Minimally-Invasive Ventral Hernia Repair Accelerates Recovery

Ventral hernias have traditionally been repaired via open surgery. This requires an incision that can be as wide as the hernia itself — sometimes 10 cm or more. This increases the risk of infection and other potential complications. It also means that patients typically spend three to five days in the hospital, plus an extensive recovery period. Now Virginia Mason is excited to offer minimally-invasive alternatives that can be just as effective as open surgery, with fewer risks and faster recovery.

One of our minimally-invasive approaches to ventral hernia repair uses the Da Vinci Surgical System to assist in repairing hernias up to 10 cm. Compared to traditional laparoscopic repair, this robotic system incorporates a third axis of motion that enables surgeons to easily reach the abdominal wall via small, 8 mm incisions. Additionally, the robot’s state-of-the-art optics allow for an enhanced-view total extraperitoneal (eTEP) approach to hernia repair.

“eTEP is an advanced technique used to repair the hernia without entering the abdomen,” says Stephen Kaplan, MD. “That means the additional mesh layer stays outside of the abdomen, limiting adhesion formation.”

Compared to open repair, minimally-invasive techniques reduce the risk of complication and, for many patients, shorten length of stay by at least a day or more.

“Patients also report less pain, so the minimally-invasive approach reduces — and sometimes negates — the need for opioids,” Dr. Kaplan says. “Best of all, patients report improved quality of life and they get back to their normal activities, including returning work much sooner.”

Dr. Kaplan performs this surgery at our downtown Seattle campus, with pre-operative and post-operative outpatient care available there and at our Bellevue location.

> For more information, contact: 206-341-0060 • VirginiaMason.org/General-Surgery

Taking Value-Based Care to the Next Level

While spine surgery can be effective for a variety of conditions, it can also be unnecessary and overused. That’s why physicians at Virginia Mason’s Neuroscience Institute (NSI) developed the Seattle Spine Team Approach, which uses a multidisciplinary team to evaluate surgery candidates. For patients who undergo surgery, the approach follows standardized pre- and post-operative protocols to ensure optimal outcomes.

“We’re drawing patients from across the nation because our approach reduces unnecessary surgeries, decreases risks, improves outcomes and lowers costs,” says Rajiv Sethi, MD. “This has been chronicled in dozens of peer-reviewed publica-

tions, and many other organizations have started following our guidelines to better stratify risk and enhance surgical safety.”

As NSI’s Medical Director, Dr. Sethi helped pioneer the Seattle Spine Team Approach and apply it to many aspects of spine care at Virginia Mason. Now he’s taking an additional executive role as Virginia Mason’s new Medical Director of Health Economics, with the goal of developing value-based care models across a variety of service lines.

“We’re aiming to create additional models of practice efficiency that can improve care here and be applied nationwide,” Dr. Sethi says. “I fully expect this to make our outcomes and patient experience even better, and to give us a major advantage in national contracts with payers.”

> For more information, contact: 206-223-6650 • VirginiaMason.org/Neurosciences
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Referral Assistance

PHONE: 877-333-0122  
FAX: 800-641-9002  
E-MAIL: Referral@VirginiaMason.org  
WEB: VirginiaMason.org/For-Clinicians

Virginia Mason accepts all major insurance plans and always welcomes new patients. A primary care relationship is not required for referrals. For more info about insurance coverage, please visit VirginiaMason.org/Insurance.

Celebrating 100 Years

In 1920, Virginia Mason opened as the west’s first institution to adopt a Mayo Clinic-style approach of bringing specialty-trained physicians together in a group practice. The goal was to offer a medical scope and quality available nowhere else in the west, while embracing a patient-centered philosophy. Fast-forward a century and we have used this approach to grow into one of the nation’s leading healthcare systems. We owe much of our success to referring providers from across the Pacific Northwest and beyond. It’s a privilege to bring outstanding care to your patients. Thank you for entrusting them to us — we look forward to your continued partnership as we enter our next 100 years.

CONTINUING MEDICAL EDUCATION

- Advances in Colorectal Cancer: March 6
- 8th Virginia Mason Update in Inflammatory Bowel Disease: March 20

For more information, visit VirginiaMasonCME.org.

FEATURED VIRGINIA MASON SPECIALISTS

**Stephen J. Kaplan, MD, MPH**

SPECIALTIES: General surgery, minimally invasive surgery, hernia, endocrine, geriatric, gallbladder and acute care surgeries, appendicitis, colon cancer, bowel obstruction, vascular access, soft tissue infections


INTERNSHIP: General Surgery, Virginia Mason, Seattle, 2014

RESIDENCY: General Surgery, Virginia Mason, Seattle, 2019

FELLOWSHIP: Geriatric Trauma Research, University of Washington, 2016

BOARD CERTIFICATION: American Board of Surgery – Board Eligible

PRACTICE LOCATIONS:

- Virginia Mason Hospital and Seattle Medical Center, 206-223-6600
- Virginia Mason Bellevue Medical Center, 425-637-1855

EMAIL: Stephen.Kaplan@VirginiaMason.org

**Xuan Wu, MD, PhD**

SPECIALTIES: Neuromuscular disease, amyotrophic lateral sclerosis (ALS) and electromyography (EMG)/nerve conduction study (NCS)

EDUCATION: MD, Third Military Medical University, Chongqing, China, 1993; PhD, Third Military Medical University, Chongqing, China, 2001

INTERNSHIP: Mount Sinai School of Medicine Queens Hospital, Jamaica, N.Y., 2010

RESIDENCY: Methodist Neurological Institute, Houston, 2013

FELLOWSHIP: University of Pittsburgh, 2014

BOARD CERTIFICATIONS: American Board of Electrodiagnostic Medicine; American Board of Psychiatry and Neurology in Neurology; American Board of Psychiatry and Neurology in Clinical Neuropsychology

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