



Advanced Robotics for Hip and Knee Replacement

The words “robotic surgery” often bring to mind images of a science-fiction future. However, minimally invasive surgery using robotic technology is available in many specialties, including orthopaedic surgery.



“Using computer-assisted surgical instruments is like using a smartphone rather than rotary phone,” says **Jeffrey A. Nechleba, MD**, an orthopaedic surgeon with Orthopaedic & Sports Medicine of Erie–UPMC. “Both phones

can make calls, but the smartphone has more features and capabilities.”

For example, robotic technology allows surgeons to use CT scans of the patient’s hip, knee, and ankle to provide a detailed image of that patient’s specific anatomy, leg length, and mobility. They combine those images with what the surgeon observes and assesses in the operating room to determine the ideal placement for the patient’s implants.

The robotic surgical system then helps the surgeon work with optimal precision to make the incision and place the new joint. “We can do the procedure without robotics like we always have, but it helps me consistently do my best,” says Dr. Nechleba.

The robotic system also helps improve long-term outcomes and prevent early wear from imperfect alignments that are difficult to detect without it.

Getting Back to Life More Quickly

Dr. Nechleba sees his patients regain mobility earlier with the robotic surgery, and they report less pain after surgery.

Several factors contribute to improved pain control. The surgery itself involves less movement of soft tissues, leading to less postoperative discomfort. In addition, robotic systems help prevent the surgeon from going outside the intended area, avoiding soft tissue damage that can lead to additional pain.

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— Jeffrey Nechleba, MD

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UPMC Hamot surgeons now use multimodal pain control techniques, including different types of nonopioid pain relievers, to help reduce opioid dependence. “By injecting local anesthetics into the tissue around the joint toward the end of the surgery, patients have less postoperative pain and fewer side effects from pain medicines traditionally used during surgery,” says Dr. Nechleba.

Specialized Hip and Knee Center

Since January, UPMC Hamot has offered same-day joint replacement options for patients who have appropriate support at home and don’t require a night in the hospital or rehabilitation.

UPMC Hamot’s orthopaedic surgeons see many patients with difficult cases from the northwest Pennsylvania and western New York region. The dedicated Hip and Knee Center at UPMC Hamot provides specialized care for patients receiving joint replacements, including preoperative education and the assistance of an orthopaedic nurse navigator, who connects patients to resources and information about their procedure.

“It’s very rewarding to help patients live with less pain and get back to the things they love to do,” says Dr. Nechleba. “We’re here for our community and pride ourselves on providing high-quality orthopaedic care, right here in Erie.”

To learn more, visit UPMCHamot.com/Orthopaedics.

A Patient's Perspective on PROSTATE CANCER

As a retired funeral director with a family history of cancer, Mark Razanauskas has a unique perspective on life and death. At age 61, when he got the call letting him know that his annual prostate-specific antigen (PSA) screening results came back elevated, he says, "I just knew in my gut it was cancer."

Mark was living with an enlarged prostate for several years and had faithfully received yearly PSA screenings through his primary care provider. When he received the elevated PSA results, he met with **Roy Scott Cooper, DO**, a urologist at Lakeview Urologic Surgeons.

WHAT YOU SHOULD KNOW

- All men over the age of 55 should be screened annually for prostate cancer.
- A family history of prostate cancer and African American ancestry increases your risk.
- Patients with prostate cancer who exercise and eat a healthy diet may see improved outcomes from surgical or radiation treatment.

After five years with undetectable PSA levels, patients are considered to be cancer-free. However, patients should continue to be screened annually in case the cancer returns.

Advanced Imaging Services and Robotic Surgery

Mark had a 3T MRI scan, which revealed a significant lesion. Dr. Cooper performed a fusion biopsy, which combines 3T MRI results with ultrasound to create a 3D image of the prostate. This allowed him to accurately pinpoint areas of affected tissue. Based on Mark's age and his biopsy results, Dr. Cooper recommended surgical treatment without radiation.

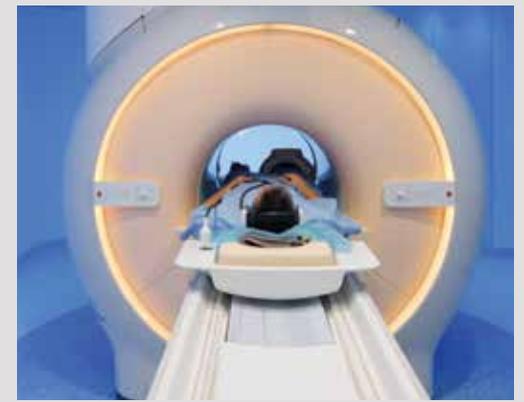
Mark's robotic, right nerve-sparing prostatectomy involved small incisions. Using special surgical techniques to preserve bowel, bladder, and erectile function, Dr. Cooper was able to help Mark maintain a good quality of life even though some nerves and lymph nodes were removed.

Overall, Mark's recovery was relatively quick. "I only took pain medicine the first two days after surgery and over-the-counter medicine for mild pain after that" he says.

"The staff at UPMC Hamot was tremendous and I think the world of Dr. Cooper. My experience has been nothing but positive."

You're Not Alone

Mark wants other patients to know it's OK to talk to someone who has been through a similar experience. "As a man, sometimes you feel you need to get through things like this alone," he says. "But I wish I had shared earlier what I was going through back when I was diagnosed." Dr. Cooper recommends that patients ask their doctors about support groups. "There are many options available to talk to other people who are on the same journey," he says.



Diagnosing and Treating Prostate Cancer CLOSE TO HOME

3T MRI, an advanced imaging technology that scans faster and provides clearer images for precise diagnosis of prostate cancer and other conditions, is available at UPMC Hamot. In addition, UPMC Hillman Cancer Center in Erie has a PET-CT machine capable of performing a prostate-specific membrane antigen (PSMA) scan. This diagnostic tool identifies small cancer cells that have spread beyond the prostate.

"If the cancer has metastasized (spread to other areas of the body), we work with our partners at UPMC Hillman to provide the highest level of medical and radiation oncology care instead of removing the prostate," says Dr. Cooper.

Local treatment options are also available to help restore erectile function with penile prosthesis if the nerves cannot be spared.

Lakeview Urologic Surgeons MEET OUR UROLOGISTS

The providers with Lakeview Urologic Surgeons have experience in a wide range of services ranging from general urology to treatment of complex cancers of the urinary system. To learn more about our providers, visit UPMC.com/LakeviewUrologic.

LAKEVIEW UROLOGIC SURGEONS

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Peter Bridges, MD

Dr. Bridges offers minimally invasive robotic surgery for prostate, kidney, and ureteral cancers, as well as adrenal tumors and vaginal prolapse. His specialties include kidney stones, vasectomy and vasectomy reversal, benign prostatic hyperplasia (BPH), and incontinence.



Roy Scott Cooper, DO

Dr. Cooper specializes in robotic surgery for treatment of urologic cancers, including bladder, kidney, and prostate cancers.



Sergio Giancola, MD, FACS

Dr. Giancola provides specialty care in treatment of BPH, kidney stones, incontinence, erectile dysfunction, hypogonadism, and low testosterone.



Michael Miller, DO

Dr. Miller offers treatment for BPH, kidney stones, renal cysts, erectile dysfunction, prostatitis, pelvic pain, infertility, and incontinence. He specializes in prostate, kidney, bladder, and testicular cancers.



Justine Marut Schober, MD

Dr. Schober specializes in treatment of pediatric urologic conditions. Her research addresses disorders of sexual development, hormonal patterns influencing wound healing, evaluation of gender-related anatomy and function, and ethical considerations for gender-determining surgery in children.

Ask the Expert: Mitral Valve Disease and Atrial Fibrillation



Stephen Waterford, MD, specializes in robotic cardiothoracic surgery for mitral valve repair and atrial fibrillation (AFib). He answered some common questions about the advanced treatment options available to patients right here in Erie.

Q What is mitral valve disease?

A Mitral valve disease means that one of the heart's valves has stopped working properly. Instead of pumping oxygenated blood through the heart to the rest of the body, the valve malfunctions and allows blood to flow back into one of the chambers of the heart. This leaves patients feeling short of breath and can lead to AFib — an abnormal heart rhythm. Mitral valve disease can affect people at nearly any age.

Q What are the treatment options for mitral valve disease?

A Medicines that help remove excess water from the body, known as diuretics, can help manage the effects of dysfunctional mitral valves, but only temporarily. Surgical repair or replacement of the valve is typically required for a more lasting solution.

DID YOU KNOW?

Both **mitral valve disease** and **AFib** can increase your risk of stroke.

Q How does robotic heart surgery improve outcomes?

A At UPMC Hamot we use the da Vinci® robot, which allows us to provide highly effective and advanced surgical options for conditions like mitral valve repair and coronary artery bypass.

These minimally invasive procedures are associated with less trauma, reduced blood loss, and shorter recovery time for patients.

For mitral valve repair, we now use robotic plastic surgery techniques with the patient's own tissue instead of using an artificial valve.

Q Are surgical treatment options for AFib available in Erie?

A At UPMC Hamot, we use specialized surgical techniques to correct AFib, where irregular electrical signals in the heart can cause rapid and erratic heartbeats. Many of these procedures can be done on a beating heart, without use of a heart lung machine.

Q Can you help patients reduce their risk of stroke?

A AFib can cause blood to pool and clot in a small pocket in the heart called the left atrial appendage. In addition to restoring normal heart rhythm, we also help reduce the risk of stroke by surgically closing this pocket.

Q What improvements do patients see in their quality of life?

A Mitral valve repair and correction of atrial fibrillation can dramatically improve quality of life, including return to exercise without being short of breath. Mitral repair has also been shown to increase life expectancy.

To learn more, visit UPMCHamot.com/HVI.

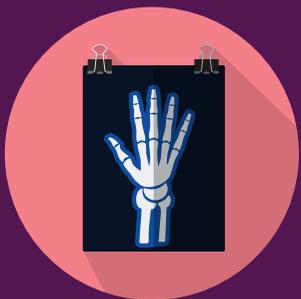
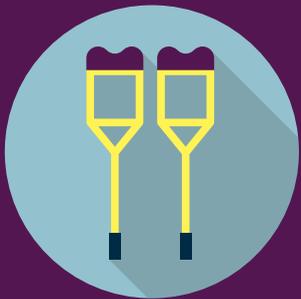
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