

# The Boston Globe

WEDNESDAY, JULY 16, 2003

## Nation | World

### Surgeries on Web find favor with hospitals

By Liz Kowalczyk, Globe Staff, 7/16/2003



As a nurse at Massachusetts General Hospital slid a needle into Edward Rosinski's arm and pushed his gurney into the operating room, one of his last memories before slipping into sleep was of the large camera crew in the hallway waiting for him. "I felt like a star," he said. And for the next hour, he was.

While Rosinski lay unconscious one day last month, Mass. General transmitted his laparoscopic prostate cancer surgery live over the Internet. Dr. Douglas Dahl located Rosinski's prostate gland and tumor with a tiny camera inserted through his belly button. Meanwhile, the audience watching close-up shots of the bloody interior of Rosinski's pelvis and the yellow fat that covers the bladder grew to 1,400. Many e-mailed questions and comments to Dr. Shahin Tabatabaei, who had agreed to narrate.

The next day, Rosinski, 49, walked around his hospital room and got ready to go out to dinner with friends. Lisa Crowley, Dahl's secretary, fielded dozens of telephone calls from doctors referring patients and from patients themselves who wanted to sign up for the same operation that Rosinski had.

In their own version of reality programming, a growing number of US hospitals are beaming surgeries -- from tummy tucks to open-heart repairs -- live to the public on hospital websites. The aim is to educate doctors (live surgeries at Brigham and Women's Hospital are approved by Harvard Medical School for continuing medical education credits), to promote the hospital's name, and to generate business for surgery departments, the most lucrative -- and competitive -- area of hospital care.

When marketing executives at the Brigham asked Dr. Michael Zinner, the chief of surgery, if they could broadcast his surgeons' cutting-edge operations live over the Internet, he was skeptical. "That's a high-wire act," he said.

But Zinner, a Harvard Medical School professor, agreed to explore the idea. The camera crew promised to cut away if the surgeon ran into trouble, and Zinner decided he would narrate the action from the next room so the surgeon could focus on the task at hand. He chose a low-risk patient and a short operation. And the patient agreed to sign a detailed consent form -- as long as her identity was kept secret.

As Zinner answered, out loud, questions that were e-mailed to the hospital by 20 or so of the 3,000 viewers, he discovered he was enjoying himself. Afterward, while the producers took out his earpiece, Zinner quipped: "I feel like John Madden."

Since the March 6 operation, a specialized rectal cancer surgery known as total mesorectal excision, the Brigham has broadcast live an unusual lung cancer operation. It has two more live surgeries planned for Sept. 4 and Oct. 30. Brigham surgeons who originally were reluctant to participate are now clamoring for the spotlight.

Ever since slp3D Inc., one of the largest providers of live Web surgeries, broadcast its first Internet operation from Hartford Hospital in January 2000, its business has grown to about 100 operations a year. Smaller hospitals, like St. Francis Hospitals and Health Centers in Indiana, have hired the company, but so have prestigious teaching hospitals like the Brigham, Mass. General, and the Cleveland Clinic.

"It's been very effective," said Ross Joel, executive vice president of sales and marketing for the West Hartford Company. "Some hospitals are more focused on increasing their national profile, but others want to see hard numbers. They want referrals."

In the minimally invasive radical prostatectomy at Mass. General, Dahl removed Rosinski's cancerous prostate gland with tiny instruments threaded through four holes in his stomach. Traditional surgery requires a cut from the belly button to the penis, and patients must wear a catheter for several weeks afterward.

"We got a massive number of phone calls the day of the surgery," Crowley, Dahl's secretary, said. "It was unbelievable." Dahl, who's normally booked six weeks in advance, is now booked until the end of September. That's not a bad result for the hospital, which charges about \$27,000 for the surgery, but somewhat less for insurance companies that negotiate discounts.

The live Web surgeries are slickly produced, including background piano music, camera shots of the outside of the hospital, dozens of mentions of the hospital's name, and live audio from the operating room as well as graphic close-ups of the surgery. Rosinski's friend, Robert Corcoran, watched the live surgery of his friend from his home in Ogunquit, Maine, because he was curious.

"I found it fascinating, really fascinating," he said. "I don't think the average person would be grossed out by it. It's on a screen; it's not like watching it in person." Corcoran watched the entire one-hour segment (the operation itself took three hours). But average viewing time is often less than that. For example, executives at Wake Forest University Baptist Medical Center in Winston-Salem, N.C., said viewers of the hospital's live surgeries tune in for an average of 16 minutes.

Hospital executives said they have no special ethical or malpractice concerns about live Internet surgery. Patients must sign detailed permission forms, and doctors said they rarely say no. Patients' identities are kept confidential.

Teaching hospitals have taped surgeries for educational purposes and allowed television news crews into their ORs for years, and the hospitals already broadcast live surgeries to

medical conferences on occasion. So doctors say they're accustomed to concentrating while under the spotlight. The difference with the live webcasts is that they're open to the public.

"It's very rare that something catastrophic would happen," Dahl said. "But we always worry about those things. That's why we picked a patient who was slender and healthy and would be least likely to have trouble."

The Brigham has decided to broadcast unusual surgeries that only a few hospitals perform, aiming them toward doctors, while other hospitals are hoping more patients will log on.

But the marketing strategy is not without a cost. The Brigham pays slp3D \$30,000 per broadcast. The price tag became too high for Beth Israel Deaconess Medical Center, which canceled its live Internet surgery program as it tried to turn around multimillion-dollar losses a couple of years ago.

And while doctors at Mass. General and the Brigham said their live surgeries have gone smoothly so far, not every hospital has found that to be the case.

When slp3D first began broadcasting live surgery, the surgeon who was operating also narrated. That arrangement did not work out well at Hartford Hospital on Oct. 5, 2000. Dr. Steven Shichman was removing a cancerous kidney while other physicians asked him questions. He came to an unusual tangle of blood vessels around the kidney that needed to be clamped. "I said: 'Just shut everything off right now,'" Shichman recalled. "I needed my utmost concentration." The webcast went dark for seven minutes.

George Washington University Hospital in Washington, D.C., wanted to broadcast a simple diagnostic cardiac catheterization on Feb. 28 of last year. But as the cardiologist threaded a tube through the patient's artery to measure how his heart was working he discovered a clogged blood vessel that could not wait. The patient needed a stent to open the vessel right away.

"All of this was happening live," said spokeswoman Marti Harris. "The doctor just mentioned to the producers that he needed to focus on the patient right now. We cut back to the MC."

Fortunately for the hospital, the master of ceremonies -- CNN's Larry King -- knew how to handle unexpected events on the air. George Washington has a partnership with the Larry King Cardiac Foundation, which funds medical care for the poor, and the talk-show host agreed to narrate the hospital's first live webcast.

Doctors said that in both the Hartford Hospital and the George Washington University Hospital cases, the operations were successful and the patients did well.

Mass. General patient Rosinski saw no reason not to agree to the live surgery, since the purpose was to educate others about a procedure he believes is superior. Because he has no sound on his computer right now, he hasn't watched his operation yet. But the hospital is sending him his own CD-ROM, which he plans to watch at a friend's house.

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