



CENTER FOR WOMEN'S CARE AND REPRODUCTIVE SURGERY

Gynecologic Endoscopic Surgery

Minimally-Invasive Pelvic Floor Repairs

ATLANTA - "More than 1/3 of women with Stress Urinary Incontinence (SUI) who have given birth do not believe that childbirth increases the risk of involuntary urine leakage," said Thomas L. Lyons, MD, of the Center for Women's Care & Reproductive Surgery in Atlanta.

"This is a myth. Childbirth and loss of estrogen associated with menopause are main causes of SUI," he added.

"Regrettably, many women also believe loss of bladder control is a disease, and that it's a natural consequence of aging. It's not. But without proper diagnosis using urodynamics testing, women may suffer unnecessarily," he said.

According to a 2002 landmark study by the National Association for Continence, approximately 14% of American women ages 30-70 suffer from stress urinary incontinence (as opposed to urge incontinence) at a cost of billions of dollars annually. Forty-two percent believed that drinking a lot of liquid puts them at risk, and nearly 1/3 of women age 25-34 with SUI problems believe too much sex puts women at risk. These are also myths.

A leading national cause of disability and dependency, stress urinary incontinence is the involuntary loss of urine severe enough to have social or hygienic consequences.

Laparoscopic Pioneer Introduced Minimally-Invasive Pelvic Floor Repairs

More than a decade ago, Dr. Lyons introduced the Laparoscopic Burch Procedure for Stress Urinary Incontinence, and in 1990 he pioneered the Laparoscopic Supracervical Hysterectomy (LSH), which leaves the cervix intact for better pelvic support and sexual function post surgery. Since then he has trained hundreds of surgeons worldwide on the endoscopic procedures he developed.

However, not everyone is capable of performing these procedures, including LSH. Some surgeons refuse to do laparoscopic procedures on a large uterus. The size of the problem is not an issue 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. LSH is easier on the patient, but more challenging for the surgeon," explained Dr. Lyons.

Endoscopic surgery is a minimally invasive surgical approach that utilizes between three and five small incisions to gain access to internal organs and tissues. Conventional, traditional, open surgery requires a large incision.

SUI: A Common and Treatable Health Problem for Millions

"Urine leakage is the most common symptom of pelvic floor defects, many of which can be fixed surgically using minimally - invasive procedures. Unfortunately, many women experience symptoms for more than six years before being diagnosed," said Dr. Lyons. "This is a tragedy because of the negative effects leakage has on lifestyle.

*1140 Hammond Drive, Bldg. F-6230
Atlanta, GA 30328
770-352-0037 or
Toll free 888-545-0400*

Stress urinary incontinence usually occurs with some form of physical activity, lifting, sneezing, laughing, jogging, bending or stooping. Many sufferers said they abstained from some type of social and physical activity, while others said the condition caused them to refrain from sexual intercourse.

"Despite the emotional and physical costs of this disability, very few women seek treatment for incontinence - often because of their embarrassment," said Dr. Lyons. Surgical therapy is indicated after conservative therapies have proven ineffective, or if SUI is greatly interfering with a patient's daily activities.

"Initial management of the problem can include weight reduction to help lessen intra-abdominal pressure, behavior modification (e.g. changing posture), estrogen replacement therapy in menopausal and postmenopausal women, Kegel exercises and electrostimulation to strengthen the pelvic floor. Medication to help constrict the muscles in the bladder may also be prescribed.

"Most patients recommended for surgical therapy are wearing incontinence pads due to the severity of their condition, or are candidates for gynecologic surgery for other conditions, such as fibroid tumors, abnormal bleeding or rectocele," said Dr. Lyons. "In those cases, the gynecologic surgeon may recommend that the patient undergo several procedures and pelvic floor reconstruction during the same operation.

Most patients undergoing outpatient endoscopic surgery for SUI are back to work or normal activities within a week -- as compared with between five and seven hospital days, and up to eight weeks out of work required with conventional surgery. Other advantages of the endoscopic surgical approach include fewer hospital charges, less blood loss and reduced postoperative pain.

Not All Surgeons Created Equal

One thing to be aware of: many surgeons will attempt a laparoscopic procedure and find 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 ration is less than one percent (<1%).

*1140 Hammond Drive, Bldg. F-6230
Atlanta, GA 30328
770-352-0037 or
Toll free 888-545-0400*