



CENTER FOR WOMEN'S CARE AND REPRODUCTIVE SURGERY

Gynecologic Endoscopic Surgery

Globe Trotting GYN Surgeon Thomas L. Lyons, MD, Donates Time As Laparoscopic Surgery Mentor

ATLANTA—Laparoscopic pioneer Thomas L. Lyons MD, trainer of thousands of surgeons internationally over the past 16 years, is more in-demand as a mentor than ever.

From Lisbon, Portugal, to St. Louis, Missouri; from Moscow to the Mayo Clinic; from Buenos Aires to Costa Rica, Dr. Lyons is respected—and requested as an expert presenter and surgical trainer.

And that's just a fraction of his traveling surgery schedule for 2006.

Improved Outcomes for Women

The gynecologic surgeon is known for developing two laparoscopic procedures, which have demonstrated vastly improved outcomes for women.

The LSH, or laparoscopic supracervical hysterectomy developed in 1989, leaves the woman's cervix intact as a keystone support for the anatomy. It has also been shown in studies to help improve sexual function post-surgery. Reasons for this include the fact that the vagina hasn't been scarred or pulled down as may occur in a laparoscopically-assisted vaginal hysterectomy.

In addition, Dr. Lyons has always practiced vaginal restoration as standard operating procedure for LSH and pelvic floor repair, toning and strengthening the area for more satisfying sexuality.

Since abdominal incisions are so tiny (unlike procedures performed using laparotomy or bikini incision), fewer nerves are damaged, pain is lessened, and recovery is quicker.

Dr. Lyons also developed the Laparoscopic Burch Procedure for stress urinary incontinence. It is among a variety of options for leakage and pelvic floor defects that he teaches eager trainees around the world.

In traveling to these destinations, he donates his time on ten to fifteen demonstration cases during a week while he mentors surgeons learning the minimally invasive techniques he developed.

Evolution of a World-Class Surgeon

Dr. Lyons began teaching surgeons from around the world in the late 1980s as he trained others on laparoscopic gallbladder removal. From there he began exploration and training on tubal pregnancies, ovarian cysts, fibroids, hysterectomy and endometriosis. At the present time, even certain cancers can be removed laparoscopically.

In the early 1990s, tele-surgery revolutionized the field and Dr. Lyons began performing procedures in his customary operating environment while surgeons in Europe or Asia watched, asked questions and learned remotely.

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"Doctors like to see and learn how to perform a procedure live," said Lyons.

He is now licensed to practice in the U.K., Belgium, Russia, Portugal, Spain, Japan, Hong Kong, Singapore, Australia and Korea. Perhaps his most challenging international case involved the wife of the head rabbi in Israel, who required pelvic floor repair. "She had given birth to 18 children, and this was a redo of someone else's work," said Lyons. The restorative procedure was a success.

What Your Doctor Doesn't Tell You

Although Dr. Lyons has trained thousands of surgeons on the LSH technique he developed, most doctors don't perform it.

Some surgeons refuse to perform laparoscopic procedures on a large uterus, and say it can't be done. Left out in that explanation is, "because I can't do it." The size of the uterus is not an issue or a problem for Dr. Lyons.

"It's especially important that patients choose a surgeon who is experienced in working with lasers and laparoscopy. LSH requires more skill than open abdominal hysterectomy. It's easier on the patient, but more challenging for the surgeon," explained Dr. Lyons.

One of the most important factors in helping people choose appropriate medical care is a comprehensive understanding of the reasons for treatment, the risks, and the potential benefits. This especially applies to hysterectomy. If hysterectomy has been suggested as an option, women should carefully weigh the pros and cons, the alternative treatments, the potential benefits and risks, and the physician's track record.

Many surgeons will attempt a laparoscopic procedure and feel it necessary to convert to an open surgery with a long incision during the procedure. Make sure to ask your surgeon about his or her conversion ratio. Dr. Lyons' conversion ratio is less than one percent.

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