

I'm Dr. Mark Ginsburg, thoracic surgeon and surgical director of the world's first Diaphragm Center at NewYork-Presbyterian/Columbia University Medical Center, specializing in disorders of the diaphragm. AMA!

MarkGinsburg¹and/ScienceAMAs¹

¹Affiliation not available

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Abstract

Hi Reddit, happy to be here. I'm a thoracic surgeon at NYP/Columbia University specializing in disorders of the diaphragm. I'm the Surgical Director of the Diaphragm Center, Lung Volume Reduction Program, and Jo-Ann LeBuhn Center for Lung Diseases. The diaphragm is the primary muscle of respiration, and disorders of the diaphragm can result in significant impairment of breathing. These disorders are probably a bit more common than you think. Most diaphragmic disorders are poorly understood by the general medical community. Many people I treat have been told "there's nothing we can do" before coming to see us. The Diaphragm Center is the first of its kind in the world, and provides the most advanced diagnostic and treatment strategies available for these disorders. By gathering together some of the most experienced clinicians in this field, we are able to offer the most comprehensive and advanced care. Alright let's get to it, AMA! More about me Disorders of the diaphragm include paralysis and weakness resulting in respiratory insufficiency, diaphragmatic hernias resulting in abdominal organs relocating into the chest, and lack of electrical stimulation to the diaphragm resulting in respiratory failure. Edit: I'm here and ready to roll! Proof Edit: It's about time I get back to work, but I'll be checking in later today. Signing off for now. Thanks for the great questions everyone!

[REDDIT](#)

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MARK_GINSBURG [R/SCIENCE](#)

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[More about me](#)

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Mark_Ginsburg , r/Science , I'm Dr. Mark Ginsburg, thoracic surgeon and surgical director of the world's first Diaphragm Center at NewYork-Presbyterian/Columbia University Medical Center, specializing in disorders of the diaphragm. AMA!, *The Winnower* 5:e152345.51050 ,

What is the most effective way to get rid of hiccups?

[ThreeFourteen15](#)

Unfortunately, there is very little in terms of treatment that is effective. We have tried phrenic nerve ablation and overdrive pacing. Neither worked. Medications such as Baclofen may help. Treatment of gastro-esophageal reflux also can be effective. Unfortunately, there is little to offer that is really effective for patients with severe and prolonged hiccups.

Hi Dr. Ginsburg - if there was one exercise - or set of exercises to increase core strength, starting from someone with little or no muscle there, what would you suggest?

I was an asthmatic child and later had a few years of chronic chest infections - I'm pretty sure my diaphragm was underdeveloped until about 5 years ago when I started running consistently - I still feel it's weak but I can breathe with my stomach now so I'm pretty ok I guess.

Many thanks

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[Dekken](#)

The diaphragm is very specialized muscle that is made to work 24/7/365. The best conditioning for it is aerobic type exercise. In general, patients who suffer from diaphragm weakness or paralysis benefit most from weight loss, lower extremity conditioning, and strengthening. Shortness of breath, or being winded, can effect anyone and diminishes with any type of conditioning.

1. What diaphragmatic issue do you see most commonly as a case dismissed by other medical professionals (believing nothing could be done) that could in fact be treated? How could it be treated?
2. What diaphragmatic issue(s) do you think is/are being under-diagnosed which, if treated, would significantly improve patient quality of life?

[Yamster80](#)

The most common severe diaphragm issue that is undertreated is diaphragm paralysis. Most pulmonologists believe that there is little to offer patients with this condition. We have shown that diaphragm plication is very effective in most patient with this problem. It is a minimal operation, usually performed minimally invasively (VATS), that can result in a 25 – 50% improvement in lung function. Most patients also note improvement in positional symptoms like when they bend over to tie their shoes or when they eat. Shortness of breath with these movements is usually relieved with surgery.

What would you most like to tell us that no one has asked about yet?

[Chtorr](#)

We started a diaphragm center because this critical muscle/organ was being ignored. Diaphragm/phrenic nerve damage and disorders result in considerable disability and illness and many clinicians misunderstood what options were available to treat these disorders. Our group has the largest experience in the world treating diaphragm disorders and we felt it was important put a team together to offer the best clinical care and research for patients suffering from diaphragm issues. We hope those of you that need our help will give us a call. Here is our website for contact information.

<http://columbiasurgery.org/diaphragm>

How can you recover from getting 'winded' quicker?

Also, on a scale of 1 to 10, please rate the expression 'solar plexus' compared with other anatomical terms.

[linky_frisco](#)

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Hi Dr. Ginsburg.

I'm a second-year medical student planning to go into CT surgery. I'd always planned on practicing

primarily in the cardiac realm, however I did a CT rotation at UW in Seattle and found myself really enjoying both aspects of CT surgery. Can you comment on what drew you to thoracic vs cardiac, and perhaps some advice for a young med student trying to figure out his place in the world?

Lastly, what are your thoughts on the I6 programs vs the traditional training track for CT surg?

[michael22joseph](#)

First, I think you need to both out and see what you really love to do. I found cardiac boring and was attracted to thoracic because of the wide variety and the patient interaction. The I⁶ is a very good way to train, but both have pluses and minuses. You have to see what works best for your needs.

Besides running or jogging, are there any exercises we can do during the day at a regular desk job to strengthen the diaphragm.

[CNJ_732](#)

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Have you heard of osteopathy's claim of "redoming the diaphragm?" If so, what's your take on it?

[datstatbat](#)

I highly doubt that claim given what we know about the diaphragms anatomy and physiology. I would be very skeptical.

Along with other family members I suffer from hereditary neuralgic amyotrophy and have trouble breathing and speaking, my cousin recently died of complications of his diaphragmatic paralysis. Is there any research going on that might someday help us?

[WeirdBathroom](#)

We see a fair number of patients with this problem. I can't speak about research outside of our work with diaphragm involvement. About half the patients with this disorder recover and don't need surgery. For those that do, the results have been very good.

What causes hiccups and how are they cured?

[sadgaygirl](#)

Hiccups are an involuntary spasms of the diaphragm. They are a very debilitating problem when they last for long periods of time and can lead to aspiration, pneumonia, sleep deprivation, and severe fatigue.

Thank you Dr. Ginsburg for doing this.

Is it possible weight gain or loss can affect lung volume?

Can damaged diaphragm heal and recover completely?

Are there dissolving biologic sutures or glues for diaphragm and lung repair or are mostly small diameter staple instruments used? I am currently not needing lung repair however I am curious if it can be done without metal.

[Boleo](#)

see above answers and....

A damaged diaphragm or phrenic nerve can recover, but it can take up to one year. Beyond a year, recovery is rare, and beyond 1.5 years, recovery is not possible.

What is a paralyzed diaphragm? Did you see that video of the woman breathing for the first time? So powerful. Isn't that what she had?

[huskywench](#)

Im not sure about the video. Can you send the link.

A paralyzed diaphragm is when the phrenic nerve, the electrical supply to the diaphragm, is damaged and there is no electrical stimulation to the diaphragm muscle. The diaphragm is the main muscle of respiration, much like a piston, that moves air in and out of the lung.

Some patients with phrenic nerve damage will recover over time, usually about 3 to 6 months. For those that don't recover and are disabled from it, diaphragm plication is the most effective treatment.

1. Where do you see the field of thoracic surgery headed in the future?
2. Are you by any chance related to another thoracic surgeon named Ginsberg, the late [Dr. Robert Ginsberg](#)?
3. What made you interested in lung-volume reduction surgery in particular?

[HFpEF](#)

Thoracic surgery has a great future and is evolving and expanding rapidly as advances in physiology introduce new techniques. No relationship.

LVRS was fascinating to me because it was a physiological operation. Did one this morning. very rewarding seeing how these patients do.

Dr. Ginsburg: do you eat skirt steak?

[beaverfetus](#)

funny