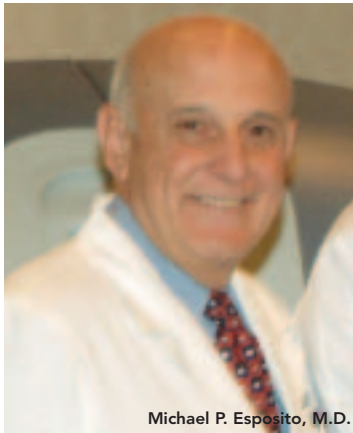


# HOW PROSTATE SURGEONS 'wrote the book'

TWO NEW JERSEY UROLOGISTS HELP EDUCATE THE PROFESSION ON USING  
ROBOTS IN THE OPERATING ROOM



Michael P. Esposito, M.D.



Vincent J. Lanteri, M.D.

**WHEN IT COMES TO DOING PROSTATE SUR-**gery with robotic technology, Monmouth Medical Center urologists Michael P. Esposito, M.D., and Vincent J. Lanteri, M.D., are experts. They've performed more than 2,000 robotic prostatectomies (prostate removals), and they're co-editors of a medical textbook, *Urologic Robotic Surgery*, published last year by Humana Press. They shared thoughts in a recent chat:

**MONMOUTH HEALTH & LIFE:** How did you come to create this textbook?

**DR. LANTERI:** We were teaching other urologists to do these procedures and helping them operate on pigs. We figured, "Let's write a book, what the heck?"

**MH&L:** It's not like trying to publish a novel.

**DR. ESPOSITO:** That's right. We knew that it could be published. And we asked experts around the country to write chapters.

**MH&L:** You've told us in the past that the robot is only a tool, not a substitute for the surgeon. How does it help?

**DR. L:** We work with delicate structures in a small space, and the robot gives us better access to them, and also smooths out the natural tremor of the human hand. It helps us achieve our three-part goal: to remove all the

cancer and allow the man a quick return to complete continence and the sexual potency he had before.

**MH&L:** I understand the book has an extra feature.

**DR. E:** Yes, it comes with a DVD. You can see it a hundred times and still catch things you haven't noticed before.

**MH&L:** How did you get started with the robot?

**DR. L:** In 2001, we went to Paris for a week of special training in laparoscopic [minimally invasive] prostatectomy. It wasn't robotic then, and it was hard as hell—no two ways about it. Then, early in 2002, the FDA approved the robot, the Da Vinci Surgical System, and a New Jersey hospital bought two of the first units. We started using one just for part of the surgery. Finally, we said, "We could modify the operation and do it all robotically."

**MH&L:** So you made that adaptation yourselves?

**DR. E:** Yes. That's what makes us pioneers.

**MH&L:** And you taught other doctors?

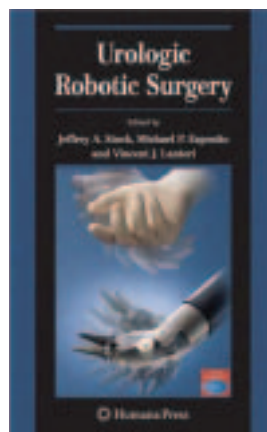
**DR. L:** Yes. Our lab became one of three teaching sites in the country for the manufacturer, Intuitive Surgical.

**MH&L:** What's next?

**DR. L:** Now we're using a technique we call athermal noncautery—it's too new even for our book. When there is bleeding from blood vessels that feed the nerves near the prostate, we let them bleed—within safe limits—and use suction rather than cauterizing them. New surgeons worry about bleeding, but we find that if we don't cauterize near these nerves, it helps preserve sexual function.

**DR. E:** Also, we now use what's called anterior urethropexy, in which a special "W" stitch fastens the urethra to the pubic bone, helping to

restore continence more quickly. <sup>n</sup>



For a referral to a Monmouth Medical Center robotic surgeon, please call 1-888-724-7123.