



When faced with the daunting diagnosis of a rare form of kidney cancer, Terry Morrison turned to three St. Joseph's surgeons, each from a different specialty, who collaborated to help ensure his surgery was a success.

## It Took a Trio of Surgeons to Help Terry Morrison

**T**erry Morrison needed a “three-legged stool,” and he needed one quickly. Fortunately, Elan Salzhauer, MD, knew just where to find one.

Morrison had been referred to Dr. Salzhauer, a urologist at St. Joseph's Hospital Health Center, by Richard Kronhaus, MD, Morrison's regular urologist. It was Dr. Kronhaus who initially had diagnosed Morrison's rare form of kidney cancer that could only be treated surgically—neither chemotherapy nor radiotherapy would help.

Dr. Salzhauer, who has hundreds of kidney cancer surgeries to his credit, also knew he couldn't perform the procedure by himself.

“Of the 60,000 kidney cancers that occur nationwide each year, most of them are localized,” Dr. Salzhauer says. “I can remove part of the kidney and sew up the rest, so the patient still has the use of both. But this one was different.

“Mr. Morrison's tumor had engulfed most of his right kidney then spread to the small renal vein connecting with the inferior vena cava, the largest vein in the body. The cancer spread upward through the vena cava before making a turn toward the heart's right atrium.”

It is what Dr. Salzhauer and his colleagues call a tumor thrombus—a solid tumor that runs from the right kidney up to the heart's entrance. Because it coated the walls of the vena cava and reduced the flow of blood returning to the heart to pick up vital oxygen, it had begun to affect Morrison's ability to breathe.

Morrison, a 72-year-old former telephone company “splicing manager,” is used to line dancing, golf and regular workouts. He said he never knew he had a problem, other than being “a little tired.” He credited Dr. Kronhaus with identifying the problem during a regular visit.

“Without him, I don't think I'd be talking to you today,” Morrison says. “He sent me to Dr. Salzhauer.”

The tumor's spread accelerated the need to take action. Dr. Salzhauer, however, realized he was but one leg of that three-

legged stool. Because of their experience in their particular specialties, he contacted Robert Carlin, MD, a vascular surgeon, and G. Randall Green, MD, a cardiac surgeon.

None of the three surgeons could take care of everything. It required experts in several fields coming together to concentrate on a bundle of unique problems. Dr. Salzhauer said it reminded him of some of the country's largest hospital centers like Memorial Sloan-Kettering Cancer Center in New York City, or perhaps M.D. Anderson Cancer Center in Houston, Texas. In fact, Dr. Salzhauer had offered Morrison the option of a second opinion.

“He asked if we could do it here at St. Joseph's and I said ‘yes,’” Dr. Salzhauer recalls. “Given a choice, many of our patients just want to stay in the community with their family and their own support systems and get whatever needs to be done, done here.”

“These doctors put my mind at rest,” Morrison says. “They said it would be complicated, but doable. It took me about 10 seconds to make up my mind.”

Once Terry Morrison had made his decision, Dr. Salzhauer went to work gathering the team that would perform the surgery. Most of the contacts, Dr. Salzhauer says, were made by cellphone.

“Because we have such good personal relationships among St. Joseph's surgeons, it was a lot easier to schedule Mr. Morrison to have major, life-changing surgery with three surgeons from three separate disciplines than it was to get my snow tires changed,” recalls Dr. Salzhauer.

He characterized each segment of the surgery as difficult. Most of the kidney tumors that urologists face are about an inch long. This one was much larger than that. It measured five or six inches and required the complete removal of the right kidney and the renal vein attached to it.

The tumor in the vena cava that Dr. Carlin would be removing was about 10 inches long and attached to the vein's interior walls. To make it more difficult, Dr. Carlin points out, three inches of it were hidden by the liver making it necessary to remove it by feel.

“It's not uncommon to see the tumor extending from the kidney into the lower part of the vena cava,” Dr. Carlin says, “but it is uncommon to find a tumor encompassing the entire vein up to and including the chest.”

As the heart surgeon on the team, Dr. Green would open up Morrison's chest to remove the small portion of the tumor that was entering the heart's right atrium. Dr. Green and a perfusionist would also place Morrison on the coronary bypass machine that allows the heart to be stopped during surgeries like these. The device also oxygenates the blood and detours it around the area in which the other two surgeons were working.

All three surgeons worked at the same time, along with nurses, physician assistants, a perfusionist and an anesthesiologist. It was a complex scene, but one that had been worked out in advance over a two-week span before the day of surgery.

“This was a back and forth process among the entire team,” Dr. Carlin says. “We each looked at scans and threw around ideas with each other in the two weeks leading up to the surgery. Did we think of this? Would this work? The stakes were high.”

The collaborative effort did work, Dr. Salzhauer says, based on Terry Morrison's recovery from his surgery last fall.

“This was truly a collaborative effect,” Dr. Salzhauer says. “Not one individual in that room could take care of everything for Mr. Morrison. It comes down to everyone who is an expert in his own field coming together, checking their ego at the door, and working with each other as part of team.”

Morrison describes it another way: “There aren't enough adjectives in the English language to say how good these people are.” ●