

Dr. Whitted is dedicated to safe, state-of-the-art, innovative surgeries and healthy lifestyles for women of all ages. In a nurturing environment, the physicians and staff strive to promote a partnership in your healthcare and make every effort to bridge the sterile science of diseases with your emotional, physical, and spiritual needs. Everyone is confronted with difficult healthcare decisions at one time or another. You'll want your physician and staff to have the knowledge, experience, and sensitivity to guide you safely through the decision-making process.

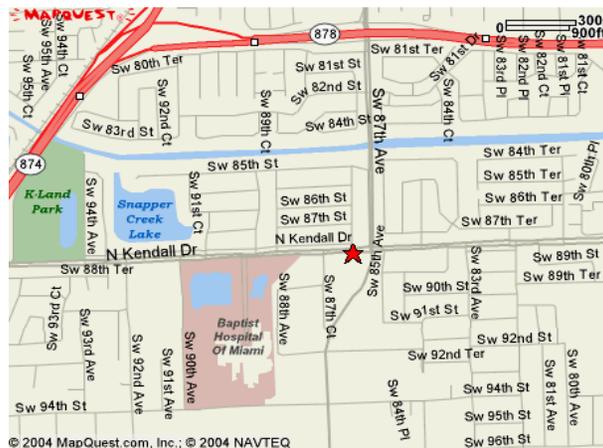
Dr. Whitted provides comprehensive gynecologic office and surgical healthcare. He is certified in laparoscopy and hysteroscopy and is an expert in advanced gynecologic surgery. He has been a national speaker, trainer, and researcher in advanced surgical techniques. In addition, Doctor Whitted is a Certified Menopause Clinician who educates, trains, and has done research in the science of menopause. Finally, he is certified in advanced colposcopy.

Doctor Whitted offers expert education and care in the following areas:

- | | |
|----------------------------------|-------------------------|
| Abnormal Paps (HPV) | Loss of Urine |
| Abnormal Menstrual Cycles | Menopause |
| Bladder Prolapse | Ovarian cysts |
| Chronic Pelvic Pain | Osteoporosis |
| Endometriosis | Rectocele |
| Ectopic Pregnancy | Uterine Prolapse |
| Family Planning | Vaginal Prolapse |
| Fibroids (Leiomyoma) | Well-Woman visit |

*****Evaluation and Diagnosis of Gynecologic Cancers**

If you need surgery, Dr. Whitted performs most gynecologic surgeries with minimally invasive techniques to reduce hospitalization, recovery, scarring, discomfort and absence from work in most cases.



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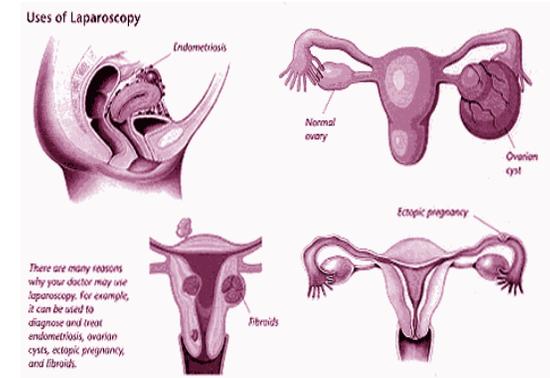
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Laparoscopy

To diagnose and treat many gynecologic problems, laparoscopy provides a minimally invasive approach to look into the abdomen and at the reproductive organs.

The word laparoscopy means "look into the abdomen." A laparoscope is a small telescope that is inserted into the abdomen through a small incision (cut). It brings light into the abdomen so the doctor can see inside. The view is better because it is magnified. Laparoscopy is usually done on an outpatient basis—you don't have to stay in the hospital overnight. Occasionally, you might need to stay 23 hours.

Laparoscopy is used to evaluate and treat most gynecologic problems. Since 1992 it has replaced the need for laparotomy (large abdominal incisions) in many areas of gynecology. Below are some examples of uses of laparoscopy.

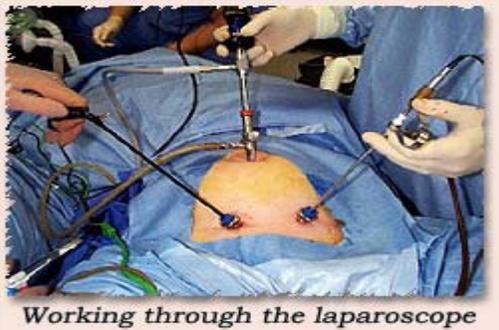


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How is it performed?

After you undergo general anesthesia, the "tummy" is prepped with cleaning solution. Usually a catheter is then placed in the urinary bladder to drain the bladder and a manipulating device is placed inside the uterus so it can be moved around during the surgery.

A 1 cm incision (cut) is then made directly in the "belly button" and the laparoscope is placed through a trocar that is placed through this incision. The abdominal cavity is distended with CO₂ gas in order to visualize the entire cavity. Ancillary port sites are then placed on either side of the abdomen through 1/2-1cm incisions. 3-5 mini-incisions may be made to perform a laparoscopic gynecologic surgery.



Working through the laparoscope

Comparison of Incisions



The number and location of incisions is determined based on the complexity of the surgery and the pathologic problem present.

Once the choice and location of incisions are made, the trocars placed and instruments chosen, the laparoscopic gynecologic surgeon then performs the operation while viewing a TV screen.



What should one expect after laparoscopic surgery?

Generally speaking, most laparoscopic surgeries are outpatient procedures. You may feel soreness, pressure, and pelvic cramping. You will be provided pain medicines to help control this. Occasionally, someone may feel shoulder pain. This is referred to as pain secondary to the CO₂ gas used during the surgery. This usually resolves in 48 hours. The length of recovery is variable depending on the person and the complexity of the surgery. In minor laparoscopic procedures the average recovery time is 1 week. In major procedures it is 1-3 weeks.

What are the benefits of Laparoscopic surgery over traditional large incision surgery?

- Better visualization of surgery
- Less risk with properly trained surgeons
- Shorter hospital stays
- Faster recovery
- Minimal scarring
- Less postoperative pain
- Return to work sooner (less economic impact)

What are the risks of surgery and anesthesia?

Any operation has inherent risk (much like driving a car has inherent risk of a car accident). The risks, fortunately are uncommon. The risks of surgery are:

- Bleeding
- Infection
- Injuring organs around the operative area requiring repair (for gynecologic surgery these are vessels, bladder, ureter, bowel)
- Fistulas (vesico-vaginal, ureteral-vaginal, recto-vaginal)
- Adhesion formation and bowel obstruction
- Recurrence of some problems (incontinence, prolapse, fibroids, cysts, etc)

There are added risks to each individual surgery and you should discuss these with your doctor.

What gynecologic problems can be taken care of laparoscopically?

- Hysterectomy
- Ovarian Cysts
- Endometriosis
- Incontinence
- Pelvic Prolapse
- Fibroid
- Ectopic Pregnancy
- Adhesions
- Appendix

It is important that your laparoscopic surgeon be credentialed in laparoscopy and perform this surgery regularly. Laparoscopy requires special training and commitment in order to be successful. There is, generally, no gynecologic condition that cannot be addressed with the laparoscope.