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Member of :

- HTH Worldwide's International Healthcare Community
- Società Italiana di Chirurgia (SIC)
- Società Italiana Chirurghi Universitari (SICU)
- Società Ligure di Chirurgia (SLC)
- Società Italiana di Fisiopatologia Chirurgica (SIFIPAC)
- Società Italiana di Chirurgia Endoscopica (SICE)
- European Association for Endoscopic Surgery (EAES)
- European Society of Surgery (ESS)
- International College of Surgeons (ICS)
- International Society for Diseases of the Esophagus (ISDE)
- International Society of Surgery (ISS)
- Rotary International – Club Genova Nord-Ovest

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SURGICAL ACTIVITY

■	Hernias (inguinal, femoral, umbilical, etc.)
■	Thyroid and parathyroid diseases
■	Surgery of the adrenal glands Video- laparoscopic adrenalectomy
■	Esophageal disorders (diverticula, esophageal achalasia, gastroesophageal reflux disease, cicatricial and neoplastic stenoses, etc)
■	Diseases of the digestive system
■	Diseases of the liver, pancreas, and biliary tract Video-assisted laparoscopic cholecystectomy
■	Surgical senology

Inguinal Hernia

Surgery is performed under local anesthesia, which, compared to general anesthesia, offers two major advantages: it allows the surgeon to test the strength of the repair during surgery and guarantees a faster restoration of general conditions, meaning shorter, even one-day only, hospital stays. The operation entails the fixing of an inguinal preperitoneal mesh. The procedure is also successful for recurrent hernia.

Thyroid Diseases

The most often occurring indication for thyroid surgery is large multinodular goiter. Not infrequently, the goiter descends into the thorax, thereby compressing or displacing important structures, such as the trachea or the esophagus. Treatment entails the excision of the goiter. A total thyroidectomy is often necessary, but when possible it is preferable to leave a part of the gland, obviously node-free, intact. In many cases, histological exam is performed during the operation, above all if only one, solid, node is found. Total thyroidectomy is the treatment of choice if the lesion is tumoral. Moreover, some diseases characterized by hyperthyroidism (Basedow's Disease, toxic adenoma, toxic multinodular goiter) are indications for surgery. The most severe complications, namely hemorrhaging and lesion of the laryngeal nerves or of the parathyroid glands, are minimized by the surgeon's experience and the complete visualization of the structures at risk. In addition, the use of particular suturing techniques guarantees acceptable cosmetic results. This operation is made all the more safe through the use of state-of-the-art equipment and technologies.

Parathyroid Diseases

Nearly always, surgery of these glands is performed to treat hyperfunctioning caused by adenoma, a benign tumor that may be single or multiple and that may develop on one or more of the parathyroid glands. These are small organs no larger than a grain of rice (a few millimeters in diameter), usually four in number, two per side, situated on the surface of the thyroid. Despite their name and location, these glands have nothing to do with the thyroid. The parathyroid glands secrete parathyroid hormone (PTH), which regulates calcium and phosphorus metabolism. Hyperparathyroidism causes depletion of calcium mostly from bones, thus leading to severe forms of osteoporosis, as well as an increase of blood calcium. Other consequences of this condition include urinary-lithiasis and neuromuscular disorders. Diagnosis is based on calcimeter and PTH values and scintigraphy. Surgery entails the removal of the parathyroid adenoma(s), and is performed with peri-operative control of PTH blood level (rapid PTH) and the peri-operative histological confirmation of the adenoma. Patients normally remain hospitalized for 2 to 3 days. Results,

both short- and long-term, are excellent, above all for the immediate normalization of calcium metabolism.

Surgery of the Adrenal Glands

The adrenal glands may be the site of neoplastic processes. Adrenal adenomas are able to exert a variety of endocrinological alterations and, if left untreated, progressively increase in size, thus worsening endocrinological conditions, and ultimately undergoing malignant transformation. Indications for surgery are based on ultrasound and radiological (CT) findings. Adrenalectomy, once necessitating an extensive laparotomy, can now be easily performed laparoscopically, with significant benefits in terms of reduced surgical trauma, improved cosmetic results and shortened hospital stays.

Diseases of the Esophagus

Many esophageal diseases demand surgical treatment. Most of these are benign (gastroesophageal reflux disease, esophageal achalasia, diverticula, cicatricial stenoses, leiomyomas, etc.) and can be managed surgically with excellent outcomes. Moreover, many can be treated with video-assisted thoraco- or laparoscopic procedures or with combined techniques. Dysphagia (difficulties in swallowing food) may represent the first symptom of a malignant lesion of the esophagus (esophageal carcinoma). As such, this disturbance should not be underestimated and should prompt timely diagnostic examinations (radiology, esophagoscopy with biopsy). If a positive diagnosis is made early enough, the therapy of choice is surgery (esophagectomy with esophagogastroplasty or esophagocoloplasty).

Diseases of the Digestive System

The stomach and the colon are the most often affected organs. Very often, benign or malignant lesions are the cause. Especially in the colon we frequently detect adenomas that, although benign at an early stage, may become carcinomas. When found, adenomas must be removed endoscopically or surgically. In all resective surgical procedures of the gastro-ileo-colon tract, the use of mechanical suturing machines has given rise to remarkable advantages in terms of safety. Inflammatory diseases include appendicitis (video-assisted laparoscopic appendectomy), ulcerative colitis and Crohn's Disease. For these latter, surgery is the last resort treatment when medical therapy fails or complications arise.

Diseases of the Liver, Pancreas, and Biliary Tract

Surgery of the liver essentially includes the treatment of primary malignant (hepatocarcinomas) or secondary (metastases) tumors, giant and/or complicated angiomas and symptomatic cysts. When operable, the former require an extensive hepatic resection, which only in selected cases can be performed laparoscopically. By contrast, cysts can in many cases be treated using minimally invasive procedures. Malignant tumors are for the most part

the grounds for surgery of the pancreas: the aggressiveness of these lesions has, however, given rise to disappointing results, especially at long-term. Most of the biliary tract diseases treated surgically are due to calculosis, above all gallstones: the treatment of choice at present is video-laparoscopic cholecystectomy.

Surgical Senology

The successful treatment of breast cancer, the most frequent malignant tumor in women, demands the multidisciplinary collaboration of oncologists, pathologists, radiologists and others. Only multicenter cooperation, and above all early diagnosis, have been able to guarantee complete recovery and satisfying clinical, functional and cosmetic results. Mammography and ultrasound examination, which enable the early detection of tumoral lesions, subsequently allow for conservative approaches and resulting cosmetically acceptable outcomes.

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RESEARCH ACTIVITY

Fields of interest :

- thyroid and parathyroid diseases
- new treatment techniques for inguinal hernia
- esophageal diseases
- surgical disorders of the liver, pancreas, gallbladder and the biliary tract
- digestive tract
- minimally invasive video-assisted thoracoscopic and laparoscopic surgery
- new technologies in surgery

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ACADEMIC ACTIVITY

➤ **University of Genoa**

MD Degree Programs: General Surgery for 6th year students

Residency Programs :

- Surgery of the Digestive System and Surgical Endoscopy
- Pediatric Surgery
- Thoracic Surgery
- Gastroenterology

➤ **University for the Elderly**