

MEDICAL from page 54

explains Dr. Hoffman, “thanks to the great support we’ve received from our leadership.”

Sharp Coronado Hospital reports it is the only hospital in San Diego that offers endoscopic cyclophotocoagulation for glaucoma. The procedure uses a diode laser and fiberoptic light to reduce pressure from inside the eye. It can reduce or eliminate the dependence on expensive medications. Glaucoma is a leading cause of blindness, affecting an estimated 6 million Americans.

At Sharp’s Grossmont Hospital surgeons use a new, minimally invasive procedure for hip replacements. People suffering with arthritis, hip pain and stiffness are candidates for what is known as an “anterior approach.” The procedure allows the surgeon to reach the hip joint from the front of the hip. This way, the hip can be replaced without detachment of muscle or tendon from the pelvis or femur, a procedure made possible by a specialized table. All this results in a smaller incision, less muscle trauma, reduced pain and a speedier recovery.

Sharp Grossmont began the anterior procedure in December and the results have been positive. “We’re seeing remarkable outcomes and satisfaction from patients,” says Dr. Peter Hanson, the orthopedic surgeon who performed the first surgery at the hospital. “One of my patients took me fishing on her boat in less than two weeks. When we can help patients get back

on their feet and to their regular routine as quickly as possible, it’s a good thing.”

Open, Shut Them, Give A Little Healing

It wasn’t long ago that open surgery — cutting into the body to make repairs — was the only option to surgeons. Dr. Dan I. Giurgiu, Scripps Mercy staff surgeon, went to medical school in the 1980s and was taught only open procedures.

“The concepts weren’t there,” Giurgiu says. “We couldn’t have imagined having done the types of surgeries we’re doing now because we didn’t have the tools. Technology wasn’t applied to what we were trying to do. It’s been a mini-revolution in the approach to how people get their surgery done. It was routine for people to be in the hospital for four or five days to recover. Today we send people home the same day.”

Giurgiu’s clinical interests include conditions requiring advanced laparoscopic procedures. He specializes in the surgical management of gastroesophageal reflux disease and laparoscopic colon surgery, as well as laparoscopic removal of solid organs, such as spleen and adrenal glands. He performs both standard and laparoscopic surgery for hernias, biliary tract disease and tumors of the digestive tract. He also has extensive experience with sentinel lymph node biopsy for diseases of the breast.

Are these new procedures better?

Giurgiu says it depends on who you are and how you look at it. “It is a huge benefit to the patient,” he says. “In general, the patient has to endure far less pain and recuperation. The flip side is that these procedures are highly more technically demanding for the surgeon. They require skills that traditional surgical education does not impart.”

A push is on today to ensure that more hospital interns — doctors-in-training — can take advantage of advanced surgical education training programs. The skills required are more adaptable to the video game-playing generation. Giurgiu also says doing it this way is more fun. (Ironically, surgeons are not paid as much for the more advanced procedures because they take less time and get the patient out of the hospital faster.)

While he would be fine with never performing another open surgery, Giurgiu says there still are instances in which these new procedures will not work.

New Wound Treatments

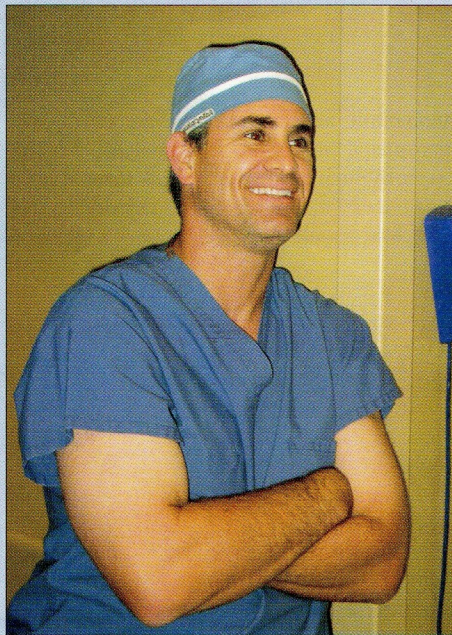
Wound treatment also has advanced. To promote healing in acute and chronic wounds hospitals are turning to negative pressure therapy. The treatment involves the application of negative pressure (suction) to the wound bed. The concept is to turn an open wound into a controlled, closed wound while removing the excess

see **MEDICAL** page 58

In The World Of Cosmetic Surgery, Not All Doctors Are Surgeons

A big part of reconstructive surgery is cosmetic. What has been discovered and perfected in the operating room has become standard practice to enhance looks and improve a person’s daily life.

Crossover of reconstructive surgery and cosmetic surgery is common. Dr. Scott Miller says many of the procedures used by plastic surgeons are reconstructive and cosmetic at the same time. Miller is an attending surgeon at Scripps Hospital, faculty assistant professor at UCSD and runs his own surgery center. One of his more unusual cases involved a young woman who as a young child had a tumorous growth removed from her spinal cord. As she grew into a young woman, the resulting scarring and defect was



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something she became uncomfortable with and something that kept her living within a social shell. “Going in and doing surgery was something that allowed her to blossom socially,” Miller says. Using a combination of flaps common in reconstructive surgery the area was masked. Today that woman is very successful and engaged to be married.

Another procedure that is cosmetic and reconstructive is the brow lift, something Dr. Richard Bodor frequently performs. Sometimes the brow is so heavy that the patient’s visual field is hampered. Bodor says he had one patient at the V.A. Hospital who removed the doors to his kitchen cabinets as he kept bumping into them because he could not see above his brow. Another patient used matchsticks to prop open his eyes so he could read to his granddaughter. Bodor performs the procedure through a hairline incision that heals nicely and is hidden cosmetically. Patients return home the same day with a little swelling.

Even sutures have come a long way. From
see **COSMETIC** page 58