

# Thoracic News

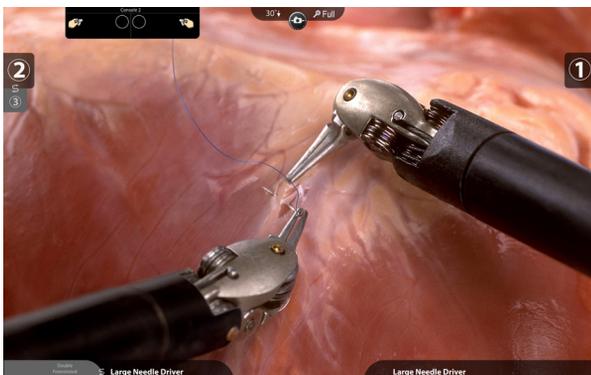


THE NEWSLETTER OF MAIN LINE HEALTHCARE THORACIC SURGERY

## Robotic Thymectomy (RT)

Traditionally, removal of the thymus gland (glandular tissue behind the sternum or breast bone) has required a sternotomy (splitting the sternum with a saw). Thymectomy is most often performed for removal of tumors/cysts in the thymus gland or to help neurologic symptoms of myasthenia gravis.

Robotic surgery is one minimally invasive technique (MIT) that has opened a new door to performing the same operation, but without a sternotomy. Other MIT approaches include unilateral



Operative field view of the da Vinci® robotic surgical system.

or bilateral thoracoscopy, and transcervical thymectomy. The benefits of robotic thymectomy over other MITs include 3D visualization, wristed instruments giving a better range of motion, and no visible neck incision. Three or four one-inch incisions are created in either the left or right chest lateral to the breast. The benefits of this operation to patients include: faster recovery, less pain, and fewer days spent in the hospital.<sup>1</sup> After undergoing a sternotomy, most people stay in the hospital 4 days on average. Patient activity is limited for up to 6 weeks, and most cannot drive for 4 weeks after the procedure.<sup>2</sup> Robotic Thymectomy requires only an overnight stay in the hospital, and patients are often back to work within 2 to 4 days of their procedure.

Evaluation of robotic thymectomy shows it to be equivalent to open procedures for treatment of neurologic symptoms in patients with Myasthenia Gravis. This technique is safe for early stage thymomas.<sup>3</sup> Indications for robotic approach for tumors include thymic lesions less than 8 cm in size without evidence of invasion into other structures and the ability of the patient to tolerate single lung ventilation.

*The Section of Thoracic Surgery at MLH offers this cutting edge approach to appropriate patients with thymic tumors and myasthenia gravis.*

<sup>1</sup>Surgical Endoscopy 2012, 26:261-266.

<sup>2</sup>American Journal of Surgery 2010 May, 199(5):589-93.

<sup>3</sup>Journal of Thoracic and Cardiovascular Surgery 2012 Nov, 144(5):1125-32.

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Main Line HealthCare  
Physician Network

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## SMOKING CESSATION SUPPORT

SmokeFREE is a free Main Line Health program to help smokers quit the habit. Participants may be eligible to receive FREE Nicotine replacement therapy.

### Upcoming Dates:

**January 22, 29; February 5, 12, 19, 21, 28; March 7, 14, 21; April 4**  
Riddle Hospital, Administrative Annex  
Conference Room B  
1068 West Baltimore Pike  
Media, PA 19063 | 6 to 8 pm  
To register, call 484.227.3635.

**January 23, 30; February 6**  
Lionville Community YMCA  
100 Devon Drive | Conference Room  
Exton, PA 19341 | 12:30 to 1:30 pm  
To register, call 484.337.8329.

**January 22, 29; February 5, 12**  
Audubon YMCA  
2460 Boulevard of the Generals  
Audubon, PA 19403 | 6 to 8 pm  
To register, call 484.337.8329.

**February 21, 28; March 7, 14, 21, 28**  
Upper Main Line YMCA  
1416 Berwyn-Paoli Road  
Berwyn, PA 19312 | 6 to 8 pm  
To register, call 484.337.8329.

The American Cancer Society has free information to help with smoking cessation. Call 1.800.ACS.2345, or visit the web site, [www.cancer.org](http://www.cancer.org). For more information on lung cancer, please visit the National Cancer Institute web site at [www.cancer.gov](http://www.cancer.gov).



Shown left to right: Michael J. Walker, MD;  
Ned Z. Carp, MD; Alicia A. McKelvey, MD

To schedule appointments and learn more about Main Line Health Thoracic Surgery visit [mainlinehealth.org/thoracic](http://mainlinehealth.org/thoracic).