



At John C. Lincoln Hospital-North Mountain, Dr. Charles Matlin reviews vascular images that utilize angioplasty, where a balloon is inserted into constricted blood vessels through minimally invasive techniques.

The Cutting Edge

If you or a loved one have a condition that requires surgery, chances are you may be a candidate for minimally invasive surgery—a technique that will get you out of the hospital faster, substantially minimize pain and healing time, and in some cases, cost less than traditional surgery.

“Almost every surgical patient is a candidate to have a minimally invasive procedure performed,” says **Charles Matlin, M.D.**, a general and vascular surgeon with North Valley Surgical Associates in Phoenix, Arizona. Also known as laparoscopic or endoscopic surgery, minimally invasive surgery is replacing open surgery for a growing number of ailments. “These procedures are the wave of the future, becoming more and more prevalent,” notes Dr. Matlin.

During laparoscopic surgery, three to four pencil-sized incisions are made in

the skin. One hole is necessary for a long, thin camera to allow visibility inside the body, and the others are ports for an extended scalpel and other tools for the procedure. As the camera feeds video images to the monitor, the doctor views the operative area on a large screen. “Because the fiber-optic scope can access remote areas of the human body, this technique provides a more precise view of a specific area of anatomy that might be quite difficult to see in a more invasive, open procedure,” Dr. Matlin explains.

The range of surgery procedures performed by a busy general surgeon can be quite diverse. North Valley Surgical Associates is no exception. At John C. Lincoln Hospital-North Mountain, where North Valley Surgical Associates perform many of their procedures, the hospital is seeing an increase in the use of minimal-

ly invasive procedures. Dr. Matlin and his partners use minimally invasive techniques for a full range of surgeries, including needle biopsies for breast lesions, gall bladder removal, hernia repair, colon surgery and surgery to treat chronic heartburn.

Take for example, the gallbladder. According to the National Institutes of Health, this year alone, more than 500,000 people in the United States will have their gallbladders removed—with 90% removed laparoscopically. Those pesky little hard masses of cholesterol, commonly known as gallstones, irritate the gallbladder, resulting in swelling and sharp abdominal pain. “When removing those gallstones with the laparoscopic procedure, patients are usually out of the hospital by the next day and back to their routine in a week’s time, versus four to six weeks recovery with the open proce-

dures,” according to Pat Coates, director of inpatient surgery at John C. Lincoln Hospital-North Mountain.

For treatment of chronic heartburn, which affects some 70 million Americans, minimally invasive surgery is routine, reducing hospitalization from the standard four to five days to 24 hours. Dr. Matlin notes: “The open operative procedure was a much more involved procedure with a lengthy hospital stay and a longer, painful recovery.”

Another common operation, hernia repair, requires a six-week recuperation period with open surgery, versus two weeks with the laparoscopic procedure, he points out. Add to these surgeries such procedures as an appendectomy for the treatment of appendicitis and vascular surgeries that utilize angioplasty, where a balloon is inserted in constricted blood vessels through minimally invasive techniques. “With better equipment and technology, we’re able to do procedures in situations that previously would be out of the question,” he says.

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Surgical Tools: Today and Tomorrow

Because incisions and passageways for instruments are smaller today than ever before, patients suffer less tissue trauma and recover faster.

According to Dr. Matlin, many patients with vascular problems may also be candidates for minimally invasive surgery. “My partners and I are having positive results in using balloon angioplasty and stent placement to restore blood flow to nearly occluded or totally occluded blood vessels. We are able to do these minimally invasive procedures often under a local anesthetic as an outpatient or at most a short-stay hospital visit.”

On the horizon, video cameras will get smaller and techniques will be honed, further minimizing patient discomfort and risks. “The least invasive you can get and still perform the procedure safely, the better it is for the patient,” Dr. Matlin explains.