

Dr. Eric Brewer Using Robotics for Bladder Cancer Surgery

BY DALE SHORT

For a low-profile organ that weighs less than a pound, the human bladder can suddenly become high-maintenance if something goes wrong. When bladder cancer strikes, for instance, the surgery has traditionally meant a hospital stay of up to 10 days, plus weeks of recovery at home afterward.

But Eric Brewer, MD, of Urology Centers of Alabama, says that recent breakthroughs in robotic surgery are far less invasive than past methods—resulting in shorter hospitalizations and recuperation times for patients.

“Robotics has been on the scene in urology for about the past 10 years,” Brewer says, “but it’s really hit the mainstream in the last six or seven. There are many advantages. Smaller incisions correlate to less pain post-operatively, and can significantly decrease the amount of blood loss, which means fewer transfu-



Eric Brewer, MD

sions.

“Plus, the physician benefits from better visualization during surgery. The bottom line for the patient is a much quicker recovery—getting back to their jobs or their daily activities.”

The bladder procedures that Brewer does most regularly are Trans-Urethral Resection and Cystectomy. “Initially, bladder cancers are diagnosed through a TU, which is essentially a biopsy,” he says. “Then, if we determine the tumor is invading the wall, it may call for a Radical Cystectomy, which means removing the entire bladder.

“Once the bladder is removed, the kidneys are still making urine, so the next step is figuring a way to get the urine out of the body. That’s primarily done through a Urostomy, in which the patient wears a bag on their abdomen to collect the urine through a continuous drip.

“But for certain patients, there’s another option. We can use a section of their own small intestine to construct a sort of neo-bladder, making it into a spherical shape like the original bladder,

which means they’re still able to urinate in the same way.

“But that approach requires a significant motivation factor on the part of the patient, because they basically have to re-teach themselves to urinate. Since the new bladder doesn’t squeeze, it doesn’t always empty completely, so sometimes there’s leakage involved and patients have to learn to catheterize themselves.”

A graduate of the UAB School of Medicine, Brewer says he was fortunate to train at a time when robotic surgery was part of the curriculum, because it requires a somewhat different mindset than traditional methods.

“There’s a patience factor for the physician, because some surgeries that used to require two and a half to three hours now can take up to five or six. With cancer, you’re trying to get all of the malignancy, while minimizing the morbidity to the patient. So there’s a great deal of precision, and a large number of steps at each juncture that you have to follow in an orderly fashion. But it all pays off for the patient, in faster

recovery times.”

Brewer says that he appreciates the fact that Urology Centers is usually at the forefront of new techniques. “For example, there are many clinics using robotics for prostate surgery, but we’ve been one of the groups that have helped bridge out and use it for other things,” he says.

Urology Centers’ demographics are split equally between males and females, Brewer says, and bladder cancer is generally diagnosed when patients are in their 60s and 70s.

“What many people don’t realize,” Brewer says, “is that smoking is not only a major risk factor in heart and lung disease, but it’s also the number one risk factor in bladder cancer. As a result, we frequently see patients who are elderly and have been smoking for quite some time.”

A less common risk factor is environmental exposure, says Brewer, and industrial workers who are exposed to chemicals and dyes on the job have a greater chance of developing cancer.

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The Literary Examiner

by Terri Schlichenmeyer

Beautiful Unbroken: One Nurse's Life

by Mary Jane Nealon

c.2011, Graywolf Press; \$15.00 / \$16.50; 224 pages



The first step of the journey was easy: packing.

You'd been thinking about change lately, vacation or permanent. You needed to see something different outside your window, to eat food you've never tasted, to meet new people, to satisfy the restlessness you'd been feeling. And now - you're packed. Ready to go. It's a fresh start, if only for a week.

Wanderlust can strike any time but what if the journey you sought was filled with goodbyes? In the new book *Beautiful Unbroken: One Nurse's Life* by Mary Jane Nealon, you'll read about a woman's lifelong trip.

As a child, Mary Jane Nealon decided that she wanted to be a saint.

Her Jersey City childhood was spent poring over books about Molly Pitcher, Clara Barton, and Kateri Tekekwitha. Nealon wanted to be like them, to "save somebody." So when her father offered to pay for nursing school after graduation, she saw her chance to be a heroine.

Nealon enjoyed "doing small things for the body" and nursing was a good fit for her so later, antsy to leave Jersey City, she took a job in Charlottesville, Virginia. She loved caring for stroke patients and life was good, but she was back home ten months later. Her younger brother fell sick and there was no other place she could be.

His death had a profound effect on her life. She couldn't escape the guilt.

Still, she tried: she investigated volunteer work in Cambodia, but she got

"scared." Instead, she traveled to Hawaii to work and study with an antiwar poet, then she signed up to be a traveling nurse for hospitals in northern New Mexico and Savannah, Georgia. She considered Florida. She considered falling in love. She considered marriage.

But home kept calling and Nealon kept returning, grief for her brother keener every time. With each new death and into each new job, she carried with her the figurative bodies she'd cared for: too-young boys with cancer, skeletal men with purple lesions and bright eyes, women with AIDS, alcoholics, Bowery residents.

She carried them because those people, aching in and out of Nealon's life and gone, helped her deal with the greatest loss of all.

Every once in awhile, I get a book that I want to last and last. I can't bear to put it down, but I can't bear to finish it, either. *Beautiful Unbroken* is one of those books.

In author Mary Jane Nealon's hands, loss is grace and there's an awful elegance in illness. Not only does Nealon grab your heart and wring it out completely with words, but she has a way with metaphors that will make you chuckle as she slams them into your gut. There's a satisfying pain to reading this book, but read it you must.

"No one understood that I was a poet when I sat with the dying men," writes Nealon in describing her dual life as AIDS caretaker and writer. But when you read this outstanding book, you'll understand that clearly. Indeed, *Beautiful Unbroken* packs a wallop.



Terri Schlichenmeyer. Terri is a professional book reviewer who has been reading since she was 3 years old and she never goes anywhere without a book.

Dr. Eric Brewer Using Robotics, *continued from page 15*

"Otherwise," he says, "the most effective way to reduce your risk of cancer is a healthy diet and daily exercise."

According to Brewer, today bladder cancer can be identified at an earlier stage, when it's more curable.

Common symptoms include frequency of urination, burning, sudden or uncontrollable urges in voiding, and blood in the urine. But because some of those are also symptoms of an enlarged prostate, and because the amount of blood involved may be microscopic and thus not visible, he says it's important to get a thorough checkup that doesn't miss possible bladder problems.

"We're always looking for ways to detect cancer sooner," Brewer says, "and there's also hopeful research going on around the world that's looking at newer therapies, including gene therapy and even the eventual possibility of cancer vaccines."

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