## Frantzides performs rare laparoscopic surgery

Constantine Frantzides, M.D., world-reknown laparoscopic surgeon, director of the bariatric surgery fellowship program at Saint Francis Hospital, and director, Chicago Institute of Minimally Invasive Surgery (CIMIS), performed a rare, minimally invasive parastomal hernia surgery last month on a patient from Boston.

The patient, James Spitzer of Jamaica Plain, Massachusetts, had seen numerous physicians in the Boston area, all of whom recommended against in situ repair of the perastomal hernia, instead recommending that the ileostomy stoma should be relocated to his other side -- a major surgical procedure that would have required months of recovery.

In 1999, Frantzides had performed a total proctocolectomy (removal of the large intestine and rectum) on Spitzer laparoscopically, as treatment for intractable ulcerative colitis.

Spitzer, an instrumentation and control systems engineer at a Boston-area consulting firm, recovered from the surgery within weeks.

Recently, Spitzer developed a bowel obstruction caused by the parastomal hernia.

"Boston is hardly a medical backwater," said Spitzer, "We have so many excellent medical institutions here. But I couldn't find anyone who was willing to do this surgery laparoscopically, and I'm not hesitant to get on a plane to get the best medical care I can get."



Patient James Spitzer was admitted and discharged within 24 hours after an extremely complex laparoscopic surgery.

Because open procedures in the lower abdomen are associated with increased morbidity, increased recovery time, and increased likelihood of development of future hernias and bowel adhesions compared to minimally invasive techniques, Spitzer sought out Frantzides again for advice about his condition.

"The clock was ticking on the problem," he said, "It was time to get this repair done and done right."

Frantzides assured Spitzer that not only was repair of the hernia in place viable with minimally invasive surgery, it was preferable because it reduced recovery time and did not further undermine the integrity of the lower abdominal wall, which could lead to future hernia problems.

Spitzer promptly flew in from Boston, underwent surgery at Saint Francis Hospital, and was discharged within 24 hours with small bandages on just three tiny punctures. Within one week, Spitzer had returned to his home in the Boston area and was ready to work again.

"This was a complex surgical procedure," said Frantzides, "but the patient has returned to his life more quickly and with fewer complications than if he'd had an open procedure."