area for incisions.

Doctors are getting five different cords ready. One will be used for CO2 to inflate the stomach to remove the stomach wall so they can see.

Dr. Rozeboom is marking the patient's stomach where the incisions will be made. There will be 5 incisions.

Putting numbing medication where the incisions will be. Making first incision right now.

The scope goes in next where the first incision is. It helps the doctor see while he operates.

Drs. making next four incisions right now, less than a 1/2 inch incisions. So far three of the five have been made.

Helpful having two surgeons working together on this surgery. Dr. Rozeboom will be at the surgical robot controls. McCarron with the patient.

Patient is now moved in a position that allows doctors to operate and get to the area he needs to operate on.

The da Vinci surgical robot is now being docked & they are placing the arms. 3 out of 4 robotic arms will be used.

[@stephaniethum](#) She'll go home tomorrow and back at full strength at 2 wks. in reply to [stephaniethum](#)

We have 2 instruments in the patient. One is a scissors and the other is for cauterizing.

Another question...does the patient know? Yes, the patient was contacted and agreed to participating weeks ago.

We are doing the hysterectomy first. Then move on to the other procedures.

Dr. Rozeboom is now sitting at the surgical robot console.

Right now doctor is cutting across some vessels & ligaments that connect the ovaries to the uterus.

Opening up the peritoneum right now.

She has a fibroid, which 50-60% of women have. Most of the time doesn't cause too many problems.

[@stephaniethum](#) The more fit and healthy a person is the faster the recovery. in reply to stephaniethum

We are getting ready to secure the uterine muscles and then will do the hysterectomy.

Dr. Rozeboom at the controls of the surgical robot. He's moving the arms, which are in the patient.

Some women who have this surgery have a very long cervix.

Question asked... what is the peritoneum -- it's a thin lining that surrounds our belly. It protects us from infection.



< Picture of the da Vinci surgical robot operating

There are 3 types of hysterectomies, complete or total- removes the cervix as well as the uterus (most common).

This patient is having a partial. Removes the upper part of the uterus and leaves the cervix in place.

There are 4 monitors in the OR so surgeons and nurses have a clear view of the surgery.

We are cutting the neck of the cervix right now. This is done so doctors can put a graft or a mesh around it to hold the vagina in place.

Dr. Rozeboom has removed the uterus and will place it near the belly & remove it later.

According to the CDC, rates are highest among women aged 40-44 yrs old. Of all hysterectomies, 55% are among women aged 35-49 yrs old.

Having a good assistant surgeon like Dr. McCarron is very important. He is helping move the bowel out of the way to put the mesh in place.

There are typically two surgeons for these cases to work together and for patient safety.

Now switching scopes on the surgical robot. It assists the surgeon at getting a better view of the patient for this part of the procedure.

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The dissection is done now and we are going to put the graft in from one side of the cervix to the other.

Right now doctor is putting stitches in the sacrum. Very difficult part of the surgery.

Two of 3 stitches in right now.



< Dr. Rozeboom is stitching the cervix closed. Picture of graft to be used for pelvic structure support. Question about surgeon placement...one surgeon is operating at a console about 5 feet away from patient. Other dr. is at patient side.

If there was a complication & they would need to open the patient

up, how long would it take to do that & how often would that happen?

Answer: It would take about 5 minutes. They would undock the robot and then get in to operate. It rarely happens and he tells patients about this possibility when they meet before the surgery.

There are two types of stitches used permanent and dissolvable... they are placing permanent stitches now and will then put the graft in.

The graft is a Y shape & so the two top ends of the Y are attached one to each side of the cervix and the long end is attached to sacrum.

Just trimmed the graft to the size of the patient and Dr. McCarron inserted the graft through a scope into the patient.

The surgical robot is so fine with it's movements, which allow the surgeon to do a lot. Dr. Rozeboom is talking about how well it allows him to see in the patient to operate. The surgical robot gives him 3-D view of the operative field.

Doctors put knots in each of the stitches in the cervix. As you can imagine it takes time and skill to do this.

To watch a video of a robotic hysterectomy at St. Luke's visit stlukescr.org.

@stephaniethum Dr. sees patients 2 wks after surgery. Then a couple of months later to see how things are. Not a lot of restrictions.



< Each stitch Dr. Rozeboom ties 5 times to secure in place. Here's a picture of the graft/mesh. Dr. Feller, the anesthesiologist, is monitoring the peak airway pressure & her carbon dioxide levels. Those 2 indicate how well she's doing.

Dr. McCarron is removing the excess from the stitches once Dr. Rozeboom is done with each stitch.

Doctor says we are about 1/2 way done with this procedure.

Graft is just about stitched to both sides of her cervix then will connect to her tailbone/sacrum to complete the pelvic support.

This is for the urethral suspension part of the surgery. Weakened pelvic muscles are a common cause of this condition.

Most common cause of this is childbirth.

Measuring the graft up to the sacrum to put in place. Dr. is using the instruments to cut. Dr. McCarron removed graft excess.

Placing stitch through the graft to put in place.

Drs. Jerry Rozeboom & Owen McCarron from OB/GYN Associates P.C. are operating.

Hysterectomy was the first procedure. Currently doctor is performing the urethral suspension right now.

Sorry I need to correct earlier statement ...finishing up the uterine prolapse surgery & then the urethral suspension surgery next.

During the uterine prolapse surgery the vagina is pulled up & secured to the lower abdominal wall, the lower back spine or the ligaments of the pelvis.

Dr. Rozeboom is closing up the peritoneum right now. It looks like a long seam he is sewing shut.

Stitches will be in the patient for several wks to a couple months. The stitches in the graft are in the patient forever.

Not everyone with prolapse has surgery. You should seek surgery if your prolapse is affecting your quality of life.

Causes of prolapse -- obesity can put weight on your pevic floor muscles, coughing, constipation & child birth.

Each patient is required to attend a STAR (surgical testing admission registration) appt. This appointment ensures a patient is fit & well for surgery.

Symptoms of prolapse - vaginal bleeding, pelvic heaviness, backache, bulging into the vaginal canal & involuntary release of urine.

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Uterine prolapse surgery is now done.

Surgical nurses are getting equipment for removing the uterus ready. The tool twists the uterus and cuts it in tiny pieces.

This makes the uterus easy to remove from the patient.



< Photo of uterus before it's removed.

Drs. Rozeboom & McCarron are now removing the uterus.

The tool used to cut up the uterus looks like a tube & it pulls the uterus into it cutting it into tiny pieces.

The uterus is now out.

Now looking at the pelvis, everything looks really good. And we are done with this part.

Now we are going to do bladder repair & will undock the surgical robot to do this.

Dr. Rozeboom is getting ready for the next part of this surgery. He is changing surgical gowns and getting new gloves.

Surgical robot is now off to the side of the OR. Dr. Rozeboom is now at the patient's side, along w/Dr. McCarron.

They are starting to close the five incisions. One has to be closed inside the patient and the other four are done outside.

One incision is bigger than the others by 2mm. This is the one they are stitching first.

Each incision takes about two stitches each. These dissolve after some time.

Both surgeons are stitching up the patient right now. Again, there are 5 incisions smaller than the size of a dime.

Doctors are getting ready do bladder repair & positioning the patient.

Nurses are preparing the instruments doctors are going to need for this part of the surgery. They are removing the catheter.

Dr. Rozeboom is making two incisions right above the pubic bone area.

They are dissecting along the vagina and behind the pubic bone. There will be a sling under her urethra to help control urine.

Now the Drs. are looking in her bladder to make sure there are no holes.

Bladder is filled with fluid to allow them to view the bladder better.

Drs. reviewing to make sure the ureters are functioning properly and they are. Bladder looks good too.



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Placing the sling on both sides right now.

Drs. are tightening up the sling. Bladder looks good. Dr. may put catheter back in & leave it overnight.

Using surgical glue for the incisions above her pubic bone.

Patients generally have very little pain after this. She will mostly be tired. First two wks may notice more fatigue.

To the patient's family -- she's doing great . She'll see you soon.

She will have some pain medication but mostly over-the-counter meds can help with her pain.

The surgery is now complete. The catheter is going back in right now.

After surgery the patient will go to recovery for 45 minutes.

You have been following a live Twittercast hysterectomy and uterine prolapse surgery from St. Luke's Hospital in Cedar Rapids, Iowa.

Surgeons were Drs. Jerry Rozeboom & Owen McCarron from OB/GYN Associates P.C. Drs. used the da Vinci surgical robot to operate.

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Thanks for joining us for today's surgery. We are now signing off from St. Luke's operating room 2.

Visit us online at stlukescr.org or follow us daily on twitter at twitter.com/stlukescr