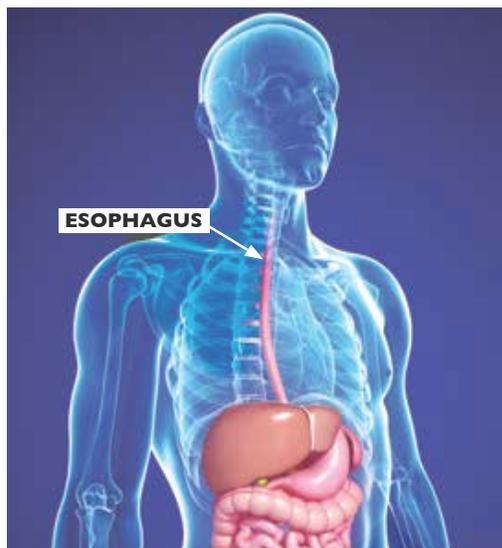


Smaller Incisions

MEAN LESS PAIN, FASTER RECOVERY

MANY ESOPHAGEAL CANCER PATIENTS ARE CANDIDATES FOR MINIMALLY-INVASIVE SURGERY



SIGNS OF ESOPHAGEAL CANCER

Gastroesophageal reflux disease, smoking, heavy alcohol use or a condition called Barrett's esophagus can lead to esophageal cancer. Here's what to look for:

- Difficulty or pain when swallowing
- Weight loss
- Pain in the chest, behind the breastbone
- Coughing
- Hoarseness
- Indigestion and heartburn

Source: WebMD

After battling acid reflux for several years, Lateia Stokes knew she was experiencing more serious health problems when swallowing became painful.

"When I ate, I had to flush down every bite with liquids," says Stokes, a 45-year-old Detroit resident. "My doctor ordered some tests and told me I had Stage II esophageal cancer."

The esophagus is a tube-like structure that runs from the throat to the stomach. Acid exposure in the esophagus over a period of time can lead to cancer. In Stokes' case, the cancer reached the muscle layer (or outer wall) of her esophagus.

Treatment options can include chemotherapy, radiation therapy or surgery to remove some or most of the esophagus. During surgery, part of the stomach is pulled up into the neck or chest to create a new esophagus.

In the past, a surgeon would make a large incision in the abdomen and chest to access the esophagus. Patients experienced a significant amount of post-operative pain and would spend at least three weeks recovering in the hospital.

Today, most esophageal cancer patients between Stage I and III who need surgery are candidates for a minimally-invasive procedure. Smaller incisions mean a faster and more comfortable healing process for patients, says Miguel Alvelo-Rivera M.D., a member of the Thoracic Oncology Multidisciplinary Team at Karmanos Cancer Center and a pioneer in developing the minimally-invasive procedure.

"Most minimally-invasive incisions are about the size of a dime," Dr. Alvelo-Rivera says. "We make about four or five incisions in the abdomen and four in the chest to remove the esophagus. Since the incisions are smaller than those in open surgery, the healing process is much faster, there is less scarring and the pain difference is monumental. Most patients spend just five to seven days in the hospital and are up and about after the second day."

The minimally-invasive technique also allows the surgeon to be very precise. Dr. Alvelo-Rivera performs the surgery laparoscopically or with robotic assistance. Using a small camera and monitor, he can see the esophagus from angles that aren't possible during an open procedure.

"In terms of cancer removal, a minimally-invasive procedure is just as effective as an open procedure," Dr. Alvelo-Rivera says. "The difference is patients recover much faster and have better quality of life."

Dr. Alvelo-Rivera performed a robotically-assisted, minimally-invasive esophagectomy on Stokes in July 2012. She spent just six days in the hospital before returning home. Today, she is cancer-free.

"I'm feeling great and enjoying my meals again," she says. "I give thanks to all my Karmanos doctors and nurses for saving my life, as well as my family for their support. I'd definitely recommend a minimally-invasive procedure to someone who needed esophageal surgery."



CONTACT US

For more information about a cancer diagnosis or treatment, call

1-800-KARMANOS
(1-800-527-6266) or
visit karmanos.org.