

The close and efficient interdisciplinary cooperation of the departments presented is an attribute most advantageous to the patients. Thoraxklinik Heidelberg Department Heads and Seniors are renowned world-wide. They are heading organizations and committees dedicated to improving care and advancing knowledge and guidelines within their specialities.



**Prof. Dr. med. Hauke Winter**

**Surgeon**

**A Highly Trained Surgical Team:**

The large team of thoracic surgeons perform 2,300 operations per year, in both pediatric and adult patients. About 40% of the procedures nowadays are carried out as minimally invasive videothoracoscopy. Open thoracotomy is used to address invasive tumor growth, and for multivisceral resections. Reconstructive surgery is performed on the chest wall or on the tracheobronchial system, including so-called sleeve resections conducted to spare the patient an unnecessary loss of lung tissue.



**Prof. Dr. med. Felix Herth**

**Pneumologist/Medical Director**

Specialists in Pneumology and Ventilatory Support:

The Department of Pulmonary and Respiratory Critical Care Medicine focuses on the diagnosis and therapy of respiratory tract diseases such as lung emphysema, cystic fibrosis, fibrosing alveolitis, and pulmonary hypertension; on non-invasive ventilatory support for patients with respiratory deficiency or failure; on sleep related respiratory disorders. An outstanding expertise is provided in all fields of bronchoscopy, taking a lead position in the development of devices for diagnostic and therapeutic purposes.



**Prof. Dr. med. Michael Thomas**

**Oncologist**

Competence in Oncology:

The Thoracic Oncology Team provides the latest options on systemic therapy and multi-modal approaches to care for about 4,800 patients with thoracic malignancies annually. The department is a recognized driver in

International Office: Departments ([www.heidelberg-university-hospital.com](http://www.heidelberg-university-hospital.com))

the conception and execution of clinical trials to improve systemic treatment, and offers appropriately customized treatment approaches to the individual patient, adapted to tumor biology and organ functions.



**Prof. Dr. med. Claus Peter Heußel**

### **Radiologist**

Diagnostic and Interventional Radiology including Nuclear Medicine

The Department of Diagnostic and Interventional Radiology with Nuclear Medicine offers both diagnostic and therapeutic services: Images of the thoracic organs, bones, and vessels are produced in various techniques, using multislice computed tomography, including dynamic CT, nuclear imaging incl. PET, ultrasound of abdominal and thoracic organs, including color doppler flow evaluation, and multichannel magnetic resonance imaging (MRI) using a comfortable 70 cm wide bore system. There is a huge experience and routine in taking tissue biopsies by image guidance (CT or ultrasound), placing catheters or drainage systems. Furthermore, lung tumor lesions or metastases are ablated by experienced interventional radiologists using e.g. radio frequency probes (RFA).

Our modern equipment is state-of-the-art in imaging technology ensuring efficient and low-radiation investigation, or even without radiation. All devices are connected to a radiological image network and digitally stored in original quality in a dedicated Picture Archiving and Communication System (PACS). Findings are evaluated on high resolution screens by leading dedicated chest radiologists. Versatile image post-processing software allows further processing of the resulting images for, among others, 3D presentation, or quantifying emphysema.

For evaluation of your records by Thoraxklinik experts, please send your radiological data in DICOM format on a CD ROM. All radiographic findings from examinations in our clinic will be handed over to you on CD

ROM.



**Priv. - Doz. Dr. med. Werner Schmidt**

**Anaesthesiologist**

Anaesthesiology, Intensive Care, Pain Therapy

Major thoracic surgical interventions are performed exclusively with the application of general anaesthesia. In Thoraxklinik Heidelberg, this type of anaesthesia is also used with smaller diagnostic procedures, e.g. bronchoscopy or the implantation of port catheter systems to avoid impairment of the patients' well-being as far as possible.

Patients are monitored at the ICU both after major surgical interventions and for severe acute or chronic conditions, in close cooperation with the respective medical disciplines involved. Consequently, a focal point in our range of services is the weaning of long-term ventilated patients.

Each patient receives intensive postoperative pain management. Pain therapists from Anaesthesiology may also be requested to assist cancer patients with pain problems.