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## Physician Spotlight: Dr. Louis Brunsting

BY KATHY WHITNEY

For cardiac surgeons, it is the best of times and the worst of times.

Dr. Louis Brunsting, a cardiac surgeon with Centennial Medical Center, said when he attends professional meetings and conferences with other cardiac surgeons, the consensus among attendees is that it's a bleak time to be a cardiac surgeon.

"Most of the cardiac surgeons are seeing a triple whammy of decreased volume of surgeries, increased expenses and decreased reimbursement. That's not a very exciting economic prospect," he said. "Physicians make as much on professional fees from Medicare for a laparoscopic cholecystectomy that takes half an hour to an hour and has a very short post op stay as we do for a coronary bypass that requires us to take care of patients for 90 days afterwards. On top of that, we are losing market share to cardiology."

Brunsting, however, tends to look at the glass as half full.

"I, on the other hand, think it's a great time to be a cardiac surgeon. It was surgeons who started all of the major fields of cardiac therapy in which we are currently engaged. For example, all electrophysiology can be traced back to Will Sealy, a surgeon at Duke. Coronary revascularization started with coronary bypass operations. Valve work was started by surgeons," Brunsting said. "However, cardiac surgeons have become very complacent and comfortable, and we've allowed cardiologists to make surgery less invasive and to take over the therapeutics for large chunks of patients. We need to work in conjunction with cardiologists."

While general surgery moved toward



less invasive procedures years ago, cardiac surgery has been slow to follow. That is changing now. Centennial was the first medical center in Tennessee to perform robotic cardiac bypass surgery. Dr. Brunsting, 46, and his partner, Dr. Bobby Binford, have worked together to develop the third busiest cardiac robotic program in the country. In the last two years, they have performed more than 150 operations endoscopically including coronary bypass, mitral

valve repair, placement of pacing leads for bi-ventricular pacing and closing holes in the heart. Centennial is one of only a few national training sites for intuitive robotic surgery and has trained surgeons from across the country, as well as Japan and Australia.

Dr. Brunsting uses the da Vinci Surgical System to perform some bypass operations in a much less invasive fashion than traditional bypass surgery in which the surgeon has to crack open the chest and place the patient on a heart-lung machine. This requires a hospital stay of five to seven days, one or two of which are in intensive care, and up to three months of recovery. The da Vinci Surgical System provides Brunsting with intuitive control, range of motion, fine tissue manipulation capability and 3-D visualization utilizing small ports.

"What we're able to do so far is still not where we're going to end up," Brunsting said. "We're on a steady progression to make it less invasive."

The da Vinci is a scope system that allows Brunsting to take down the internal mammary artery inside the left chest wall using robotics. He has taken it to the next step by using the scope to put in extra port sites to hold the heart still. He then places

the patient on a heart-lung machine through an incision in the groin. Brunsting and Binford have performed this procedure on seven patients, all of whom have done well. Three left the hospital within 24 hours after surgery. One patient had his surgery on Tuesday and was at a Titans game on Sunday. All were single vessel bypasses.

"In the near future we'll do the procedure off pump with little incisions," he said. "At this point and time, the artery at the front of the heart is what we're starting with. We also have done five operations with two bypasses with a small thoracotomy incision. I would anticipate that, just as with other laparoscopic procedures, we'll be able to do multi-vessel coronary bypass with just scopes down the road."

Cardiac surgeons have used the same basic incision, the median sternotomy, for the last 30 to 40 years and still use that big incision for the majority of surgeries. Most cardiac surgeries haven't progressed to using small incisions to get things done and some never will. Likewise, some surgeons, who are at the end of their careers, will probably not attempt the robotic surgery.

"If you look at all the other specialties in medicine, they have all found ways to get less and less invasive while maintaining the same efficacy and the same results," Brunsting said. "I firmly believe I will do fewer and fewer median sternotomies every year I am in practice and that I will be doing less invasive procedures for all the different kinds of heart surgery I do. I view the robotic system as one of the platforms that will allow me to do that while maintaining the same high quality results that we get through an open procedure."

"Some surgeons are never going to try this, are never going to embrace it, and as a result, they are going to do fewer operations until they retire. That's okay. On the other hand, some surgeons, like myself and Dr. Binford, are early adopters. We will be helping to develop and teach the procedures."

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