



# *CENTER FOR WOMEN'S CARE AND REPRODUCTIVE SURGERY*

## *Gynecologic Endoscopic Surgery*

### *Uterine Artery Embolization Presents Many Dangers: Laparoscopic Myomectomy or Hysteroscopy Are Superior Solutions For Fibroid Tumors*

ATLANTA, GA--At age 32 Atlanta businesswoman Anne J. was told by doctors that she would never have a baby--or that if she ever did, it would be a miracle. In fact, she had been told since she was 24 that she should have a hysterectomy to treat benign fibroid tumors.

Wisely, Anne continued to search for other options, and ten years later she and her husband are thrilled with their son born in June 1995 after she opted for a treatment that left her uterus and fertility intact.

Her laparoscopic myomectomy was performed by Thomas L. Lyons, M.D., of the Center for Women's Care & Reproductive Surgery in Atlanta. A surgical pioneer, he has received numerous awards for his breakthroughs in gynecologic surgery since 1980. In 1990 he authored the LSH procedure, or Laparoscopic Supracervical Hysterectomy, which leaves the cervix intact to help prevent pelvic prolapse and improve sexual function post-surgery. He also developed the Laparoscopic Burch procedure for stress urinary incontinence.

The minimally invasive myomectomy to remove Anne's fibroid tumors was done through a trocar, a small tubular instrument inserted into her abdomen. Because the incisions were so tiny, she recuperated from the procedure in approximately two weeks. Within months she was pregnant.

"In the past, when myomectomy was performed as 'open' surgery, there was significant downtime for the patient and no guarantee of pregnancy. There aren't any strict guarantees today, but the laparoscopic approach decreases the chances of problems in recovery," said Dr. Lyons.

#### **The Option Not Taken**

A decade ago, Uterine Artery Embolization (UAE) was still under development, and would not have been an appropriate choice for Anne since she wanted to preserve her fertility. However, today many women are opting for that treatment without a full understanding of some of its potential side effects.

Uterine artery embolization is a treatment for fibroids that was originally performed in France and first reported in the medical literature in 1995. With embolization, a physician injects small particles through a catheter placed in the uterine artery. The particles block the blood supply to the fibroids, resulting in the death of the fibroid tissue. This leads to shrinkage of the fibroids and relief of symptoms for most patients, without the need for surgery or removal of the uterus.

Direct marketing of UAE to patients by hospitals and radiologists leaves out some important points: the amount of pain involved with the procedure both during and afterwards and the degree of serious complications associated with the procedure.

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

Complications include death from embolism or septicemia (pus-forming or other pathogenic toxins) resulting in organ failure; infection; and microspheres or PVA (polyvinyl alcohol) particles flowing into organs where they were not intended to go, causing damage. Additionally, loss of ovarian function has been reported, along with infertility, loss of orgasm, menopause, formation of scar tissue, and foul vaginal odor due to decaying fibroid tissue remaining inside the uterus.

In addition, after UAE, fibroids have been known to grow back.

"Patients need to research all their options before embarking upon any medical or surgical procedure," said Dr. Lyons. He also offers other in-office solutions for fibroids when appropriate for the patient.

### **Hysteroscopy**

If the fibroids are inside the uterus, just below the lining and projecting into the uterine cavity, hysteroscopic removal may be a good solution. With hysteroscopy, a fiber-optic scope is advanced into the uterus through the vagina and cervix. It is commonly used in conjunction with a dilation and curettage (D and C) to diagnose abnormal bleeding.

Polyps or submucosal fibroids may also be removed using hysteroscopy. Larger submucosal fibroids can sometimes be removed or partially removed with a hysteroscopic device that shaves off pieces of tissue. These methods may be combined with techniques to ablate or remove the lining of the uterus to control bleeding. Endometrial ablation is the intentional destruction of the uterine lining and is intended to permanently stop menstrual bleeding. If successful, it may prevent future pregnancy.

Depending upon age and training, not all physicians are familiar with, or able to perform some of the newer procedures. Dr. Lyons has trained physicians worldwide on the laparoscopic procedures he has developed. He is in demand to perform telesurgeries, speak and lead global symposia on the latest techniques in laparoscopic surgery.

For more information on these and other gynecological procedures, contact Dr. Lyons' office at (770) 352-0037 or toll-free at 888-545-0400 or visit the web page at [www.thomaslyons.com](http://www.thomaslyons.com).

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