

# LESS Is More

One tiny incision opens the way to manage cancer risk

By Jane Grant Tougas



*Dr. Thomas Heck*

Ellen Wicinski was scared. Really scared. “My younger sister was diagnosed with inflammatory breast cancer six years ago,” Ellen explains. “My older sister discovered she had breast cancer six months ago. And there is breast, uterine and ovarian cancer on my father’s side of the family.”

With this family history, Ellen, 51, knew she could live in fear or take action. She chose to face her risk and fight. “My younger sister received genetic counseling and tested positive for a mutation in the BRCA2 gene, which is known to increase risk for breast and ovarian cancers,” Ellen says.

“My older sister was also screened but did not test positive. I felt like the threat was coming at me from all sides.”

#### **First Step: Get the Facts**

The Butler Township woman decided to pursue genetic counseling and testing under the care of Thomas Heck, MD, co-medical director of the Samaritan Breast Center. Ellen learned she was positive for BRCA2 and, family history considered, at extremely high risk for breast cancer and ovarian cancer.

“To lower my risk, I knew I should have a hysterectomy and a mastectomy,” Ellen recalls. “I decided to start

with the hysterectomy. My primary care physician recommended Dr. Leesa Kaufman for the surgery.”

With only two weeks off from a very demanding job in Dayton, Ellen wanted a quick recovery. “I was also concerned that having BRCA2 might flag me as an insurance risk. But these surgeries are preventive and will actually lower my risk of cancers,” Ellen says.

### A Singular Solution

“Dr. Kaufman decided I was a good candidate for the LESS minimally invasive procedure (see *The Vanishing Incision*), which meant just one small incision in my navel,” Ellen says.

“We try to pick the *most* minimally invasive surgery for the best results,” explains Dr. Kaufman. “If the patient is chosen appropriately, the patient outcomes are the same as other laparoscopic techniques.”

“The surgery took only 90 minutes,” Ellen reports. “I had very little discomfort, needed no strong pain pills and was back to the office in a couple weeks. Best of all, there’s no scar!

“Dr. Kaufman found some pre-cancerous cells in my uterus, so I am more convinced than ever that having the hysterectomy was the right step for me.

### Peace of Mind

“Dr. Kaufman and the knowledge she brings to Good Samaritan have made a tremendous difference in my life,” Ellen concludes. “My husband, Steven, and I are blessed with a new baby granddaughter, so I want to be around as she grows up. Dr. Kaufman has helped me take a giant step toward making that happen.”

*For more information on minimally invasive surgical options at Good Samaritan, visit [www.GoodSamDayton.org](http://www.GoodSamDayton.org)*

*Left: Ellen Wicinski is grateful she'll be able to watch granddaughter Lily grow up.*

*Below: Dr. Leesa Kaufman*



## One Incision, Hidden Scar

With a small, high-definition video camera mounted on a thin flexible rod (endoscope) and specially designed instruments, skilled surgeons can perform minimally invasive procedures requiring just a few small incisions. In the abdominal or pelvic area, these are called laparoscopic procedures.

Now at Good Samaritan, Leesa Kaufman, MD, uses an even more advanced approach: laparo-endoscopic single-site (LESS) or single-port surgery. Last year, she became the first surgeon in Dayton to perform hysterectomies through a *single incision* in the navel.

One multi-channel port is placed in the incision. Streamlined tools developed for LESS allow a smaller, more

flexible camera to share the port with other instruments.

Entering through the navel, surgeons avoid muscle and nerves, cutting only connective tissue. That means less pain, faster recovery and less chance for complications. The navel’s natural contours hide the incision, leaving no visible scar.

LESS technology is being used successfully for other gynecologic and general procedures – such as appendectomies, gall bladder removal and hernia repair. Not all patients, however, are good candidates. Obesity and scarring from prior surgeries, for example, can limit the maneuverability of the surgical instruments.