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MINIMALLY INVASIVE GENERAL SURGERY EXPERT

Q: What is minimally invasive surgery?

A: Minimally invasive surgery is becoming much more common because it results in quicker recovery times and less discomfort than conventional surgery, but with the same results. Minimally invasive surgery procedures are performed through tiny incisions, rather than a large opening. Typically, surgeons make one to several small incisions in the skin. An endoscope, which is a miniature camera attached to a long, thin tube, is passed through an incision and fine, thin, long instruments are passed through other openings when necessary.

Images from the endoscope can be seen on various monitors in the operating room, allowing the surgeon to get a magnified view of the surgical area. The surgeon can then explore, remove, or repair whatever is wrong. Most doctors prefer to use minimally invasive surgical methods whenever possible because patients fare better after surgery. Smaller incisions and reduced blood loss result in quicker recovery times, and patients feel less pain and have less scarring than with conventional surgery.

Q: Can all procedures be performed with minimally invasive surgery?

A: No. Some types of surgeries still required traditional open surgical methods for the best outcome. At the Texas Minimally Invasive Surgery Center, we can perform surgery with minimally invasive methods for the following conditions.

Gastrointestinal System

Gallstones/gall bladder surgery utilizing single incision laparoscopic surgery techniques
Appendicitis with SILS™ techniques
Diseases of the stomach, intestines, or spleen using advanced endoscopy and laparoscopic techniques

Colon & Rectal Surgery

Colon or rectal polyps
Colon and rectal cancer
Diverticulitis
Crohn's Disease
Ulcerative Colitis

Laparoscopic or da Vinci Robotic colectomy or resection of rectum Endoscopic colonic stent placement to avoid colostomy bag

Hernia Surgery

Inguinal, femoral, and abdominal wall hernias Repair of hernia laparoscopically using minimally invasive techniques

Q: What is the SILS™ procedure?

A: This is a laparoscopic surgical procedure using a single incision through the belly button to accomplish any number of treatments including gallbladder removals, appendix removals, gynecologic procedures, and others. By utilizing just one incision, the SILS™ procedure avoids multiple entry points, usually involving up to four half-inch or smaller incisions, required by traditional laparoscopic techniques. Benefits include fewer or no visible scars and less pain.

Q: Who is a candidate for a SILS™ procedure?

A: Candidates for traditional laparoscopic surgery are also candidates for the SILS™ procedure. Criteria may include no prior surgery and an elective or non-emergent case.

Q: I hear gallbladder surgery is one of the most common minimally invasive surgeries. What does this entail?

A: The gallbladder is most commonly removed because of gallstones, but may also be removed if the gallbladder is inflamed or infected. The removal of the gallbladder will relieve pain, treat infection, and stop gallstones from coming back. The risks of not having surgery include worsening symptoms, infection, blockage of bile duct causing jaundice, pancreatitis, or bursting of the gallbladder. We can remove the gallbladder with the SILS^m procedure. If there are no complications following surgery, most patients can be discharged and go home the same day as their surgery.

Dr. Anil Tibrewal attended medical school at Christian Medical College, Vellore and obtained M.S. in general surgery from University of Delhi in India. He has trained and worked in the United Kingdom and is a Fellow of the Royal College of Surgeons of England, Edinburgh and Glasgow. In the United States, Dr. Tibrewal completed his surgical residency from Huron Hospital, part of the Cleveland Clinic Health System, Cleveland, Ohio. Dr. Tibrewal is certified by the American Board of Surgery and is a Fellow of the American College of Surgeons. He has also been awarded the Excellence in Medicine Leadership Award by the AMA Foundation. He is currently in private practice and holds staff privileges at Methodist Health System and Dallas Medical Center.

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