UI UROLOGY MINIMALLY INVASIVE SURGERY

The University of Illinois Hospital and Clinics (UI Health) is the first medical center in Chicago and among the first in the world to implement a state-of-the-art robotics surgical system that will be used to treat patients in minimally invasive surgery, with UI Urology the first department to demonstrate the system.

The da Vinci SP operating system is the fourth generation of the globally recognized da Vinci technologies used for minimally invasive robot-assisted surgical treatment.

The single-port robotic-assisted device was approved for urological procedures only by the Food and Drug Administration in June 2018, and UI Health’s first-to-market status with the system affirms UI Urology’s Minimally Invasive Program and the Department’s standing as one of the most highly respected programs in the U.S., said UI Urology chair Craig Niederberger, MD.

“The new device is recognized as best-in-class, with the potential to contribute to patient outcomes, including pain reduction and faster recovery times,” Dr. Niederberger said.

“We are proud to bring this advanced technology to UI Health and UI Urology to give our surgeons the very best tools to provide optimal care.”

The first patient treatment involving the single port robot assisted device system was used for prostatectomy surgery, said Simone Crivellaro, MD, Assistant Professor and Director of Minimally Invasive Surgery at UI Health. The procedure was performed on December 12, 2018.

Read the Q&A with Dr. Crivellaro on p. 5.
NEW FACULTY MEMBERS
Dr. Mima Joins Faculty

Mahmoud Mima, MD is the most recent addition to the Department faculty. Dr. Mima joined the Department as a visiting clinical instructor this fall, after completing a year-long fellowship in clinical andrology/male fertility in the Department. The Syrian native was a clinical instructor in the Department from April to August 2017, where he did trauma education and conducted research with Michael Abern, MD and Daniel Moreira, MD. He is a graduate of the University of Aleppo (Syria) Medical School and the Syrian Board of Urology, where he ranked at the top of his class. He also worked in various Urology clinical functions at Al-Razi Hospital and the Syrian Specialty Hospital in Aleppo. Dr. Mima’s volunteer activities include work with the Red Crescent in Syria. Dr. Mima will conduct clinics at Mile Square Health Center and the University Center for Urology.

UI UROLOGY FELLOWS
Genital Reconstruction Fellow: Dr. Ömer Acar

Beginning in 2018–19, the Department has initiated a Genital Reconstructive Fellowship Program. This program is among the first in the United States and is coordinated by Dr. Ervin Kocjancic in conjunction with Dr. Loren Schechter at Weiss Memorial Hospital.

The program’s first fellow is Ömer Acar, MD. Dr. Acar comes to Chicago from Koc University School of Medicine in Istanbul, where he was an instructor and associate professor in Urology. Before that, he worked in the Department of Urology at VKV American Hospital in Istanbul, and did clinical work for the Turkish Ministry of Health and Military. He also worked for the Turkish Kidney Foundation in transplantation medicine at Hizmet Hospital in Istanbul.

A widely published researcher and presenter, Dr. Acar is a graduate of Marmara University School of Medicine in Istanbul and completed residency training in the Department of Surgery at Istanbul University.

Andrology Fellow: Dr. Muhammad Asim Khan

Dr. Khan comes to UI Urology from Shifa International Hospital in Islamabad, Pakistan, where he was senior medical officer in the Department of Urology and renal transportation and served as the Department’s senior resident before that. He also completed residency training in general surgery at Lady Reading Hospital in Peshawar and earned his MD at Khyber Medical University in Peshawar and his undergraduate degree at Edwards College in Peshawar.

Dr. Khan is multilingual, with fluency in English, Pashto, Urdu, Hindi, and Punjabi. After his fellowship, he plans to open the first fertility clinic in Pakistan.

Q: What is unique about UI Urology’s residency program?
A: The most unique feature of the Urology Residency Program at the University of Illinois at Chicago is the outstanding men and women in our residency program. The urology residents bring diverse backgrounds and rich experiences to the program. Secondly, the urology faculty are in a class by themselves. The department is privileged to have the expertise and counsel of Lawrence Ross, MD, Past President of the AUA, and Craig Niederberger, MD, Clarence C. Saelhof Professor and Head of the Department of Urology.

We also have incredibly young dynamic faculty, including Dr. [Simone] Crivellaro, Dr. [Michael] Abern, Dr. [Samuel] Oltander, Dr. [Rodrigo] Pagani, and Dr. [Daniel] Moreira, among others. In addition, what’s very unique about our program is that every inch, every subspecialty of Urology is covered. Dr. [Ervin] Kocjancic specializes in reconstructive urology, a subspecialty that’s not covered in many programs, as well as Dr. [Simone] Crivellaro’s expertise in robotics, and perhaps the largest andrology program in the country headed by Dr. [Craig] Niederberger.

Q: How does the program balance and integrate clinical work, research, and other roles?
A: The Urology Residency Program at the University of Illinois at Chicago is designed for residents to achieve the skills necessary to provide the highest quality of urologic care. This daunting task is accomplished through expert faculty supervision and mentorship. In addition, residents are provided with protected time to participate in robust, organized didactic programs, visiting professorships and attendance and participation in local, national and international meetings. The residency program is structured to include one full year of research and innovation. Work-life balance remains a challenge and primary concern of the department. Adherence to ACGME duty hours is paramount. Recently, dedicated time for wellness and mindfulness has been added to the curriculum.
THE DA VINCI SP
A CONVERSATION WITH DR. SIMONE CRIVELLARO

The term "minimally invasive" is part of just about every surgical specialty. We've seen it evolve rapidly in the past 10-15 years, to the point that thinking about how to do more surgically in a less invasive way now is automatic: we're accomplishing the same surgical outcomes but with generally fewer risks, less pain to the patient (often with little or no hospitalization), and faster recovery time because we're making fewer and smaller incisions.

Robotics as an element of this type of practice continues to evolve toward meeting these goals and outcomes. Now it's at the forefront in urology. It's all about making smaller incisions, and whether it's for a single arm or multiple arms, the robotic arms allow much greater precision and dexterity than we've ever seen before.

UI Urology: How does this next generation of robotics technology expedite the process you just described?

SC: This technology continues to evolve rapidly, but the most dramatic feature of the fourth-generation platform we've rolled out is that it has only one robotic arm that holds all the instruments we need and is far more flexible than we've ever seen before. Previously, there were multiple robotic arms, each holding different instruments. That meant multiple incisions, and we know that each incision typically involves somewhat more pain and recovery time for the patient.

To the surgeon, obviously having to work with only one robotic arm is less cumbersome than working with multiple arms; there's more room and flexibility, in that very small space in which we work, to make the single precise incision needed (about 3cm, smaller than we've typically made) to produce the desired results. And that makes it easier on the entire surgical team, which has a better view of what's going on surgically.

Our Department, UI Health in general, and the entire university are very focused on innovation. From an engineering perspective, this is highly innovative: a single arm half the size of previous versions, more flexible than we've ever seen, with a lens – on a camera that captures the area being treated and immediately produces 3D images—that gives us a 360-degree view of what's going on.

UI Urology: What will this mean for our patients?

SC: For one, they should enjoy the same good outcomes, eventually across a wide number of procedures we do every day in large numbers. This applies to common procedures like prostatectomy at first, then nephrectomy, pyeloplasty, and treatment for benign enlargement of the prostate, then urologic cancer procedures and others. We expect those outcomes to be achieved with less pain to the patient, because fewer incisions mean less risk, faster recovery time, less or no hospitalization, and speedier return to work and normal activities.

For the physicians who refer patients our way, it means they eventually will be confident that the SP platform will apply to minimally-invasive cases that are referred to us by primary-care and general practice physicians.
NEW CLINIC SPACE IN HOSPITAL TO DRAMATICALLY INCREASE CAPACITY

New clinic space—3900 square feet of it—will mean significant improvements in capacity, flow, and patient satisfaction when UI Urology adds a fourth clinic in summer 2019. The prime space in the concourse level of the hospital will allow UI Urology to move patients faster through their care, said Daniel Garvey, MD, associate professor and residency program director. This will apply to multiple types of outpatient and inpatient clinic cases, most of which will be able to be performed in the new clinic’s treatment rooms.

The new clinic—expected to be completed in a timely manner under the sponsorship of the Department of Urology—will be located on the south end of the medical campus, cancer treatment in the Outpatient Care Center, and 900 N. Michigan Avenue.

UI Urology, simply “outgrew” Mile Square, where most of the urology practice has been based, said VanOverloop, clinic director.

“The way urology teams see patients, you need multiple rooms in operation at the same time for exams and procedures. With two urologists, sometimes three, in the clinic at a given time, you need at least two procedure rooms to meet patient needs. This will essentially double our capacity in the main clinic, much of that in general urology, but with room to accommodate our growing men’s health and cancer services.”

DR. CAROL PODLASEK

DR. CRAIG NIEDERBERGER
- • SAMUEL OHLANDER

DR. DANIEL MOREIRA

31 PROGRAM—EPIC EHR

In order to mitigate the enterprise risk posed by an aging and fragmented information system, UI Health has embarked on the 31 Initiative with an evaluation of the existing infrastructure. The evaluation underscored the urgent need to address these deficiencies and risks by replacing the existing system with a state-of-the-art information technology platform that integrates optimized business processes with standardized clinical workflows and modern analytical capabilities.

Active planning and preparation for an integrated system was launched in September 2016 under the sponsorship of the Vice Chancellor for Health Affairs, College of Medicine Dean and Hospital and Clinics CEO. Hundreds of hospital and COM staff also participated and it was decided that Epic was the system of choice for UI Health.

The new EHR is an opportunity for UI Health to build and implement a new IT infrastructure with provider workflow in mind. With a planned rollout in 2020, we will provide greater patient and provider satisfaction by implementing a state-of-the-art patient portal including mobile platforms for accessing the portal and billing information that consolidate both hospital and provider charges. UI Health will join with some of the nation’s largest and most prestigious health and health systems that use Epic EHR.

Dr. Garvey and VanOverloop agreed that this expansion, which will include more staff for registration and check-out, will make UI Urology far more patient-centric. VanOverloop added that the clinic will be much more of a “one-stop shop” for facilitating care across the Department and with other services (like Radiology).

The new operation will also better accommodate the growing referral network UI Urology has built, leading to win-win results for everyone, beginning with patients and extending to referring physicians, Dr. Garvey said.

“We’ll get patients in faster and more efficiently with shorter wait times. Patients will be much more satisfied with the services they’ll receive—because they’ll move through our system and clinic faster.”

PUBLICATIONS

DR. MICHAEL ABERN
- • The Association of Previous Prostate Biopsy Related Complications and the Type of Complication with Patient Compliance with Rebiopsy Scheme. J Urol. 2018 Nov.
- • Radical prostactectomy and the effect of close surgical margins: results from the Shared Equal Access Regional Cancer Hospital (SEARCH) database. BJU Int. 2018 Jul.
- • Implementation of multiparametric magnetic resonance imaging technology for evaluation of patients with suspicion for prostate cancer in the clinical practice setting. BJU Int. 2018 Aug.
- • Correlations of SELENOF and SELENOP genotypes with serum selenium levels and prostate cancer. Prostate. 2018 Mar.

DR. DANIEL MOREIRA
- • Correlations of SELENOF and SELENOP genotypes with serum selenium levels and prostate cancer. Prostate. 2018 Mar.

DR. ERVIN KOJANIC
AUA 2019
MAY 3–6 chicago

University of Illinois at Chicago Alumni Reception

WHERE
Marriott Marquis
2121 South Prairie Ave, Chicago
Geography Room

WHEN
Saturday, May 4
3–5 p.m.