

Robotic-assisted Lung Biopsy

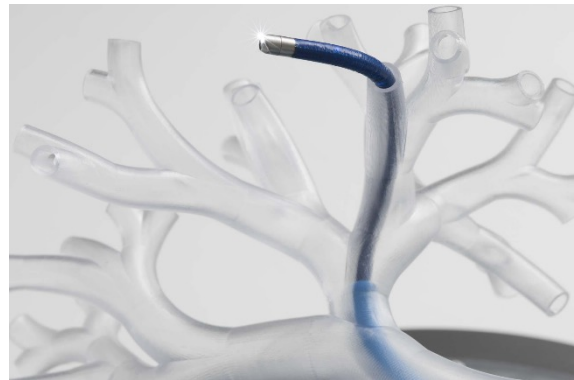
Frequently Asked Questions

Who is a candidate for this procedure?

Robotic-assisted bronchoscopy (RAB) is performed in eligible patients who are diagnosed with lung nodules or a lung mass and need a biopsy to learn if it is cancerous.

What are the benefits of Robotic Bronchoscopy?

Lung cancer kills more than 130,000 Americans each year, which is why early detection is so important. For long-time heavy smokers - current or past - lung screenings are just as important as other screenings (mammograms, colonoscopies, etc.). If something is detected during a screening, the RAB offers patients a safe, precise, minimally-invasive option to collect tissue samples. The RAB, with its small camera and flexible tube, gives our physicians the opportunity to get to the mass, no matter how deep in the lung, take a sample and have an diagnosis sooner.



How does the procedure work?

The physician-controlled device includes a long, flexible camera affixed to an extending arm, which is inserted into a patient's lung to reach the suspicious mass for sampling.

Working at a remote console near the patient in the operating room, the physician operates the bronchoscope by manipulating a joy-stick-like controller. At the tip is a camera, light and working channel to pass through tiny instruments that can remove a small sample of tissue even in the deepest areas of the lung.

The physician is guided to a suspicious nodule by the Monarch robotic bronchoscope using a GPS-like map created by a computer and facial recognition-like software into which a CT scan of the lung has been uploaded.

This information is then reviewed at St. Luke's by a multidisciplinary team to discuss and create the best treatment option for patients found to have lung cancer. Individualized treatment plans can include minimally-invasive surgery, chemotherapy, radiation or a combination of these three.