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For Immediate Release

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ST. VINCENT'S PHYSICIAN PERFORMS FIRST SCARLESS GALLBLADDER SURGERY IN AREA

BRIDGEPORT, CT, March 3, 2009-- Ahmad Fotovat, MD, has performed at St. Vincent's Medical Center the first single- incision laparoscopic surgery (SILS) to remove a gallbladder. In the new procedure, which is the first in Fairfield County and only the second in the state, two five millimeter "ports" or keyhole openings are made through the umbilicus or navel, into which a camera and dissecting device are inserted. This results in a "hidden scar," a cosmetic advance over the multiple visible scars associated with standard multi-port laparoscopy.



Covidien, a leading global healthcare products company, developed the technology for SILS.

"The advantages of this new single incision gallbladder surgery are that it is scarless, and results in less pain and a faster postoperative recovery period," said Dr. Fotovat, a general surgeon at St. Vincent's for almost 26 years. He has performed a number of the surgeries since January of this year.

In traditional laparoscopic gallbladder surgery, four ports are made: one in the navel and three in the upper right abdomen, leaving three visible scars. Not only does SILS improve the post-operative cosmetic look, but the patient is able to leave the hospital taking only aspirin or acetaminophen rather than the narcotics normally prescribed following four-port surgery.

Dr. Fotovat also explains that with less ports created, there is less chance of infection, less chance of a port-related hernia developing, less chance of pulmonary complications and less chance of injury to organs due to improper instrument insertion. The procedure, performed under general anesthesia on an outpatient basis, takes only about a half hour, much the same as traditional laparoscopic surgery, according to Dr. Fotovat, with the patient able to leave the hospital within only a few hours after surgery. For individuals who perform sedentary jobs, they can be back to work in about a week or less, while patients who do more physical work are advised to return after two weeks.

According to Dr. Fotovat, removal of the gallbladder, called cholecystectomy, is one of the most commonly performed surgeries on women. It is performed much more frequently on women than men due to a number of factors including women's much higher levels of estrogen, higher body fat composition, and shifting bile and cholesterol levels resulting from rapid weight loss or yo-yo dieting.

Since women usually are interested in a better cosmetic outcome and an avoidance of scarring, "natural orifice" surgery has also developed in some parts of the country, where the surgeon removes the gall bladder through the vagina or endoscopically through the mouth. Dr. Fotovat explains how SILS is far superior in that there is much less chance of infection due to the potential for transfer of bacteria during the natural orifice removal process.

In SILS, a tiny camera is inserted into one port and a video-guided "dissecting instrument" into the other. At another point on the abdomen, a needle is inserted to latch onto the gallbladder and bring it to the surface. While viewing on camera, the surgeon separates the

gallbladder from the liver, inserts a latex-free plastic specimen bag into the port to prevent spillage of stones or bile, positions the gallbladder in the bag, and using the dissector, pulls the bag through the port, stretching it to allow passage.

People with gall stones or gall bladder disease but without acute inflammation are good candidates for SILS. Dr. Fotovat explains that it becomes harder to perform on an inflamed gallbladder. Symptoms of gall bladder disease may include sharp intensive pain in the abdomen, pain that radiates to the back, shoulder blade and scapula, nausea and vomiting and fever.

Dr. Fotovat's first patient, Theresa Cantiello, 35, of Stratford, a married mother of three young daughters, underwent the procedure on January 30 after suffering constant abdominal tenderness, discomfort and lack of appetite for four months. Following surgery she felt "really good," experiencing only some expected referred shoulder pain from the pumping of carbon dioxide gas into the port to inflate the abdomen and allow the surgeon a better view of the gall bladder. She basically had no abdominal pain.

With the exception of heavy lifting, which Dr. Fotovat instructed her to avoid, Cantiello bounced back to begin cooking, vacuuming and other normal household and parenting activities almost immediately. "I had surgery on Friday and went for a walk on Sunday," she says.

The SILS technique can also be utilized in removing the appendix and currently is being tested for colon surgery. Also in development is a single- port gallbladder procedure that allows all instruments inserted through *one* opening in the navel.

"We can give patients the best option for gallbladder surgery with less chance of complications, a quick return to normal activity and a superior cosmetic outcome right here in our own community," said Dr. Fotovat.

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