



Lane
OB/GYN

Care You Can Count On



4 MINIMALLY INVASIVE TREATMENTS FOR WOMEN'S GYNECOLOGICAL HEALTH



A woman's gynecological care is a matter of no small importance.

Not only is it vital for fertility and reproduction, it is also key to maintaining her overall health. Virtually every woman will experience the effects of a gynecological condition or infection at some point, and when not treated appropriately, such problems may go on to cause long-term complications.



Understanding the complexity and importance of women's sexual and reproductive health is key to keeping it intact. While there are many potential conditions which could arise, medical and technological advancements mean that treatment is more effective and less invasive than ever before. In fact, many surgical procedures previously used may now be performed using minimally invasive techniques, improving patient comfort and outcomes while also reducing complications and hospital stays. In the following pages, we will review four such procedures: hysterectomy, tubal ligation, endometrial ablation, and LEEP (loop electrosurgical excision procedure).

LAPAROSCOPIC HYSTERECTOMY

What is it?

Hysterectomy is the surgical procedure to remove a woman's uterus and cervix. In a supracervical, or partial, hysterectomy, the cervix is left intact and only the uterus is removed. While the ovaries and other reproductive organs are typically left in place, there are some cases where these will need to be removed as well. This is known as a radical hysterectomy.

Whereas traditional hysterectomy surgery performed via the abdomen requires large incisions, multiple days in the hospital, and lengthy recovery times, a laparoscopic hysterectomy offers a far less invasive alternative.

During the procedure, one or more small incisions are made in precise locations such as the navel or lower abdomen. The surgeon then uses special surgical instruments and a camera to see and remove the necessary organs. This technique increases speed of the procedure while also reducing the level of invasiveness, risk of complications, and hospital stays. In fact, many patients will be able to go home the same day as their procedure.

Who needs it?

Over 500,000 women undergo hysterectomies each year, with one in three women having had one by the age of 60¹. While there are many potential reasons that a woman may need to have a hysterectomy, the most common include:

- **Abnormal Uterine Bleeding** – Uterine bleeding that is exceptionally heavy, off-cycle, or otherwise unusual is considered abnormal. Potential causes are polyps, uterine prolapse, adenomyosis and, less commonly, cancer.
- **Uterine Fibroids** – Fibroids are benign growths in the uterus. They may be isolated or appear in clusters and can appear in a variety of shapes and sizes. In more serious cases, they can result in heavy menstrual bleeding, pain, incontinence, and even infertility. As many as 80 percent of women will have had one or more fibroids by the age of 50.²
- **Endometriosis** – This condition occurs when endometrial, or uterine lining, cells are found outside of the uterus. They may be present in the ovaries, fallopian tubes, or on the exterior of the uterus. In rare cases, they may also be found on other, nearby organs. Associated symptoms can include heavy, prolonged periods, intense menstrual pain, pain in the pelvic area or lower back, and infertility. It affects approximately 1 out of every 10 women of reproductive age.³

Not all women suffering from these conditions will need a hysterectomy. However, it can be a viable and effective option for those whose cases are severe or for whom other treatment methods have failed.

1- <http://www.gynsurgeryinfo.org/hysterectomy/>
2- <https://test-la-ojxq.squarespace.com/fibroids/>
3- <http://endometriosis.org/resources/articles/facts-about-endometriosis/>





LAPAROSCOPIC TUBAL LIGATION

What is it?

Tubal ligation is a procedure commonly referred to as “getting your tubes tied.” It’s a process of sterilization in women that permanently prevents pregnancy by obstructing the fallopian tubes. These tubes are located on either side of the uterus and extend to the ovaries.

During ovulation, a mature egg is released from the ovaries into the fallopian tube where it can be fertilized by sperm and later implant into the uterine wall for a successful pregnancy. Tubal ligation prevents this process by preventing both the egg from travelling through the tube, as well as sperm from reaching the egg.

During laparoscopic tubal ligation, a small incision is made near the navel. Using special surgical instruments and a small camera, the surgeon is able to close the fallopian tubes using devices such as plastic clips or rings. It is typically performed in an outpatient setting, and patients are able to return home the same day.

Who needs it?

Tubal ligation does not affect menstruation, nor does it protect against sexually transmitted diseases or infections. Its sole purpose is to prevent unwanted pregnancy. For those who choose it, it is highly effective, resulting in pregnancy in less than 1 out of 100 cases⁴. However, this form of birth control is permanent, and while it has been successfully reversed in some cases, this is rare and should not be considered a future option.

Only women who are certain that they do not want future pregnancies should consider tubal ligation. If there is any doubt whatsoever, other birth control methods such as the pill or intrauterine devices (IUDs) should be considered instead.

4- <https://www.mayoclinic.org/tests-procedures/tubal-ligation/about/pac-20388360>

MINIMALLY INVASIVE ENDOMETRIAL ABLATION

What is it?

Endometrial ablation is a procedure used to destroy part of the lining of the uterus, also known as the endometrium. Its purpose is to help control unusually heavy or prolonged menstrual bleeding (menorrhagia) that has not responded to other treatment options such as medication or an IUD.

Minimally invasive endometrial ablation uses small, specialized instruments to reach the uterus via the cervix and destroy the lining through the application of extreme cold or heat. Many patients may find it preferable to other, surgical treatment options to address heavy uterine bleeding as there are no incisions and lower levels of scarring, blood loss, and discomfort.

Who needs it?

While pregnancy can still occur following endometrial ablation, it is rare and carries a significantly higher risk of miscarriage and other complications. Therefore, this procedure is recommended only for women whose childbearing is complete. Additionally, it is not recommended for women who:

- Are past menopause
- Have recently been pregnant
- Have a recent or existing infection of the uterus
- Have been diagnosed with uterine cancer
- Have been diagnosed with endometrial hyperplasia
- Have other disorders specific to the endometrium or uterus

Overall, resolution of symptoms and satisfaction is high among patients who choose endometrial ablation with documented success rates being around 90 percent⁵.



5- <https://emedicine.medscape.com/article/1618893-overview#a5>



LEEP (LOOP ELECTROSURGICAL EXCISION PROCEDURE)

What is it?

LEEP is a procedure used specifically to remove cells and tissue from the vagina or cervix that are suspected to be abnormal or cancerous. During a pelvic exam or as the result of a pap smear, a gynecologist may detect problems or identify cells that appear problematic. Because such cells can be early indicators of cancer, further testing and treatment will be needed. Depending on the situation, LEEP may be used solely as a diagnostic tool or as a treatment method to remove the cells and allow normal, healthy tissue to grow.

LEEP is performed using a wire loop that is heated by an electric current. This loop is used to remove the abnormal cells which will then be sent for further testing. The procedure is performed on an outpatient basis, taking only a matter of minutes to complete. Numbing medications are applied beforehand to keep any discomfort to a minimum, although many patients feel nothing at all.

While blood vessels are sealed to minimize bleeding, some bleeding and spotting may occur. Patients can also experience mild cramping and discharge and should follow their provider's recovery recommendations.

Who needs it?

Women of any age who receive abnormal pap smear results may need the LEEP procedure. These results have different potential causes including benign polyps or the presence of precancerous cells. LEEP will help providers distinguish between these causes and determine the most appropriate course of treatment. Likewise, genital warts can be diagnosed and treated with the procedure as well. These warts are often an indicator of human papillomavirus (HPV), a common precursor to cervical cancer.

Factors that may interfere with the ability to have LEEP include pregnancy, menstruation, pelvic inflammatory disease, or inflammation of the cervix. In these cases, patients may need to postpone their procedure, or an alternative option such as cone biopsy or cryotherapy may be recommended.



For women, particularly those of childbearing age, reproductive health should be among their most pressing concerns. While most will experience a gynecological condition or infection at some point in their lives, proper care and treatment can help minimize or eliminate bothersome symptoms and keep more serious health concerns from developing.

Furthermore, today's widespread availability of laparoscopic treatment options means that addressing such issues is easier than ever before.

The physicians of Lane OB/GYN offer all of the aforementioned procedures, along with many other aspects of obstetric and gynecologic care.

**Contact our practice to learn more
by calling us at (225) 658-1303.**



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6550 Main Street, Suite 2000

Zachary, LA 70791

(225) 658 - 1303

LaneRMC.org/ob-gyn

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