Lifespan Surgeon First in Region to Perform Single-Site Robotic Gynecologic Surgery

**Advanced technology offers new surgical option for hysterectomy**

**PROVIDENCE – W. SCOTT WALKER, MD**, an obstetrician and gynecologist with Ob/Gyn Associates, which recently partnered with Lifespan and the Women’s Medicine Collaborative, has become the first surgeon in Rhode Island and Massachusetts to perform a robotic hysterectomy that uses only a small, single abdominal incision.

Walker has performed more than 300 traditional three to five incision OB/GYN robotic procedures, including ovarian cystectomy and surgery for endometriosis, making him one of the region’s most skilled and experienced robotic surgeons. Last month, he became the only surgeon in the region to operate using an innovative new approach to hysterectomy, one of the most common surgeries in the United States.

Known as a single-site hysterectomy, this delicate and complex surgery, which involves the removal of a woman’s uterus, is performed using a tiny incision approximately one inch long in a woman’s bellybutton. Because the incision is hidden by the navel, the procedure is virtually scar-free.

Walker is one of only a handful of surgeons across the country who received training to perform single-site robotic surgeries using the daVinci Surgical System.

“We’ve been performing hysterectomies using robotic technology for over three years, but the single-site procedure takes it to the next level, offering women a state-of-the-art surgical option that is safe and less invasive, and now does it with a better cosmetic result,” said Walker.

“I am honored to be the first physician in our region to perform this procedure and excited to offer my patients the most advanced, minimally invasive surgical options,” he added.

Increasing numbers of hysterectomies have been performed laparoscopically or using multiple incision robotic technology, and some even continue to be done through one large incision in an open surgery, despite recommendations by national organizations that open abdominal hysterectomy should only be performed as a last resort. Single-site hysterectomy offers all the benefits of robotic surgery, including a shorter recovery time, low blood loss, minimal pain, a shorter hospital stay and high patient satisfaction.

However, having just a single incision means less scarring both externally and internally, minimizing the risk of surgical complications. The surgery can be performed in about one hour and patients typically stay in the hospital less than 24 hours. Women are generally able to resume most normal activities within several days.

Currently, this single-incision approach to hysterectomy has only been approved by the FDA to treat non-cancerous conditions requiring a hysterectomy and removal of the ovaries and fallopian tubes.

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**CharterCARE signs asset purchase agreement with Prospect Medical Holdings**

**Prospect to provide a total of $95M to CharterCARE over next four years**

**PROVIDENCE – CharterCARE Health Partners (CharterCARE), the corporate parent of ROGER WILLIAMS MEDICAL CENTER, ST. JOSEPH HEALTH SERVICES OF RI and ELMHURST EXTENDED CARE, has entered into an agreement with Prospect Medical Holdings (Prospect) that will create an innovative joint venture. The transaction is expected to be complete by the early part of next year, subject to regulatory and Church approval.**

Prospect has agreed to provide a total of $95 million to CharterCARE over the next four years. Forty-five million will be provided upon regulatory approval and will be used for debt reduction and short-term working capital. An additional $50 million will be provided over the next four-year period to provide capital for physician network development, facility improvement and technology acquisition.

Both CharterCARE and Prospect will be equally represented on the organization’s governing board. After the closing, Prospect will serve as the manager of the hospital joint venture under a management contract.

The asset purchase agreement will now be submitted for review simultaneously by the Rhode Island Department of Health and the Rhode Island Attorney General, under the provisions of the State’s Hospital Conversion Act.