



UPMC Passavant and UPMC St. Margaret A New Era in General Surgery

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A New Era in General Surgery

At UPMC Passavant and UPMC St. Margaret, skilled general surgeons are using the latest technology and surgical facilities to transform patient care.



Mostafa Ramadan, MD and Jason A. Luciano, MD at UPMC St. Margaret

Charlotte Walters was terribly ill when her husband decided to bypass their community hospital and drive 45 minutes south to UPMC St. Margaret for emergency care. Doubled over from severe abdominal pain and nausea, the Ford City resident was desperate for answers and relief.

A colon cancer survivor, Charlotte had endured years of recurring bowel blockages from scar tissue caused by radiation treatments, as well as chronic bladder infections. At UPMC St. Margaret's Emergency Department, she saw **Mostafa Ramadan, MD**, a board-certified general surgeon. He ordered a CT scan and promptly diagnosed a fistula — an abnormal

opening in her colon that was leaking waste.

"Dr. Ramadan knew immediately what needed to be done," says Charlotte, 70. "After all those years of suffering, I finally had the answer. He saved my life." (Read more on her experience on page 24.)

FROM ROUTINE TO COMPLEX

The board-certified general surgeons at UPMC Passavant and UPMC St. Margaret are trained to evaluate and treat a wide variety of conditions — from routine gallbladder removals and emergency appendectomies, to complex surgeries involving the endocrine, digestive, and vascular systems.

"UPMC Passavant is now a tertiary-care hospital, meaning that patients here will find the same level of surgical expertise and advanced technology as at UPMC Shadyside," explains **Kevin O. Garrett, MD**, a board-certified general surgeon and chair of the Department of Surgery at UPMC Passavant. "There have been great investments made at both hospitals to ensure we have the resources patients need for the best possible care."

"Being a general surgeon is a special calling," says Dr. Ramadan. "We take care of the patient as a whole, look for unexpected patterns, and consider the multitude of things that can interact."

What Do General Surgeons Do?

General surgery is a surgical specialty that focuses mainly on the abdominal area of the body, including the large and small intestines, stomach, esophagus, gall bladder, spleen, liver, and appendix.

Common conditions treated by general surgeons include:

- Hernias
- Gallstones
- Appendicitis
- Breast tumors
- Thyroid disorders
- Pancreatitis
- Bowel obstructions
- Colon inflammation
- Colon cancer

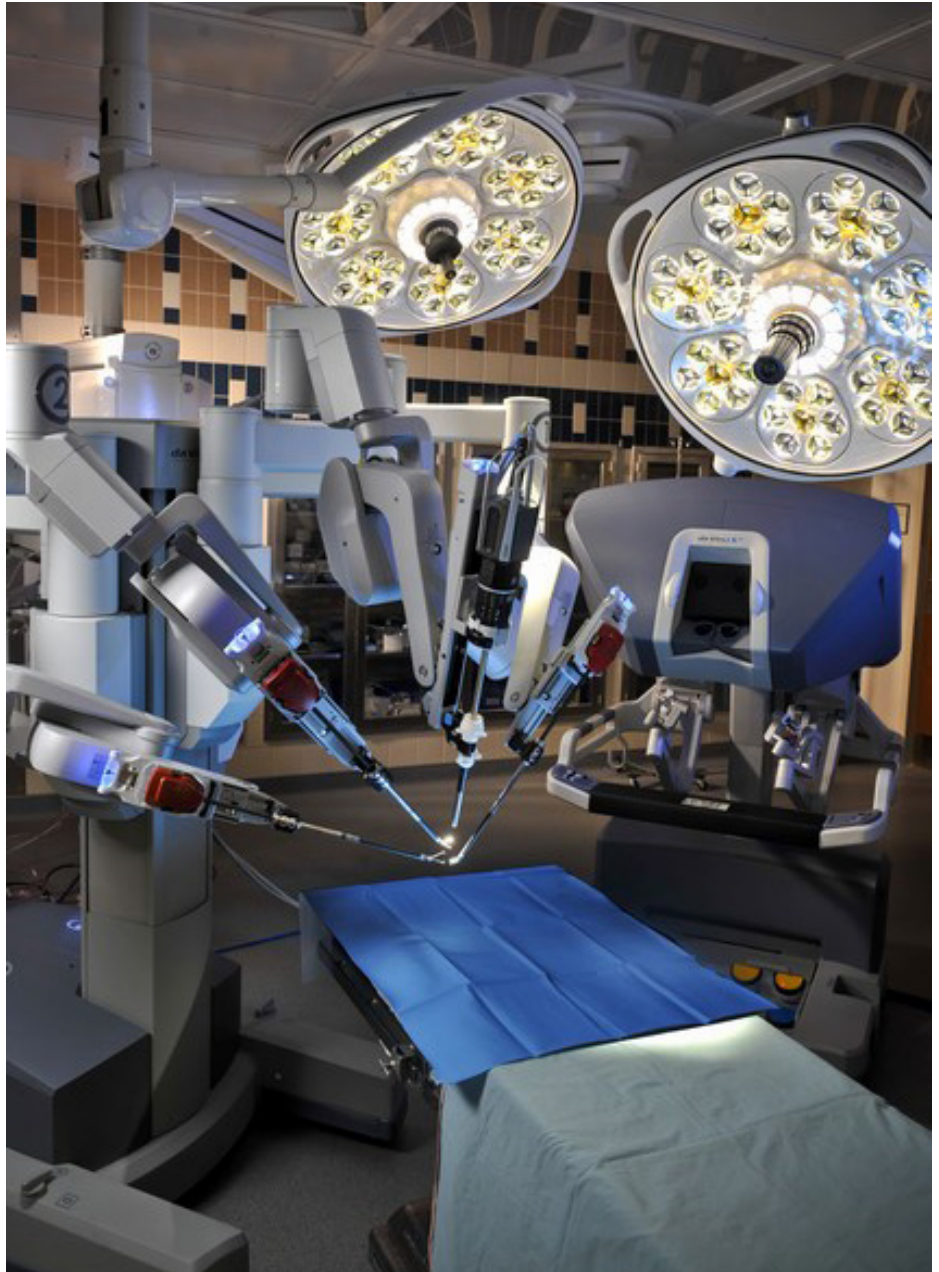
In addition to caring for patients before and during surgery, general surgeons also care for patients post-surgery — examining incisions, monitoring their recovery, and managing pain.

“Within the realm of general surgery, we are the quarterbacks when it comes to coordinating care for more complex patients,” says Dr. Garrett. “We insure that the primary care doctor is informed about the patient, as well as work with specialists to get the advanced care that might be required.”

“We’re always on our feet — literally and figuratively,” adds **Jason A. Luciano, MD**, a board-certified general surgeon at UPMC St. Margaret. “On any given day we can be handling the entire spectrum of general surgery.”

Each year, general surgeons at UPMC St. Margaret and UPMC Passavant perform thousands of operations and are as adept with a laparoscope as they are with a scalpel. Because of their in-depth training and understanding of the body as a whole, general surgeons are on-call 24/7 for emergency care.

And as teaching hospitals, both UPMC St. Margaret and UPMC



The da Vinci Surgical System® at UPMC Passavant

Passavant are entrusted with training new generations of general surgeons.

BEST PRACTICES IN GENERAL SURGERY

Patients at UPMC Passavant and UPMC St. Margaret benefit from state-of-the-art surgical services and an integrated approach to coordinated care.

Unlike a community hospital, general surgeons at UPMC Passavant and UPMC St. Margaret have on-site access to a variety of specialists. This allows them to easily team up with gastroenterologists, oncologists, infectious disease

specialists, primary care doctors, and other experts to provide patients with comprehensive, coordinated care.

In addition, UPMC’s system-wide usage of electronic records allows surgeons at both hospitals to “tap in” to resources and experts at UPMC’s Oakland hospitals when needed for highly specialized care, says Dr. Luciano. That means specialists can easily access and review complex pathology — radiology, lab work, and biopsies — and other test results.

“It enables us to bring specialists to the patients rather than having patients go to the specialists,” he explains.

IMPROVING CARE THROUGH EMERGING TECHNOLOGY

General surgery continues to reinvent itself as it uses emerging technology for the benefit of patients.

At UPMC Passavant and UPMC St. Margaret, surgeons use advanced, minimally invasive techniques whenever possible, performing operations through small incisions and eliminating the need for major abdominal surgery. This often means less scarring, less pain, shorter hospital stays, and a faster recovery for patients.

A mainstay in general surgery at both hospitals is laparoscopy. One of the first types of minimally invasive procedures developed, it is performed through one or more small incisions using small tubes, tiny cameras, and surgical instruments.

At UPMC Passavant, general surgeons also use robotic surgery — another type of minimally invasive surgery. The cutting-edge surgical tool provides high definition imaging, a 3D view of the surgery site, and robotic instruments that move with greater range and precision than the human wrist. It enables surgeons to see more detail than is possible with the human eye and allows them to operate with extreme precision, dexterity, and control.

“It’s a marvelous thing. It gives surgeons the flexibility of the human hand,” says Dr. Garrett. “And it’s like you’re standing inside someone and operating with your own hands.”

Dr. Garrett says robotics is being used in general surgery at UPMC Passavant for colon surgeries, hernia repairs, and urological surgeries. “About 80 percent of my operations are laparoscopic, and the majority of those are done using robotics,” he says. “It’s a wonderful tool.”

According to Dr. Garrett, hernia repair is the most common surgery handled by general surgeons, but also one of the most difficult procedures to learn due to the complicated anatomy in that area. Robotics actually enhances learning by providing residents with a better, multi-dimensional view.

Hospital administrators are currently looking into adding robotic surgery at UPMC St. Margaret. ■

PATIENT PROFILE

Comprehensive Care Beyond Surgery

When Charlotte Walters’ husband drove her to UPMC St. Margaret in fall of 2017, she was in bad shape.

“I didn’t think I’d live to see 71. I was so ill and in terrible pain; I cried all the time,” she says. Down 50 pounds and severely malnourished, she spent a month in the hospital receiving 24-hour intravenous nutritional therapy before Dr. Ramadan performed surgery to remove her colon and insert a permanent colostomy.

He continued to oversee her care and coordinate with other specialists and therapists as she spent another two months recovering at UPMC St. Margaret. She eventually moved to the hospital’s inpatient rehabilitation facility operated by the UPMC Rehabilitation Institute for intensive daily therapy.

Throughout her stay — before and after surgery — Dr. Ramadan visited daily.

“He was there for me and he took care of me. He always explained things. When I broke down and cried, Dr. Ramadan sat down next to me, put his hand on mine, and said everything is going to be alright,” says Charlotte.

“Now, the pain is gone and I can eat anything I want. Life is good and I’m so grateful I went to UPMC St. Margaret.”

PATIENT PROFILE

Same Day Surgery

In December, David Mullen noticed a painful lump in his groin. The Shaler resident made an appointment to see Dr. Garrett, who told him he was a candidate for minimally invasive robotic surgery to repair an inguinal hernia.

Two weeks later, David, 65, had surgery at UPMC Passavant performed by Dr. Garrett on an outpatient basis under general anesthesia. He was back home by early afternoon.

“It went really smoothly. I didn’t expect to feel as well as I did,” says David. “I was up and walking the same day I had surgery, and driving again the next week.”

David says Dr. Garrett did a great job of explaining the procedure before the surgery. But he was still surprised to see just three tiny incisions, which will eventually go away.

“My only regret is that I didn’t actually get to see the robotic surgery,” says David. “I think that would have been really interesting.”