

It takes a team to remove large, aggressive tumors

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(Medical Xpress) -- No cancer surgery is easy, but the two operations David Bieszke underwent at Loyola University Hospital to remove an aggressive, 10-inch tumor were especially challenging.

The [tumor](#) extended from his navel to his [diaphragm](#). It choked a major blood vessel and invaded smaller blood vessels to both kidneys.

It would take two surgeries, each lasting 6 hours, to remove the tumor. There was a significant risk that Mr. Bieszke could lose one or both kidneys. He might have to go on a heart-lung bypass machine during [surgery](#). There was even a chance he could bleed to death.

"I was really scared," said Mr. Bieszke, 47, who lives in Geneva, Ill.

Three days before the first surgery, David and Jennifer Bieszke got married. They had been together for 18 years, and David had asked Jennifer more than once to get married. As he faced the difficult and risky surgery, she finally said yes.

"I realized that if I lost him, I would always regret that we hadn't gotten married," Jennifer Bieszke said. "That piece of paper had become very important to me."

The two-part operation was a multidisciplinary effort that required exhaustive planning and close teamwork among four top surgeons, an anesthesiologist, the head nurse and the rest of the operating team.

"Everyone worked together so well," said surgical oncologist Dr. Margo Shoup, who coordinated the team. "It was like a beautiful sympathy."

The team was able to remove the entire tumor and save one of Mr. Bieszke's kidneys. Four weeks after his second surgery, Mr. Bieszke returned to work as an auto mechanic. He feels better now than he has in a long time.

Prior to surgery, Mr. Bieszke suffered pain near his stomach for more than a year. He took ibuprofen three or four times a day, lost his appetite and suffered [extreme fatigue](#).

He finally was diagnosed on April 3. An oncologist at a community hospital referred Mr. Bieszke to Dr. Shoup, because it would require an academic medical center such as Loyola to perform the highly specialized, multidisciplinary surgery.

The cancer, relatively rare, is known as vena cava sarcoma. Doctors believe it originated in the vena cava, the largest vein in the body. By the time Mr. Bieszke was diagnosed, the tumor had completely blocked the vena cava, forcing the body to grow alternative blood vessels.

The first surgery was performed April 29. Surgeons successfully removed the left side of the tumor, but were unable to save the left kidney.

The second surgery was performed June 13. Dr. Shoup worked closely with vascular surgeon Dr. Ross Milner, kidney transplant surgeon Dr. Amy Lu, cardiothoracic surgeon Dr. Robert Love, [anesthesiologist](#) Dr. Jeffrey Hartwig and head nurse Jill Anderson.

Dr. Lu and Dr. Milner removed cancerous parts of blood vessels to the right kidney and then reconstructed the [blood vessels](#). There was a

chance Dr. Lu would have to remove the kidney and, in effect, transplant it back in a different location. Fortunately, that wasn't necessary. Mr. Bieszke's right kidney stayed in place and is working normally.

Dr. Love was available in the event the tumor reached the heart and Mr. Bieszke would have to be put on a heart-lung bypass machine during the surgery. Perfusionists also were set up and ready to go on bypass at any time. Fortunately, this wasn't necessary, either.

Dr. Milner removed about 5 inches of the vena cava and Dr. Shoup removed the rest of the tumor. Dr. Hartwig infused blood to make up for blood loss and kept Mr. Bieszke's vital signs stable throughout the surgery. Ms. Anderson was instrumental in making the surgery proceed without a hitch.

Today, Mr. Bieszke appears to be cancer free. But he will need regular CT scans because there's a chance the cancer could come back.

He and his wife are confident it won't.

"And even if it does, we will have Dr. Shoup," Mrs. Bieszke said. "We couldn't ask for more than that."

Provided by Loyola University Health System

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