

## BroadcastMed | TORS-captions

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Well, with the epidemic in the United States going on now with HPV, throat cancers, everybody's basically heard of them.

It is most commonly in men age 40 to 60, and it's in usually Caucasian men who are nonsmokers and might drink occasionally, but HPV, most people associate with cervical cancer.

But now, the throat cancers that are from HPV are much more common than cervical cancer, and people are seeing these, they're diagnosing these in their clinic.

And so, when they see a patient with a lump in their neck who's an adult, the last thing physicians were trained in was, oh this is HPV throat cancer.

But surprisingly, now, people have no other symptoms.

They have a lump in their neck, most men notice it when they're shaving, oh why is this side of my neck a little bit more swollen?

And lo and behold, they've got a HPV throat cancer that's already spread to the neck lymph nodes.

And then, they'll usually see ear, nose, and throat doctor who will do a needle biopsy of the neck mass, and then a scope through the nose typically finds where the HPV throat cancer started.

Usually, it starts in the tonsil and in the base of the tongue.

A lot of people think, well I had my tonsils out when I was a kid, I can't get this cancer, and that's not true.

You can still get a HPV throat cancer in a tonsil or the base of tongue when you've had your tonsils out as a kid.

A lot of times though, they're referred to a radiation doctor, or an oncologist, and most physicians and most dentists in the United States, when they went through their training, this didn't exist.

So, they didn't have it in their textbooks.

And oftentimes, I'll see patients that are referred from a radiation doctor, or an oncologist, just to get a second opinion, and the patient didn't even realize they could have robotic surgery for their HPV throat cancer.

And that can occur in the tonsil or the base of the tongue.

And the great news about robotic surgery is, oftentimes, it can reduce the amount or even the need for radiation or chemotherapy.

So, if it's an early stage cancer, and they can get the clear margins robotically through the mouth and get the throat cancer out, and the lymph nodes out, then they may not ever need radiation or chemotherapy.

Yeah, so, when we're doing the robotic surgery, it's a lot of setup.

It takes about 30 minutes to set up the room, to get the robot, what we call Doc.

We bring the robot over to the patient and put all the protective gear around the eyes, the nose, the mouth.

And actually, it doesn't look like there's room for a robot to have two arms, and a camera, and light source going through the mouth, but we have a retractor that opens up the mouth and allows the robotic arms to go through the mouth right here.

And so, we have a protective thing over the lips, we spread the mouth open with a retractor, and that gives direct access for the robot's arms to go in here.

And so, we can control the arms from over in the corner.

You'll see the console is over in the corner, but the robot goes through here, and then, we have a retractor, and then the cutting device.

We use an electric cutter most of the time.

We'll take out the tumor, for example, in the base of the tongue right here, and take out this tumor.

And we can control the bleeding with the robot, take out the tumor in the base of the tongue or the tonsil, and all of this is done from a console, and you can see on the 3D video that this is going on.

So, even our assistants, the nurses, in the room, can see what's going on and assist us, as needed, from the robotic console.

We still take out the same amount of cancer, but we don't have to go through normal tissues to get there.

We basically take out the cancer transorally, and oftentimes people will go home the next morning

after what they think is a relatively minor surgery.

Whereas, we're doing the same cancer surgery we did 20 years ago, but just not going through all these normal tissues and nerves and bone to get to the cancer.

So, it's really an awesome new procedure over the past decade that affords patients much better functional outcomes, quality of life.

They can go on with their normal lifestyle and back to work and doing their hobbies after a surgery like this compared to what they used to have 20 years ago.