By Kelly Hutchinson

The colorectal surgery team at London Health Sciences Centre (LHSC) has performed the first robotic ventral rectopexy in Canada to treat a condition called obstructive defecation syndrome (ODS). Patients with ODS have experienced a physiological change that creates an empty space beside the rectum which can shift and physically block the emptying of the bowel. If straight-forward treatments like exercise, dietary changes and laxatives fail to remedy the situation, patients are then referred for surgery which can require up to a week in hospital to recover.

However, using LHSC’s da Vinci robotic colorectal surgeon Dr. Nawar Alkhamesi and his team were able to robotically insert a mesh into the empty space so that there is no longer room for the rectum to prolapse (slip forward or down). Using this much less invasive robotic approach, patients can expect just one overnight stay in hospital.

“Patients see immediate results following this surgery,” says Dr. Alkhamesi. “The mesh will eventually be absorbed by natural fibrous tissue which then holds the rectum permanently in its normal position.”

Elaine Fisher, 45, received this robotic surgery on Oct. 30, 2015. With a family history of Crohn’s and celiac disease, her doctors originally were focused on those illnesses as causes for her symptoms which she had experienced for nine years. Eventually referred to LHSC’s Dr. Alkhamesi, Fisher was diagnosed with a rectocele – a prolapse of the rectum – that she thinks was caused by childbirth and which continued to weaken over the years. Fisher was unable to bend, cough, sneeze or laugh without fear of the rectocele emptying against her will.

Fisher and her family own and operate a beef and dairy farm in Aylmer, Ont. With four children, Fisher was an active participant in her community holding a variety of volunteer roles in addition to her work on the farm. As her symptoms progressed worse, Fisher says she became confined to her home as she needed to be near a bathroom at all times. “Because of the pain, cramping and diarrhea, there were days where I just couldn’t even get out of bed,” recalls Fisher. “There was definitely an element of depression that came with that – with not being able to do any of the activities I wanted to do.”

Fisher says the opportunity to receive the robotic surgery was a little daunting but she was excited by how less invasive it was compared to the alternative. “With a faster healing time, less overall pain and time off from work, it was an easy decision. The five incisions I have are now barely noticeable and I had little to no complications afterwards.”

Fisher has been able to fully resume the everyday activities – including work on the farm – that she enjoyed before ODS symptoms overwhelmed her. Now she wants to help create awareness about this illness which many people may feel too embarrassed to seek help for.

“If you suffer from symptoms of ODS please talk to your physician and request the tests needed to identify what is causing you the discomfort. It is a very sensitive topic but there is a very successful, non-invasive surgery that can relieve you of the embarrassing symptoms. I can’t thank Dr. Alkhamesi and his team enough for getting my life back,” says Fisher.

Dr. Alkhamesi echoes Fisher’s call for awareness, as symptoms in roughly 30 per cent of cases referred to him ended up being caused by a cancerous growth that are best treated with early detection.

London Health Sciences Centre has a legacy of innovation with more than 70 medical and surgical “firsts” in Canada, North America, and the world. Of those, the hospital has pioneered 24 robotic surgical national and international firsts. A selection of stories that feature new and innovative treatments and therapies to help alleviate the burden of severe and chronic pain are featured below.

Severe and chronic pain affects one in five Canadians and is one of the most common conditions for which people seek medical attention. Pain disrupts the lives of sufferers and causes intense physical challenges and emotional anguish. For some, pain is the result of an undiagnosed medical condition; for others, it is the unfortunate symptom of an injury or illness.

Many sufferers are amputees, burn victims, or have suffered grievous bodily injury, but for others, the cause is invisible, and far more difficult to diagnose and treat.

Innovative pain treatments and therapies vastly improve quality of life for sufferers

By Claire Samuelson

Innovative treatments and ground-breaking discoveries taking place in Canada’s leading academic healthcare organizations are vastly improving the quality of life of those suffering from severe and chronic pain.

HealthCareCAN, the national voice of healthcare organizations across Canada, highlights many of these developments in Innovation Sensation, a database that features over 75 media stories related to pain innovations. A selection of stories that feature new and innovative treatments and therapies to help alleviate the burden of severe and chronic pain are featured below.

Researchers at Holland Bloorview Kids Rehabilitation Hospital have found that more than 25 per cent of children with cerebral palsy seen by physicians have moderate to severe chronic pain, limiting their activity. Findings indicate that pediatricians should be aware of chronic pain in this group and try to identify and treat its underlying causes. Treatments range from oral medications to relieve pain symptoms to physical therapy to treat the underlying cause.

A researcher at St. Michael’s Hospital in Toronto has discovered that one in every three women undergoing a mastectomy could potentially be spared chronic post-operative pain if anesthesiologists used a regional anesthetic technique in combination with standard care.

Standard care for mastectomies is a general anesthetic, where the anesthesiologists use gas to keep the patient asleep and narcotics to control pain. Up to 60 per cent of women may experience chronic pain three months after they’ve had the surgery and at least half of those will still suffer from this pain one year later.
Marking a Canadian milestone in transplant

By Leona Hollingsworth and Ryan Kalladeen

Early in 2016 Toronto’s University Health Network announced a Canadian first: the completion of a successful hand transplant. For Trillium Gift of Life Network (TGLN), the organization responsible for directing organ and tissue donation and transplantation in Ontario, this achievement marks the start of a new era in transplantation in Canada.

Vascular Composite Allograft transplantation (or VCA), is the umbrella term used to describe the transplant of multiple tissues such as nerves, bone and skin, as a functional unit. TGLN has been planning for Ontario’s first VCA for some time, beginning with the creation of the VCA working group in 2013. This group, which included bioethicists, transplant surgeons, plastic surgeons, hand/upper limb surgeons and immunology specialists, along with other administrative and medical leadership, developed policies and procedures to guide and advise on the delivery of upper limb transplantation.

TGLN has a mandate to ensure equitable access to quality care throughout the patient continuum, from referral to post transplant care. In order to be consistent with TGLN policies for solid organ transplants, the VCA working group created donor exclusion criteria, patient referral and listing criteria, and an allocation algorithm, all designed to support fair and equitable transplant related practices.

One Health Canada designated TGLN the source establishment in Ontario for VCA upper limb/hand, clinical process instructions and a detailed list of surgical requirements were developed, along with a new donor consent form. TGLN established a provincial waitlist for VCA to support potential patients, once identified, and Organ and Tissue Donation Coordinators (OTDCs) were provided with education and screening procedures to help them determine the potential for VCA donation.

Educational material was also prepared for the eventual donor family, keeping in mind that there was an increased potential for media attention.

“We always knew that for this family, no matter the circumstance, this wasn’t going to be about being the first. This was going to be about supporting donation and fulfilling the wishes of their loved one,” says Ronnie Gavise, TGLN President and CEO. “What we want is to ensure that when donation is a possibility, every family is offered the information and the opportunity to leave a legacy and save lives. We hope that this particular family finds some comfort in the gift given not only to this recipient, but to all those who will benefit in the future.”

For those present during the actual recovery process, respect and admiration for the donor was paramount. The team knew history was being made. As a member of the clinical team reflected, “It was a profound experience for each of us. During the customary moment of silence for the donor, I found myself thinking: what an amazing way to honour the donor and the gift of life.”

A TGLN organ and tissue donation coordinator worked closely with the donor family to support them through the donation process and share information, such as the option of prosthesis for the donor. “The Trillium Gift of Life Network Act guarantees the confidentiality of the process, so the family was also assured that their privacy would be respected,” says Julie Trepidovic, Vice President of Transplant for TGLN. “Trillium Gift of Life Network has a responsibility to offer the best quality of care possible for all segments of the population. The organization is proud to have brought the skills, equipment, resources and team of experts together so that Ontario can now offer hand transplantation to its residents.”

“Trillium Gift of Life Network is happy to have played a part in this process, right from the initial planning stages,” says Dr. McCabe, director of the Toronto Western Hospital’s hand and upper extremity transplant program. “Their leadership has allowed for the creation of a safe, effective hand transplant program in Ontario, with all of the dimensions of quality one has come to expect from their oversight of the organ and tissue donation and transplantation system. I feel fortunate to be a hand surgeon at this time and place with these confluence of events.”

Leona Hollingsworth is Manager, Communications and Ryan Kalladeen is Project Manager, Transplant at Trillium Gift of Life Network.