



The Association of Minimally Invasive Gynecologic Surgeons

...dedicated to safe, state-of-the-art surgery and health life-styles for women of all ages

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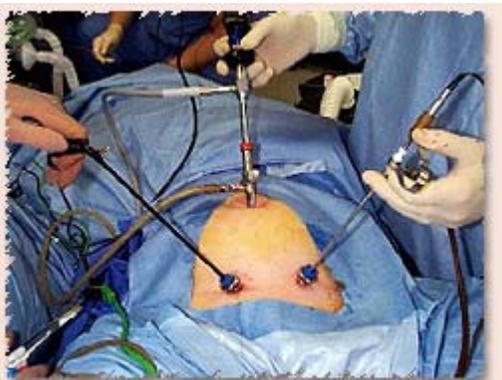
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Minimally Invasive Surgical Procedures for Women

Modern advances in surgical technique have rapidly changed women's health care. Traditionally, the sole solution to treating specific internal medical problems was to perform invasive surgery, which involved a large abdominal incision and a painful and lengthy recovery. Now, accomplishing the same goal with less invasive procedures has become an alternative for countless women, and the result is a shorter hospital stay and a quicker and less painful recovery. These advanced methods result in minimal operative trauma to the surgical area's skin and muscles and little or no post-operative scarring. The workhorse of these minimally invasive procedures is the laparoscope or Hysteroscope, which are used for both diagnostic screening and operative procedures.

Laparoscopic surgery involves tiny ¼ inch abdominal wall incisions, through which a harmless gas, e.g. carbon dioxide, is introduced to expand the abdomen, and create a larger and more visible work area for the surgeon. A tiny lit telescopic camera (laparoscope) is then inserted through another abdominal incision. The camera is attached to a television monitor, which allows a physician to visualize the pelvic organs. Then long narrow surgical instruments are inserted through another incision, and, with the help of a video monitor, the surgeon is able to manipulate the instruments and perform surgery.



Working through the laparoscope

Gynecologists trained and certified in advanced laparoscopy routinely use this procedure to treat women's health conditions, such as infertility, pelvic pain, endometriosis, pelvic adhesions, fibroids, incontinence and ovarian cysts. Since the laparoscope permits pelvic visualization for simple or advanced procedures, major and minor surgery can be performed laparoscopically. Laparoscopy is also important in the diagnosis and treatment of endometrial and ovarian cancers, as well as other malignancies.

Some of the gyn procedures performed laparoscopically (through tiny abdominal incisions) or hysteroscopically (through the vagina) are:

- Transvaginal hysterectomy: removal of the uterus and cervix, and possibly the fallopian tubes and ovaries
- Supracervical hysterectomy: removal of detached uterus through a laparoscopic incision, leaving a portion of the cervix
- Myomectomy: removal of fibroids from the uterine wall through a laparoscopic incision
- Tubal ligation: blocking, for sterilization, both fallopian tubes by tying, sealing or attaching a ring or a clip.
- Reverse tubal ligation
- Ovarian cystectomy: removal of ovarian cyst(s) through a laparoscopic incision. Laparoscopy is considered an excellent procedure for diagnosing and treating non-cancerous ovarian cysts
- Infertility: removal of infertility causing endometriosis or pelvic adhesions through a laparoscopic incision
- Incontinence: anchor bladder neck and urethra to treat stress incontinence laparoscopically
- Pelvic Reconstruction: repair of uterine prolapse, bladder prolapse, vaginal prolapse with the laparoscope

Laparoscopy is used to cut or cauterize scarring or growths caused by endometriosis. Laparoscopic surgery may be required when there is a large amount of endometrial tissue outside of the uterus or when this tissue covers the ovaries and interferes with egg production.

Most women who have a laparoscopic procedure are able to go home the same day. The main benefits of laparoscopic surgery are:

- Less invasive
- Less risk with properly trained surgeon
- Less blood loss
- Less adhesions (scarring)
- Less pain
- Quicker recovery
- Small incisions
- Same day or overnight surgery stay
- Quicker return to work

Diagnostic hysteroscopy is the use of a telescopic video camera to visually inspect, diagnose and treat problems affecting the lining of the uterus (endometrium) such as polyps, fibroids and anomalies. A physician, guided by the hysteroscope, can remove polyps and fibroids, correct uterine abnormalities and remove the lining of the uterus. A hysteroscopy requires general or regional anesthesia and can be performed as an outpatient procedure. Recovery is related to the extent of surgery.

The majority of general women's surgical procedures performed in a modern hospital setting can be conducted laparoscopically. This reality provides women with more choices to manage specific gynecologic problems. In other words, the more a woman knows about these options, the more likely she will make the best surgical choice in cooperation with her physician.

All About Hysteroscopy

What Is a Hysteroscopy?

Hysteroscopy is a non-invasive (no incisions) diagnostic or operative procedure, which utilizes a hysteroscope - a thin-lit telescopic device inserted through the vagina and cervix - to view inside the uterine cavity. It is used to evaluate patients with infertility, recurrent miscarriages or abnormal bleeding and to diagnose abnormal uterine conditions, such as fibroids, scarring, polyps and cancerous or precancerous growths. Hysteroscopy can be used to confirm the results of other tests, such as a hysterosalpingography (x-ray of uterus and fallopian tubes).

Diagnostic Hysteroscopy

The first step in a diagnostic hysteroscopy involves slightly widening the cervical canal with a series of dilators. Once the cervix is dilated, a hysteroscope is inserted through the cervix and into the lower end of the uterus. Carbon dioxide gas or special clear solutions are then injected into the uterus, through the hysteroscope, to expand the uterine cavity, clear blood and mucous and enable the physician to directly view the internal structure of the uterus.

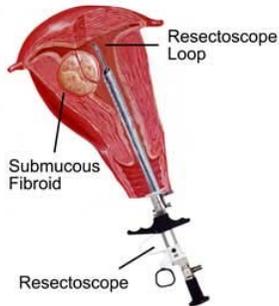


Diagnostic hysteroscopy is usually conducted on an outpatient basis without anesthesia and is usually performed soon after menstruation, since the uterine cavity is more easily evaluated and there is no risk of interrupting pregnancy.

Operative Hysteroscopy

Operative hysteroscopy can be used to treat many of the abnormalities found during diagnostic hysteroscopy. Treatment may be performed at the same time as a diagnostic hysteroscopy or at another time. Operative hysteroscopy

is similar to diagnostic hysteroscopy, except that the hysteroscope is used to allow operating instruments such as scissors, biopsy forceps and electro-surgical or laser tools into the uterine cavity via a channel in the hysteroscope. Fibroids, scar tissue and polyps are then removed from inside the uterus.



Some of the gyn procedures performed hysteroscopically are:

- Hysteroscopic Resection of Sub mucous Fibroids Hysteroscopic removal of fibroid located in the uterine cavity is extremely efficient technique with excellent results in experienced hands.
- Hysteroscopic Lysis of Endometrial Scar Tissue
- Hysteroscopic Tubal Obliteration Ligation
- Hysteroscopic Tubo-Cornual Canulation
- Hysteroscopic Septum Resection

Endometrial ablation: electro-, thermal or microwave scarring of uterine lining through a hysteroscope inserted into the uterus. This procedure can be used to treat excessive uterine bleeding as an alternative to hysterectomy

Patients normally recover within 24 hours following most hysteroscopic procedures, which is significantly less than the recuperation period for major abdominal surgery. Hysteroscopy also decreases patient post-operative discomfort. . Antibiotics and/or hormonal medication may be prescribed after surgery to prevent infection and stimulate healing.

Conclusion

Diagnosing and correcting gynecologic disorders once required major surgery and many days of hospitalization. Minimally Invasive Gynecologic Surgery now allows physicians to diagnose and correct many of these problems on an outpatient basis. Before undergoing any surgery, patients should discuss any concerns about their condition and the procedure to improve their condition with their health care provider.

Very Truly Yours,

Drs. Whitted and Pietro

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