

Minimally Invasive Surgery



Services

Minimally invasive surgery (MIS), commonly referred to as laparoscopy for the abdomen and thoracoscopy for the chest, has dramatically changed the way many different operations can be performed today. Since the introduction of the laparoscopic cholecystectomy in the early 1990s, virtually every classical open operation has been adapted and modified to the minimally invasive approach. Minimal access techniques using small incisions significantly reduce trauma, operative bleeding, respiratory dysfunction and cardiovascular distress (among others). MIS yields better clinical outcomes and the possibility to offer surgical treatments to populations of higher risk, notably elders and individuals with compromised life expectancy. The most tangible advantages of MIS for the patient include:

- Less pain and decreased use of narcotics
- Faster return to bowel function and earlier institution of medical therapies
- Shorter hospital stay
- Prompt return to normal activities and work

- Less disability and dependence on ancillary services (rehabilitation)
- Better cosmesis
- In summary, better quality of life

Minimally invasive procedures commonly offered by the Department of Surgery at UTMB include:

- Diagnostic laparoscopy
- Esophago-gastric surgery:
 - Antireflux procedures (Nissen and partial funduplications)
 - Heller myotomy for achalasia
 - Gastrectomy
- Bariatric surgery:
 - Roux-Y gastric bypass
- Bilio-pancreatic procedures:
 - Cholecystectomy
 - Common bile duct exploration
 - Pancreatic cyst-gastrostomy or jejunostomy
- Solid organ and endocrine surgery:
 - Adrenalectomy
 - Splenectomy
 - Radiofrequency ablation of liver metastases
 - Nephrectomy (living donor)
- Colorectal surgery for benign and malignant disease:
 - Colectomy (right, left, or subtotal colectomy, sigmoidectomy, low anterior resection, and abdomino-perineal resection), colostomy formation or closure, rectopexy for prolapse
 - Transanal Endoscopic Microsurgery (TEM)
- Hernia surgery
- Splachnicectomy and neurinectomy for chronic pain

Surgeons



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