



Butler resident David Leech underwent an esophagectomy at UPMC Passavant–McCandless to treat his advanced esophageal cancer.



Following his surgery in November, David was able to be home with his family one week later – just in time for Christmas.

# Taking on Thoracic Surgery's Toughest Cases

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Every year, UPMC Passavant–McCandless performs nearly 1,300 thoracic surgeries. That volume has made UPMC Passavant one of the region's most experienced thoracic programs. It's now a destination hospital for thoracic surgery patients with complex and often life-threatening illnesses, including esophageal cancer.

**T**horacic surgery is considered one of medicine's most demanding disciplines. It focuses on the critical organs within the chest: the heart, lungs, esophagus and trachea.

An esophagectomy is one of the most technically challenging minimally invasive thoracic surgeries, according to **Ryan Levy, MD**, a thoracic surgeon with UPMC Hillman Cancer Center and chief of Thoracic Surgery at UPMC Passavant. "The procedure is the standard of care for the majority of resectable esophageal cancers," says Dr. Levy. It involves removing a portion of the esophagus – the swallowing tube between the mouth and the stomach.



**Ryan Levy, MD,** thoracic surgeon, UPMC Hillman Cancer Center; chief, Thoracic Surgery, UPMC Passavant

Surgeons then recreate the esophagus using part of another organ, usually the stomach.

## David's Path to an Esophagectomy

Sitting down to Friday night dinner in May 2022, David Leech of Butler, started having chest pains. He thought it was just indigestion, but his wife Gladys insisted they go to their local hospital.

A stress test and echocardiogram confirmed the 83-year-old wasn't having a heart attack, but the tests didn't reveal the cause of his pain. That evening marked the start of months of appointments with specialists and countless tests – plus dramatic weight loss and a steady decline in his health.

"All summer long, I continued to have pain – but it wasn't in my chest," says David. "I was having a harder and harder time swallowing, and it just got worse." Initial tests ruled out a hiatal hernia. In late June, David was diagnosed with Barrett's esophagus, a precancerous

condition caused by repeated exposure to acid reflux. “The doctor prescribed some medicine and told us to come back in a few years,” says Gladys.

But David’s pain and weight loss quickly worsened. “It reached the point where even swallowing water was a challenge,” he says.

Gladys persisted in looking for an answer. In early September, David underwent testing to rule out gall bladder problems. His gall bladder was clear, but a growth was spotted low in David’s esophagus, near his stomach. Additional tests revealed it was cancerous.

The Leeches were referred to UPMC Hillman Cancer Center at Butler Health System for care. “Thankfully, the oncologist there immediately referred us to Dr. Levy, who saw us the very next day at UPMC Passavant–McCandless,” says Gladys.

“David had a large obstructing esophageal cancer. By the time he came to us, he was in bad shape,” says Dr. Levy. “He was too weak to tolerate the standard treatment of chemotherapy and radiation to shrink the tumor before surgery. The family and our team agreed that time was of the essence to give David back his quality of life.”

“I liked Dr. Levy from the start,” says David. “He cares deeply about his patients. I liked that he was a straight talker who told us what we needed to know to move forward. Together, we decided the surgery was worth the risk.”

Before returning home, David was briefly hospitalized so Dr. Levy could perform a surgical procedure on him – inserting a feeding tube that would give David the critical nutrients needed to shore up his strength before surgery.

David’s esophagectomy was scheduled at UPMC Passavant–McCandless for Nov. 7, 2022.

### An Unexpected Surgical Challenge

The morning of David’s surgery, Gladys was surrounded by family. “Our kids live all over – some close and some far away,” she says. “They all came in for the surgery, and I’m so glad they did.”

David’s surgery began at 7 a.m. as planned. Just before noon, Gladys received a call saying Dr. Levy wanted to talk with her and the family.

“As we began the process of starting to reconstruct David’s stomach into a new esophagus, we identified that part of the blood supply source we use for the new esophagus had been divided in one of his prior abdominal surgeries,” explains Dr. Levy. “David’s surgery was already very challenging in light of his age and poor health.

But this was an unexpected and major anatomical problem that dramatically increased his risk.”

In less experienced hands, he says the discovery likely would have resulted in the need to end the surgery. “But Dr. Levy spent about a half hour with us, talking through our options. After shedding a few tears, we talked and prayed together and made the decision to move forward,” says Gladys. “Without moving forward, David’s quality of life would be nothing.”



**David and his wife Gladys, who have been married for 58 years**



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## State-of-the-Art Resources

At UPMC Passavant–McCandless, patients can find a highly integrated thoracic surgery program that offers high-risk patients these added benefits:

- Access to the latest advanced technology, such as minimally invasive robotic bronchoscopy
- A dedicated 16-bed cardiothoracic intensive care unit staffed by pulmonary and critical care medicine attending physicians 24/7
- The full resources of UPMC Hillman Cancer Center (including Hillman’s largest lung cancer screening program)

“I think our ability to pivot when unexpected challenges like this arise is what differentiates the quality of our care at UPMC Passavant,” notes Dr. Levy. “It’s a testament to the surgical team, the intensive care unit, the anesthesia team, and everyone else involved in high-risk cases like David’s.”

Dr. Levy returned to the operating room and successfully rebuilt a smaller, slightly shorter esophagus for David. Released from the hospital within one week, David was eating soft foods in mid-December. “His family had their husband and father back – just in time for Christmas,” says Dr. Levy.

“I am doing great – something none of us ever expected,” says David. “That’s all thanks to Dr. Levy and the amazing care I received at UPMC Passavant.”

Married for 58 years, David and Gladys are planning a party in the spring to celebrate David’s life and recovery. ■

## Enhancing Access to Thoracic Care

Time is of the essence for many thoracic conditions. For the convenience of northern community residents, UPMC offers regional clinics in Butler, Greenville, New Castle, and Seneca. Under Dr. Levy’s leadership, these clinics enable patients to be seen close to home by a UPMC thoracic specialist. “Our goal is to see patients in a timely way so they can receive the treatment they need,” says Dr. Levy. Patients can also be seen at UPMC Primary and Specialty Care in Sewickley.

Learn more at [UPMCPassavant.com/Thoracic](https://UPMCPassavant.com/Thoracic).