

# Robotic surgery on adrenal gland a first for S'pore

Recovery faster as operation more precise and has fewer complications

By NG WAN CHING

A 50-YEAR-OLD woman has become the first person here to have a tumour in her adrenal gland removed by robotic surgery.

Dr Rima Semiarty, an Indonesian hospital doctor, had a 4cm growth in her left adrenal gland removed using the new procedure.

Robotic surgery is more precise and has a lower complication rate than conventional minimally invasive surgery, called laparoscopic surgery, allowing the patient to recover faster.

Robotic surgery was first done here in 2003 on the prostate. Since then, it has also been used to deal with heart, kidney, head,

neck, oral and gynaecological conditions.

Urologist Chin Chong Min, who performed the surgery on Dr Rima at Mount Elizabeth Novena Hospital in August, said precision is vital as the adrenal gland is in a confined area. The hormone-releasing glands sit on top of the kidneys. He said: "The robot allows a good surgeon to be even more precise."

Twenty years ago, adrenal tumours were removed through open surgery, which involves making 15cm- to 20cm-long cut on the side of the body.

In the late 1990s, conventional laparoscopic surgery was introduced. It involves the surgeon operating with medical instruments

inserted through three or four cuts, about 1cm each, on the abdomen. Patients have less pain and scarring and recover faster than if they had open surgery.

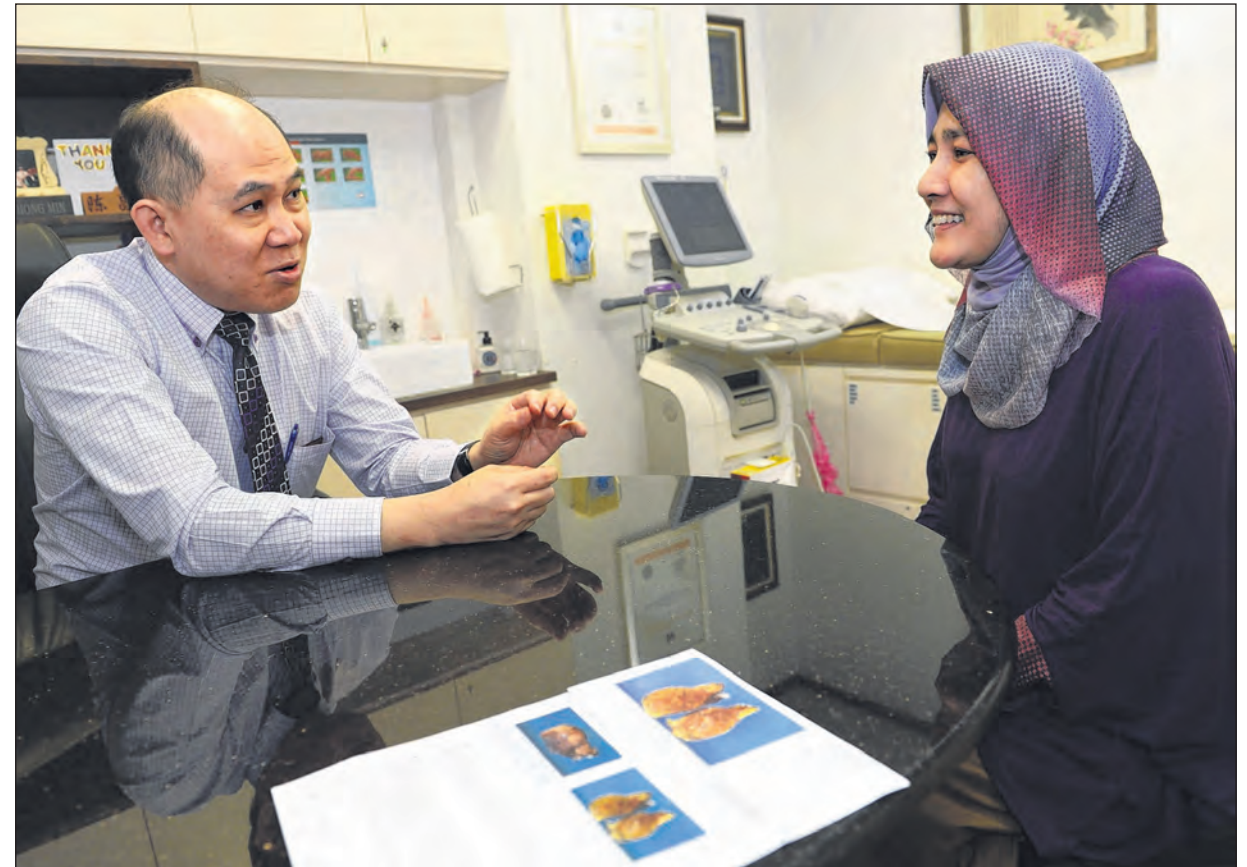
If complications arise, the procedure may have to be converted to open surgery. This can happen in up to 7.5 per cent of the cases.

The use of the robot lowers this conversion rate to 3.9 per cent, as reported in a study published this year.

In robotic surgery, the surgeon sits at a console and manipulates robotic arms to operate on the patient. There is less risk of bleeding as the robotic hands are more accurate and the surgeon's field of vision is magnified 10 times in three dimensions.

Adrenal tumours are reported to affect 1 to 5 per cent of the adult population, said Dr Chin. They can be benign or malignant.

In the case of Dr Rima, the tu-



Dr Chin chatting with Dr Rima, now fully recovered, in his office in Mount Elizabeth Hospital late last month. She had undergone robot-assisted adrenal tumour surgery in August. ST PHOTO: JOYCE FANG

mour was benign.

But it had to be removed as it was giving her palpitations and unstable blood pressure. Doctors were also concerned that if it grew, it could turn cancerous.

The surgery took an hour, compared to the two to three hours required for open surgery and con-

ventional laparoscopic surgery.

She was discharged on the second day after surgery and flew back to Indonesia the next day.

Typically, the hospital stay lasts two to three days after laparoscopic surgery and five to six days after open surgery.

Dr Rima's operation and hospi-

tal stay cost \$35,000. If she had undergone conventional laparoscopic surgery, it would have cost her \$25,000 to \$30,000. She said: "My blood pressure returned to normal after the surgery and my recovery has been very fast."

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■ SEE MIND YOUR BODY PAGE 12