



CENTER FOR WOMEN'S CARE AND REPRODUCTIVE SURGERY

Gynecologic Endoscopic Surgery

How to Avoid Unnecessary Gynecologic Surgery

Claudia Murawski learned the hard way that not all doctors are created equal.

She and her husband Al, a successful developer, decided on lakeside living five years ago. Then age 49, Claudia began to experience pain, heavy bleeding and abnormal periods due to uterine fibroid tumors.

"I went to one gynecologist who put me on a drug to shrink the fibroids, which slammed me into early menopause," said the dynamic grandmother, who was a top producer in real estate and had a successful interior design business in Michigan. "Both my body and my mind were negatively affected," she said. "It was an extremely painful four years."

She was told she could have had a hysterectomy right then to end the problem, but today she is glad she avoided the procedure until she found the [right surgeon](#).

Hysterectomy-Yes or No?

Hysterectomy, or surgical removal of the uterus, is the second most common major procedure performed in the United States today, following cesarean section. Approximately 600,000 American women have hysterectomies annually at a cost of almost 5 billion dollars. By age 60, 1/3 of American women have had the procedure.

According to William H. Parker, MD and Rachel Parker in *A Gynecologist's Second Opinion* (Penguin/Plume) American women are twice as likely to have a hysterectomy as women in England and four times as likely as Swedish women. French doctors almost never perform a hysterectomy for fibroids, which is the most common reason for hysterectomy in this country. Endometriosis and pelvic pain are other common reasons for hysterectomy.

Many factors including cultural attitudes, physician training, the availability of elective surgery in a particular country and the ability to pay for care contribute to different rates of hysterectomy in different countries.

Another contributing factor is whether or not the physician is able to offer the patient a variety of options.

Do Research and Know Your Options

Through research Murawski learned the difference between gynecologic surgery done the old way, with long abdominal incisions, and the minimally invasive way, which has been practiced for more than a decade.

She discussed several additional options with Dr. Tom Lyons of the [Center for Women's Care & Reproductive Surgery](#), including laparoscopic myomectomy, or removal of the fibroids only. Because of her extremely negative reaction to drug therapy, she was not interested in pursuing that further. Often, where other physicians will recommend a major surgery, Lyons suggests either a 'wait and see' approach or an easy, in-office procedure such as hysteroscopy.

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Murawski chose the least invasive surgical procedure, the Laparoscopic Supracervical Hysterectomy or LSH. Dr. Lyons developed this procedure in 1990 and has performed hundreds of them successfully.

The older traditional 'bikini incision' means slicing through abdominal muscles and nerves which can take weeks or months to heal, and sometimes causes radiating pain down the legs. With laparoscopic procedures, patients endure less pain, less risk and recover more quickly.

All Questions Answered

Importantly, LSH leaves the cervix intact as a keystone support to the female anatomy, which improves sexual function post-surgery and helps prevent pelvic prolapse later.

Discerning patients who aren't willing to settle for "the way it's always been done" find Dr. Lyons on the Internet and come from as far as Tokyo, Rome, Madrid, Australia and Buenos Aires.

"I've heard from so many women about residual problems after these surgeries, like bladder leakage problems or pain from scar tissue. After surgery I was up in four days-and after three weeks I had to remind myself not to overdo!" said Claudia. She resumed golfing after six weeks. "Dr. Lyons and his team are so great!" she enthused.

Satisfied Patients

A recent American study done by a female doctor at Harvard found that most women who had a hysterectomy performed because of moderate or severe symptoms were "very satisfied" with the results of surgery, and they noted an improvement in their quality of life.

Although Dr. Lyons has trained hundreds of surgeons around the world on the LSH technique he developed, most doctors don't perform it. Some surgeons refuse to perform laparoscopic procedures on a large uterus. 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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