



# anita's story

Anita Walker's lovely voice reveals her inner strength and beauty. She praises her recent robotic surgery, her surgeon and the staff at St. Rose Dominican Hospitals who cared for and comforted her, but she wouldn't be photographed for WomensCare magazine. Anita prefers to hold on to an image of when she felt fit and more physically attractive. That was more than half a lifetime ago — before her body morphed into what she calls the “Michelin man.”

At 25, Anita was a 5'2", 110-pound physical education major with a good job and a great spouse. When she gained 10 pounds seemingly overnight, she figured it was a side effect of the comfy life she lived with her husband, Charles. She put more “umpff” into her exercise routine, but 10 pounds became 20 pounds, then 30 and 40. The first few doctors Anita consulted could find nothing physically wrong with her except for the weight gain — and the violet-purple bruises erupting on her back and legs. They questioned whether she had an eating disorder and an unhappy — maybe even dangerous — marriage.

Distraught, but determined to lose the weight, Anita enrolled in a diet program that happened to require blood tests. The nurse was shocked by Anita's low potassium level and urged her to see an endocrinologist. As Anita sat in the doctor's office, 100 pounds heavier than she had been just months before, the doctor diagnosed her problem on the spot.

It was Cushing's syndrome, a rare — or rarely diagnosed — disease which is thought to affect just 10 to 15 people per million each year in the United States, most of them women. Caused by an over production of a hormone called cortisol, the symptoms can be devastating. Anita experienced severe weight gain in her face and upper body, bruises, stretch marks, brittle teeth and bones and the loss of her long hair.

She underwent numerous procedures to mitigate the depredation of the disease, including an operation to pin her crumbling ankle together. The surgery proved hazardous and the recovery process even riskier. The day after the operation, blood clots traveled to her lungs, nearly killing her. She also underwent two brain surgeries to remove tumors on her pituitary gland — the source of the Cushing's syndrome. One of the surgeries left her with insulin-dependent diabetes.

Fast forward to 2003 when Anita and

**Dr. Lynn Kowalski** is a board certified gynecological oncologist who has performed more than 200 gynecological surgeries using the da Vinci® Surgical System's robot since it was introduced in 2004.



Charles moved to Las Vegas, and for the first time since her medical epic began, her disease was in remission. It was a busy time. The couple traveled quite a bit. Three years flew by before Anita returned to a regular routine and had a Pap test. The results were abnormal, which she expected. She hadn't had a period since developing Cushing's, so tissue built up in her uterus. This time, however, the tissue was precancerous and her physician recommended an open hysterectomy. Anita panicked when she heard him say "a six- to 12-inch incision." Her diabetes put her at an increased risk of bleeding and surgical infection. In addition, the average recuperation time was four to eight weeks — which, for Anita, could easily drag out to two to three months.

She and Charles began to research surgical options and learned about St. Rose's da Vinci® Surgical System, which the hospital purchased with a portion of a \$2 million gift from The Lincy Foundation. The da Vinci® is a less invasive surgical technique used by surgeons in which a robot is used to assist with surgery. The average recovery time is about one to two weeks.

Anita and Charles met with Dr. Lynn Kowalski, a board certified gynecological oncologist who has performed more than 200 gynecological procedures utilizing the da Vinci® Surgical System. Dr. Kowalski agreed to perform the surgery. It was great news, but it was followed by a devastating blow later that same day. A quick recovery from her hysterectomy was imperative. Anita would need all her strength to address her latest diagnosis — breast cancer.

At 7:30 a.m. on a mid-November morning, Dr. Kowalski made four, dime-sized incisions in Anita's abdomen (depicted

on opposite page). The robot was then positioned and its four slender arms (each about one tenth the thickness of a surgeon's arm) were guided through the incisions to the surgical site. Dr. Kowalski took a seat at the surgical console, her eyes peering through a viewfinder which provided high-definition, three-dimensional view of Anita's uterus and surrounding structures. She positioned her hands within castanet-like controls. As she operated the controls, the robot precisely translated every move, as if her own hands were inside Anita's body. The uterus was cleanly disconnected from the blood supply and surrounding tissue with tiny instruments. Dr. Kowalski then removed the uterus through the vagina and sutured the small incisions on Anita's abdomen. Anita's surgery was completed in just an hour with only a thimbleful of blood loss. Transfusion blood, thankfully, remained unused.

Dr. Kowalski was pleased with how Anita's surgery went but was cautiously optimistic about her recovery. "The average patient goes home from the hospital the day after a da Vinci hysterectomy and is able to quickly get back to daily routines," she said. But Anita's circumstances were not the norm.

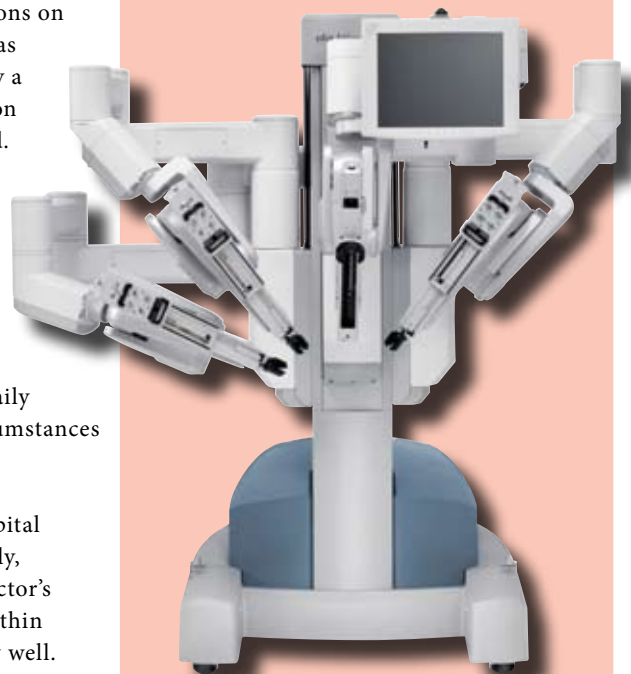
Anita was discharged from the hospital the day after her surgery and, luckily, was able to get out and about to doctor's appointments and the pharmacy within four days. "My recovery went really well. In fact, so well that I had a lumpectomy to remove the cancerous tissue from my breast just three weeks after my hysterectomy," says Anita. "If I had an open hysterectomy, it is likely that I would still be recovering. I might still be in the hospital."

## Benefits of the da Vinci® Robot

The da Vinci Hysterectomy offers numerous potential benefits over traditional approaches to vaginal, laparoscopic or open abdominal hysterectomy, particularly when performing procedures for gynecologic cancer. Those benefits are:

- Significantly less pain
- Less blood loss
- Fewer complications
- Less scarring
- A shorter hospital stay
- A faster return to normal daily activities

In addition to being less invasive, the da Vinci® Surgical System also allows surgeons better anatomy visualization, which is critical when working close to delicate organs like the bladder.



# Get Your Pap Test Once a Year

A routine Pap test, which takes less than ten minutes, can detect changes in the cells of the cervix that might lead to cervical cancer. While Pap tests are not used to screen for endometrial cancer, test results sometimes show signs of an abnormal endometrium (lining of the uterus). Follow-up tests may detect endometrial cancer.

All women, even those who have gone through menopause, should have pelvic exams that include Pap tests as part of their routine health care beginning at 21 years of age or within three years after having sex (whichever comes first). Women younger than 30 years old should get a Pap once a year as part of a regular annual gynecological exam. After 30 years of age, your doctor will let you know how often you should return for a Pap test based on your age and your health history.

## Get a More Accurate Pap Test

- Schedule your Pap test between your menstrual cycles. The best time is at least five days after your menstrual period stops.
- Don't use tampons, birth control foams, jellies or other vaginal creams for two to three days before the test.
- Don't douche for two to three days before the test.
- Don't have sexual intercourse for two days before the test.

## Get a Pap and HPV Test too.

When getting a Pap test, you can have an HPV test at the same time. This advanced test can identify whether you have a high-risk form of HPV (human papilloma virus), which can increase your risk of cervical cancer. Check to see if your insurance covers the cost for the HPV test.

## Anthem Blue Cross and Blue Shield Patients Welcomed

St. Rose and Anthem Blue Cross and Blue Shield recently reached a new patient care agreement. Commercial\* Anthem Blue Cross and Blue Shield patients can now use St. Rose's three hospitals, outpatient facilities and outpatient services. If you have questions about utilizing St. Rose for your medical care, contact your insurance provider or go to St. Rose's Anthem Blue Cross and Blue Shield Q & A document at [www.strosehospitals.org](http://www.strosehospitals.org).

\* Does not include Anthem's Partnership Plan.

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## Questions to Ask Your Physician About Surgery

Anita Walker's life has been anything but easy, but she keeps a positive attitude with the help of her faith, her loving husband and a healthy understanding of her right and responsibility to ask questions about her medical care. While she is not sure what her life journey is preparing her for, she can help others prepare for surgery. Following are 10 questions to ask your physician or surgeon:

- 1 What is your experience with this procedure?
- 2 What is the reason that this procedure is necessary at this time? Must the procedure be performed immediately and if so, why?
- 3 What are the options — such as non-surgical medical treatments or alternative medicine treatments — if this procedure is not done? What is the anticipated outcome of the procedure?
- 4 What are the expected or possible benefits of doing the procedure? How likely is it that these benefits will result from the procedure?
- 5 What kind of anesthesia is required for the procedure?
- 6 What are the specific risks that this procedure involves?
- 7 What risks does my specific health history present?
- 8 What is the recovery process after this procedure?
- 9 Is this procedure covered by my insurance plan?
- 10 What about a second opinion?

Don't worry about offending your healthcare provider or surgeon with such questions. Quality medical professionals expect — and often encourage — patients to seek a second opinion before choosing a treatment option. Most insurance companies pay for a second opinion. Some even require them.