

# Virgil A. Davila, MD

OB/GYN surgeon, Physician Associates, Oviedo

By JEFF WEBB

OVIEDO - There is no doubt about it, said Virgil Davila; robotics has revolutionized gynecological surgery. But, like so many technological advances, accessibility has out-paced ability, and that concerns Davila.

As with "any new technology, there is not only a learning curve, but also certain limitations," said Davila, referring to the growing popularity of minimally invasive surgery using the da Vinci Surgical System®. Both surgeons and patients are drawn to it because it minimizes patients' pain, time in the hospital and complications.

But new technology has companions. "There also is risk and there is cost," which is significantly more than traditional laparoscopic surgeries, said Davila. "As we engage in this new chapter of gynecological surgery it is important to take proper precautions. It is important to set up guidelines and strict protocols to make sure surgeons get the proper training to minimize complications," Davila said. "It also is important to realize our limitations. Not every surgeon can perform every procedure," he said. "Some physicians who have basic training with robotic surgery "are not properly trained to do certain cases. ... some surgeries are just too difficult and they should not be doing them" unless they have had additional training, he said.

To that end, Davila was pleased when he was asked to help develop the robotics program at Winnie Palmer Hospital for Women & Babies in Orlando and to establish standards for physicians who perform robotic surgery.

It used to be that "you would take the da Vinci® course and then do three to five proctored cases. That's how you got started before we established standards," Davila said. "But it was unclear what you did afterward," he said, and it became apparent that some surgeons were engaging in surgeries that might be too complex for their skills. "Our program required that if you are going to tackle these cases (such as myomectomies and sacrocolpopexies), you need to be proctored more," he said. "We take precautions and make sure (patients' complications) are within the (acceptable) standard of care."

Davila also expressed concern about surgeons who may use robotics for surgeries that could be done laparoscopically in less time and for far less expense. "That is a total waste of resources," he said.

"These are the types of situations that we have to be aware of. We have to police ourselves," said Davila, who also is on the resident-teaching staff at Winnie Palmer. It is even more important because, Davila predicted, general surgeons who have eschewed robotic surgery soon will become converts. That is because the next development is "a single-incision robot," he said, and they won't be able to resist the efficiency and the benefit to their patients.

"The technology is going to be very

good for patients and the more physicians we have who are properly trained and good at it will result in better patient care, which is what we always should be striving for," Davila said.

And caring for patients keeps Davila busy at his practice on Red Bug Lake Road in Oviedo. He is one of more than 90 doctors at 24 facilities operated by Physician Associates, one of the region's largest independent multi-specialty healthcare groups. He has been with Physician Associates, formerly known as the Orlando Health Care Group, since 1995.

Davila said he spends at least three days a week in the operating room and when he's in the office, sees up to 40 patients a day. Between that and teaching at Winnie Palmer, Davila, 49, is left with little time for leisure pursuits other than enjoying time with his family: wife Christine, their 20-year-old daughter, 16-year-old son, three dogs and three cats. "I don't particularly like pets, but all the animals love me!" he joked. But Davila said he does make time to "de-stress" and stay fit by running at least five days a week.

Davila recalls fondly the journey that brought him from his native Puerto Rico to his professional and personal successes.

"I grew up in Puerto Rico and moved to Miami when I was 16. I was the middle child with an older brother and younger sister. I was the first in my family to com-

plete college and I'm the only doctor in my family. My grandfather was a big influence in my upbringing. He lived through the Depression and had to work three jobs to support his family," Davila said.

When Davila was in high school he already knew he wanted to become a doctor. The motivation at that time "was my desire to improve my lifestyle and help my family." He studied chemistry at the University of Miami and after graduation he was accepted at Thomas Jefferson Medical College in Philadelphia. "I had absolutely no money. ... Between my (undergraduate) college loans and my first year of medical school, I was \$35,000 in debt. I called my dad and he suggested I get a part-time job. I explained to him that I barely had enough time to study as it was. I panicked!" Davila recalled.

So, he applied to the U.S. Army, Air Force and Navy to be accepted into a program that would pay for his physician training in exchange for active duty military service. "The Navy was the first to respond, so I signed up," he said.

While at Thomas Jefferson, he met Christine, who was a nurse on the lockdown psychiatric ward at a hospital where he was doing a rotation. "We hit it off and never looked back," he said. After completing medical school in 1988, followed by a four-year residency at the Naval Medical Center in San Diego, Davila reported for



duty at Guantanamo Bay, Cuba. "It was very busy there," he said. "We did a lot with little resources. ... I was doing 15 deliveries a month, not to mention the GYN cases and surgeries."

After a year in Cuba, Davila requested a transfer to a Navy facility in Florida. There were no openings in Jacksonville or Pensacola, but he was pleasantly surprised to learn about the U.S. Naval Hospital in landlocked Orlando. There he was head of the OB/GYN department, a role that encompassed administrative as well as clinical duties. He resigned his commission in 1995 to begin his private practice.

But he is quick to commend the Navy. "The Navy was good to me and my training was superior," Davila said. "It's my personal bias, of course, but I think it was better than I would have received (in a civilian residency or facilities)."

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