

Interventional Pulmonology

Minimally invasive approaches to diagnosis and treatment



Our new **Endoscopy Center** was designed for optimal patient safety and comfort, efficient multidisciplinary physician collaboration and immediate, on-site pathology review.

More than 90% of our procedures are performed on an outpatient basis.

We provide interventional procedures that offer:

- **Biopsy, diagnosis and treatment** for tumors of the lung, trachea, mediastinum and pleural cavity
- **Immediate opening** of mass-obstructed airways
- **Effective treatment** options for patients not candidates for surgery
- **Better tolerated option** with less trauma, faster recovery and reduced risk for complication

Diagnostic Procedures

For confirmation of diagnosis and disease staging

- **Flexible bronchoscopy** allows visualization of individual lobes or segment bronchi. RPCI has a variety of bronchoscopes, including ultrathin models for peripheral navigation. Sampling techniques include bronchoalveolar lavage, brushings and biopsies.
- **Autofluorescence bronchoscopy** uses autofluorescent light for early detection of premalignant lesions not usually seen with traditional white light bronchoscopy.
- **Endobronchial ultrasound (EBUS)** makes it possible to biopsy lymph nodes in the mediastinum via bronchoscope. It provides an outstanding view of the sample area and precise navigation around critical structures. RPCI offers both **linear** and the more-advanced **radial** EBUS, which can reach areas of the lung that otherwise would be inaccessible without surgery. **RPCI is the only center in Buffalo Niagara offering both types of endobronchial ultrasound (EBUS).**
- **Electromagnetic navigation bronchoscopy** uses a system similar to GPS that enables physicians to “drive” to the precise location of otherwise inaccessible lung lesions for diagnosis and treatment planning.
- **Rigid bronchoscopy** better controls the airway and larger lumen during complex endobronchial interventions. This technique can also be used for mechanical debulking of tumors.
- **Pleuroscopy** involves inserting a small endoscope into the chest cavity for minimally invasive diagnosis and management of pleural disease.

Treatment

- **Airway ablation** can provide relief for patients who have airways obstructed by tumors, scarring from long-term intubation, or other causes. At RPCI, this may be achieved with excision, laser, or argon plasma coagulation (APC) to restore normal breathing and prevent lung collapse in patients who are frail, present with multiple comorbidities, or are at the end of life.
- **Balloon bronchoplasty** can dilate narrowed airways via a balloon passed through a bronchoscope.
- **Airway stents of silicone, metal, or metal covered with silicone (hybrid stents)** can maintain the patency of an obstructed airway.
- **Endobronchial valve placement** can correct persistent air leak in patients with pneumothorax.
- **Percutaneous dilatational tracheostomy** is performed at bedside.
- **Indwelling pleural catheter is used to relieve and prevent the recurrence of pleural effusion.** Patients can avoid frequent hospital visits by draining the fluid themselves.
- **Pleurodesis** can prevent recurrence of pleural effusions.

Screening

RPCI's High-Risk Lung Cancer Program aims to improve survival through early detection, using bronchoscopy with autofluorescence (to identify precancerous lesions), low-dose CT, or a combination. Contact the screening hotline at **1-877-ASK-RPCI** (1-877-275-7724).

RPCI's Pulmonary Medicine Department includes two of very few fellowship-trained interventional pulmonologists in the U.S.

Meet the Team



- 1 **Samjot Singh Dhillon, MD, FCCP**, Associate Professor of Oncology
Chief of Pulmonary Medicine
Clinical Chief for Thoracic Medicine Clinics
Co-Chief of Endoscopy
- 2 **Kassem Harris, MD, FCCP**, Assistant Professor of Oncology
Interventional Pulmonology (Fellowship Trained)
Department of Medicine, Thoracic Oncology
- 3 **Abdul Hamid Alraiyes, MD, FCCP**, Assistant Professor of Oncology
Interventional Pulmonology (Fellowship Trained)
Department of Medicine, Thoracic Oncology

Refer a Patient

Call us today to discuss a case, confirm a diagnosis or refer a patient at 716-845-4798. For urgent consults, call 716-845-2300, and ask to have the on-call Interventional Pulmonologist paged.



Elm & Carlton Streets | Buffalo, New York 14263
www.RoswellPark.org/rpmd
716-845-RPMD (716-845-7763)

A National Cancer Institute-Designated Comprehensive Cancer Center
A National Comprehensive Cancer Network Member
A Blue Distinction Center for Complex and Rare Cancers®
A Blue Distinction Center for Transplants®