HYSTERECTOMY FOR BENIGN GYNECOLOGICAL CONDITIONS

The Conditions
A wide variety of benign (non-cancerous) conditions can affect a woman’s reproductive system, which consists of the uterus, the vagina, ovaries and fallopian tubes. Most of these conditions affect the uterus, which is the hollow, muscular organ that holds a baby as it grows inside a pregnant woman.

Common types of gynecologic conditions like fibroids (non-cancerous growths in the uterine wall), endometriosis (non-cancerous growths of the uterine lining) or prolapse (falling or slipping of the uterus) can cause chronic pain and heavy bleeding, as well as other disabling symptoms.

Women who experience these symptoms are often treated with hysterectomy - the surgical removal of the uterus. In fact, this procedure is the second most common surgical procedure for women in the United States, and an estimated one third of all U.S. women will have a hysterectomy by age 60.1

The Treatment
Your doctor might recommend a hysterectomy to treat your condition. Hysterectomy can sometimes be performed through the vagina. However, when the uterus is large or if you have internal scarring from prior surgery or other conditions, abdominal hysterectomy is usually performed.

Traditionally, abdominal hysterectomies are performed with open surgery, which requires a wide incision below the navel. This procedure can be painful, involving heavy pain medications, risk of infection and significant blood loss. After surgery, a long recovery (often 6 weeks) is necessary. In addition, many patients are not happy with the scar left by the incision.

While hysterectomy is a relatively safe procedure, it may not be appropriate or necessary for all individuals or conditions. Alternative treatments that preserve the uterus may be available. For example, robotic-assisted myomectomy may be an option for women with fibroids who want to preserve their fertility and/or uterus. Always ask your doctor about all treatment options, as well as their risks and benefits.

What’s Inside
Benign Gynecologic Conditions & Treatment
Uterine Fibroids & Treatment
Prolapse & Treatment
Robotic-Assisted Surgery
  ● The Technology
Taking the Next Step

For more information, call our Surgery Coordinator at 877-291-2362.
www.peacehealth.org/roboticsurgery
MYOMECTOMY FOR UTERINE FIBROID REMOVAL

The Condition
A uterine fibroid is a common type of benign (non-cancerous) tumor that develops within the uterine wall. Uterine fibroids occur in up to one third of all women and are the leading reason for hysterectomy (removal of the uterus) in the United States. One in five women older than 35 years has a uterine fibroid. An estimated 600,000 hysterectomies are performed in the United States annually, and at least one third are for fibroids.

Uterine fibroids may grow as a single tumor or in clusters. They often increase in size and frequency with age, but then revert in size after menopause. While not all women with fibroids experience symptoms, symptoms may include excessive menstrual bleeding, pelvic pain and infertility.

The Treatment
A common alternative to hysterectomy is myomectomy—surgical removal of uterine fibroids. This procedure preserves the uterus, and may be recommended for women who could become pregnant. Myomectomy is often performed through a large abdominal incision. After removing each fibroid, the surgeon carefully repairs the uterus to minimize potential bleeding, infection and scarring. Proper repair of the uterus is critical to reducing the risk of uterine rupture during pregnancy.

SACROCOLPOPEXY FOR UTERINE OR VAGINAL VAULT PROLAPSE

The Condition
120,000+ cases of uterine and vaginal vault prolapse are surgically treated each year in the U.S.1,2

Prolapse (or falling) of any pelvic floor organ (vagina, uterus, bladder or rectum) occurs when the connective tissues or muscles within the body cavity are weak and unable to hold the pelvic in its natural orientation.

The Treatment
Sacrocolpopexy is a procedure to surgically correct vaginal vault prolapse where mesh is used to hold the vagina in the correct anatomical position.

This procedure can also be performed following a hysterectomy to treat uterine prolapse to provide long-term support of the vagina.

Sacrocolpopexy has traditionally been performed as an open surgery. A 15-30 cm horizontal incision is made in the lower abdomen in order to manually access the intra-abdominal organs, including the uterus.

The weakening of connective tissues accelerates with age, after child birth, with weight gain and strenuous physical labor. Women experiencing pelvic organ prolapse typically have problems with urinary incontinence, vaginal ulceration, sexual dysfunction and/or having a bowel movement.

Women with moderate to severe uterine or vaginal vault prolapse can experience prolapse through their vagina (externally), as shown in the diagrams below.

As with any surgery, these benefits cannot be guaranteed, as surgery is patient- and procedure-specific.

ROBOTIC-ASSISTED SURGERY

If your doctor recommends hysterectomy, myomectomy or sacrocolpopexy, you may be a candidate for innovative, less invasive, robotic-assisted surgery. These procedures use the state-of-the-art da Vinci® Surgical System designed to help your doctor perform the most precise and least invasive procedure available today.

For most women, robotic-assisted gynecologic surgery offers numerous potential benefits over traditional surgical approaches, including:

- Significantly less pain
- Less blood loss and need for transfusion
- Less risk of infection
- Shorter hospital stay
- Quicker recovery and return to normal activities
- Small incisions for minimal scarring
- Less time between surgery and follow-on treatments
- Better outcomes and patient satisfaction, in many cases
- Uterine preservation for robotic-assisted myomectomy

For more information on robotic assisted surgery, please visit:

www.peacehealth.org/roboticsurgery

Call 877-291-2362 to speak with our Surgery Coordinator.

Surgeons practicing at Sacred Heart are part of a growing number worldwide who have been successfully trained in providing leading-edge treatments such as robotic assisted procedures featured here. These procedures are setting new standards for the surgical treatment of gynecologic conditions.

This brochure is provided for general information purposes only. If you have questions about the procedures, the da Vinci Surgical System, or the information in this brochure, please talk with your doctor.