

WOMEN'S SURGERY NEWS

Improving Surgical Success & Recovery for Women

Laparoscopic Surgery for Uterine Cancer *Maximize Successful Outcomes for Your Patients*

Laparoscopic management of uterine cancer offers patients an excellent option for care over traditional abdominal surgery, and will soon be the standard of care for surgical management of uterine cancer.

As you may know, uterine cancer is the most common cancer of the reproductive tract in women. In most cases, cancer is confined to the uterus and removal of the uterus results in a cure for a high percentage of patients.

Patients diagnosed with uterine cancer will require staging to determine the spread of the disease. Staging for uterine cancer is surgical, meaning that the uterus, tubes, ovaries, and lymph nodes in the pelvis must be sampled and analyzed to determine if cancer is spread to these sites. If the results show the cancer has spread to organs outside the uterus additional therapy such as chemotherapy or radiation treatment will be necessary.

If cancer is found in the lymph nodes of the pelvis for example, pelvic radiation will be necessary to prevent recurrence. Staging also determines the histologic type of cancer. Some cancers of the uterus are more aggressive than others, and often chemotherapy is necessary to fully treat the disease.

Patients treated laparoscopically for uterine cancer benefit from early discharge home the following day, decreased pain, rapid recovery in 1 to 2 weeks, and decreased morbidity and complications.

4 to 5 day hospital stay. Patients have significant pain after these procedures, and recovery is over a 6 to 8 week period.

Today, advances in surgical technologies and techniques are improving treatment options for patients with

Traditionally, surgical staging for uterine cancer is performed through an open incision to include abdominal hysterectomy, removal of the ovaries, a node dissection to the pelvic and aortic lymph nodes, and washings to determine if cancerous cells are present. This type of open surgery requires a large vertical incision and requires a

Welcome...

At the Women's Surgery Center, we are committed to improving our patients surgical experience through the use of 'minimally invasive' technologies. Advanced Laparoscopic Surgery now offers women an alternative to open surgery for the full range of gynecological conditions including uterine fibroids, ovarian cysts, endometriosis, pelvic pain, and even ovarian, cervical and uterine cancers. We specialize in utilizing this technique for even the most complex gynecologic problems. Since 1998 we have performed over 2500 successful surgeries, and of the 1000 surgeries initiated since 2001, less than one percent required conversion to an open procedure. Our program director, Paul, J. MacKoul, MD is board certified in gynecologic oncology and is a nationally recognized leader in the field of advanced laparoscopic surgery. He is the Director of the Department of Gynecologic Laparoscopy at Holy Cross Hospital and the former Director of the Department of Gynecologic Oncology at Washington Hospital Center.



Paul J. MacKoul,
MD, FACOG

WOMEN'S
surgery center

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Laparoscopic Surgery for Uterine Cancer (continued from front)

uterine and other types of cancer. Over the past several years, the Society of Gynecologic Oncologists (SGO) has endorsed minimally invasive advanced laparoscopy in the management of GYN malignancy by holding conferences and training sessions at annual meetings for GYN oncologists. Gynecologic Oncology Group trials have also shown the feasibility and success of laparoscopic surgery in the management of uterine cancer.

The advantages of laparoscopy over laparotomy are well known, and for patients with uterine cancer, these advantages are even more pronounced. Patients treated laparoscopically for uterine cancer benefit from early discharge home the following day, decreased pain, rapid recovery in 1 to 2 weeks, and decreased morbidity and complications. Minimally invasive surgery allows cancer patients to quickly regain their strength and to be home

with family and friends almost immediately, allowing them a greater ability to cope psychologically with their illness. As a result, patients undergoing laparoscopic management of uterine cancer requiring additional treatment such as radiation therapy or chemotherapy can begin their treatments immediately and with a more positive attitude.

The Women's Cancer Center is the only GYN Oncology practice in the Washington metropolitan area routinely performing laparoscopic hysterectomy and staging procedures for patients with uterine cancer. Results at the Center with this approach are equivalent to if not better than open surgery, and patient satisfaction is very high. All patients diagnosed with uterine cancer should at least be considered for this minimally invasive approach to surgical care.

Comparison of Advanced Laparoscopic Surgery to Open Surgery

| | Advanced Laparoscopic Surgery | Open Surgery |
|---------------|-------------------------------|--------------------------------|
| Incision | 1/2 inch | 15 inches |
| Pain | Minimal | Moderate to severe |
| Hospital stay | One overnight | Three to five days |
| Recovery time | One week | Six to eight weeks |
| Chemotherapy | One week post surgery | Two to four weeks post surgery |

Chemotherapy Care

Offered Through The Women's Surgery Center

If cancer is diagnosed and chemotherapy is recommended, the Women's Surgery Center offers comfortable, homelike atmosphere in our office. Debra J. Vincent, APRN, a board certified nurse practitioner with over 15 years experience, works closely with Dr. MacKoul to design a chemotherapy program to meet each patient's individual needs. At the Women's Surgery Center, we understand the psychological uncertainty caused by cancer and strive to provide a continuity of care from the initial appointment through surgery, chemotherapy, and recovery.

Patients with GYN Malignancy may be referred directly to the Women's Cancer center for chemotherapy. For more information, contact Debbie Vincent at 301-664-6490 ext. 210.



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