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FOR COLLEGE STUDENT, VIDEO-ASSISTED LUNG SURGERY TREATS INFECTION, LEAVING ONLY TINY SCARS

LOS ANGELES (August 18, 2006) – Margo Berry, 22, of Tulsa, Okla., weighed with mixed emotions her physician’s revelation that the middle lobe of her right lung needed to be removed. She looked forward to the possibility of breathing more easily and being free of the recurring infections that had plagued her since infancy, but she was anxious about undergoing major surgery, enduring weeks or months of painful recuperation, and having a long scar etched on her chest for the rest of her life.

Her father, Charles Berry, M.D., a cardiovascular and thoracic surgeon specializing in heart surgery, consulted colleagues and went to the Internet in search of minimally invasive surgery options for his daughter. The name that repeatedly came up was that of Robert McKenna Jr., M.D., surgical director of the Center for Chest Diseases and chief of Thoracic Surgery and Trauma at Cedars-Sinai Medical Center. He is a pioneer in video-assisted thoracoscopic surgery (VATS), who has researched and written extensively about the procedures and technologies that make it possible to perform major chest operations through small incisions, reducing hospital stays, pain, recovery times and complication rates.

The family called McKenna’s office in early February, sent Margo’s recent CT scan results, and a week later took a short-notice trip to Los Angeles, where the junior at the University of Tulsa underwent minimally invasive surgery. She spent one night in the hospital, was discharged the next day and went out to dinner that night. The next day, she and her mother, Cindy, went shopping on Rodeo Drive in Beverly Hills.

“I had expected to be in the worst pain of my life,” recalls Margo, who is studying exercise and sports science and has taken most of the courses needed to go on to medical school. “But the only discomfort I had was what you can’t avoid, which was just the chest tube inserted between your ribs to drain off any fluid.” The amount of fluid was minimal, and the tube was removed quickly. And the pain was fleeting enough that she needed prescription drugs for only a couple of days.

Margo’s breathing problems started just a few days after birth when she suffered a partial collapse of the middle lobe of the lung.

“I’ve had asthma my whole life, I’ve always had allergies, and I always had the lung sicknesses that get aggravated by that – bronchitis, pneumonia, you name it,” she says.

Although she remained as active as possible – even maintaining a respectable pace during a 5K run on New Year’s Eve – she found herself becoming more easily fatigued. In January, she scheduled a visit with an allergist, who ordered an X-ray, followed by the CT scan, which led to the diagnosis and surgery.

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“Margo had an infection of the windpipe that led to bronchiectasis, meaning that the bronchi get too big. When that happens, you tend to get multiple recurring infections,” says McKenna. “She was always on antibiotics and feeling awful -- this was just totally interfering with her life. Antibiotics don't fix the structural problems with the windpipe, so the only thing to do in the case of localized bronchiectasis is to remove it.”

“It was such an immediate relief right after the surgery. I was coughing a little bit. Everyone does. I cough a little bit now, but it is such an improvement,” says Margo, who adds that she was under anesthesia for only slightly longer than an hour during surgery.

The video-assisted, minimally invasive approach is employed in 90 percent of the lobectomies performed at Cedars-Sinai, says McKenna, whose thoracic surgery practice may be the most active in the western United States. In contrast, VATS is currently used in only about five percent of the 40,000 lobectomies performed each year in the United States.

“Most surgeons make an incision that varies from four to 10 inches in length. Some cut major muscles of the chest wall, some spare them, but they all cut the muscles in between the ribs and spread the ribs open in order to get into the chest and see and do the operation,” McKenna says. “I use a few small incisions, put a TV camera lens in the chest, and do the same operation on the inside.”

The procedure can be technically challenging for surgeons who are not accustomed to performing videoscopic procedures and those who do not specialize in chest and lung surgery. Surgeons now come from around the world to receive training at Cedars-Sinai. An article in the February 2006 issue of *The Annals of Thoracic Surgery*, authored by McKenna and his colleagues, is the largest published study of the VATS procedure, reporting on results of 1,100 operations performed at Cedars-Sinai between February 1992 and December 2004.

Being able to resume her active life was one major short-term benefit of VATS for Margo, who works at a fitness and wellness center and expects to be certified by the National Academy of Sports Medicine as a personal trainer in a few weeks. Another advantage will be with her in the years to come.

When she learned she needed surgery, she thought, “Oh, my gosh, I'm going to have hideous scars, and I'm just 22. It will be awful but at least I'll be able to breathe. That was my attitude. But when I went to the beach a week or two ago, I was able to wear a bikini and it covered up the scars. They're just so small.”

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