



*CENTER FOR WOMEN'S CARE AND  
REPRODUCTIVE SURGERY  
Gynecologic Endoscopic Surgery*

**Dr. Tom Lyons Advocates Creation of Neo-Vagina in MRKH Patients Six Weeks Before Sexual Activity Commences; MRKH Conference for Teens & Their Families 10/25/08 in Boston**

"The best time for women who haven't developed a vagina to experience a minimally-invasive corrective procedure for female anatomy is about six to eight weeks before they become sexually active," said Thomas L. Lyons, M.D., of the Center for Women's Care & Reproductive Surgery.

"Sexual activity and intercourse are the best dilators in the world," he added. "Many young women are exploring sexual identity around age 17, so it's important to be aware of their options before then."

A number of options will be discussed at the third MRKH Conference for Teens & Their Families on Saturday October 25, 2008, at Children's Hospital Boston. This conference is an opportunity for young women ages 12-22 who have been diagnosed with MRKH, and their families to come together for education and support. Participants meet other young women and their families in a safe, comfortable environment.

**Success Story Often Includes Healthy Ovaries**

The Center for Women's Care & Reproductive Surgery was the first in the U.S. to offer in 2005 a minimally invasive solution for the rare anomaly, MRKH Syndrome, or failure of vaginal development, with the laparoscopic creation of a "Neo-Vagina."

One patient in her mid-thirties experienced the procedure in February and married in April, 2008. Dr. Lyons performed ultrasound, gaining access to view her normal ovaries through her new vagina. She will probably be able to have her own eggs removed, then experience a surrogate pregnancy and the birth of her own genetic children.

"It is a really joyous moment to see the happy looks on my patients' faces when we discover how well these possibilities are coming together," said Dr. Lyons.

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

## **New, Proven Procedure vs. Old, Painful Approach**

Dr. L.V. Adamyan developed the procedure in 1993. The laparoscopy-assisted technique for colpopoiesis (creation of the neovagina), uses the pelvic peritoneum after Davydov (1978). This minimally invasive technique is far easier on the patient than the widely used and significantly invasive MacIndoe split thickness skin graft procedure, which can be horribly painful and involve a lengthy recovery of several months.

"It is unfortunate that many women have these extremely invasive procedures," said Dr. Lyons.

"Many academic centers still use the old way, which involves stretching skin over a glass tube stent and a great deal of 'hope' that the tissue will re-vascularize (grow new blood vessels) and stay healthy," he said.

The laparoscopic procedure involves only tiny incisions and is performed in less than an hour. More than one thousand of them have been performed worldwide, proving their efficacy.

The procedure allows achievement of adequate functional vaginal length and elasticity, and the peritoneal epithelium (cellular layer that lines the walls of the abdominal cavity) converts into normal vaginal epithelium within three months after surgery.

Laparoscopic pioneer Dr. Lyons and his associate Assia A. Stepanian, M.D., learned the technique firsthand from its author, and they are the only U.S. surgeons with experience in laparoscopic correction of MRKH syndrome using the pelvic peritoneum.

## **Problem Often Undetected Until Puberty**

Up to a half million women in the U.S. are born with anomalies of the urinary and reproductive system. In females thousands of these mullerian anomalies, including the absence of a vagina, may not be discovered until the girl reaches puberty.

MRKH (Mayer-Rokitansky-Kuster-Hauser) syndrome includes failure of the vaginal development, whether or not the uterus is present. Adolescent girls with MRKH syndrome and obstruction defects may complain that they have not begun menstruation, labeled primary amenorrhea.

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In some cases, female patients have discovered their anomaly after inability to have intercourse because of an absent vagina. For many, multiple painful attempts of intercourse have led to distortion of existing external genital structures and scarring of the area, as well as chronic pelvic pain.

Kristina Henry of Texas had experienced a procedure similar to the MacIndoe in her teen years, and it ultimately failed. In her 30s she found the Center for Women's Care and experienced the minimally invasive procedure. She wants people to recognize that it the issue is more than physical; it is mental, emotional and spiritual as well.

Dr. Lyons' advanced skills in laparoscopy and/or hysteroscopy can correct the majority of mullerian anomalies, as well as a wide spectrum of treatments for pelvic pain and endometriosis.

After researching the Internet and discovering the Center for Women's Care at <http://www.thomaslyons.com>, patients come to Dr. Lyons from around the world for advanced laparoscopic techniques.

Contact Dr. Lyons toll-free at 888-545-0400 or in Atlanta metro area at 770-352-0037. Offices are also in Lake Oconee and Blue Ridge, Georgia.

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