

Robotic Hysterectomy: The Right Move for Latin Dance Student

By: Janice Robinson

On any given evening Mary Bechtold practices relentlessly her execution of ballroom and Latin Dance steps or tones her muscles at Zumba exercise classes. Mary's hobbies keep her on a rigorous schedule, but she enjoys these activities because they challenge her mentally and physically. However, there were times when Mary's glide across the ballroom floor was possible only because pain medication numbed her intense pelvic pain.

Mary is one of 70-million women in the U.S. who have some form of endometriosis. In her case the condition is called endometrioma, and it formed on her left ovary. For the last 12 years Mary endured three laparoscopic surgeries to repair the ovary to normal condition. She was hopeful each time the relief would be permanent. Mary recalls, "The surgeries made me feel better for about a couple of years, but the endometrioma would come back." After the last procedure Mary's doctor warned her that laparoscopic treatment would no longer be an option if her endometrioma returned because of scarring from the previous surgeries.

In 2007 Mary began having those annoying symptoms again and went to the doctor for a diagnostic ultrasound which revealed that not only was the endometrioma back, but she now had a fibroid at the top of her uterus. Her doctor advised an abdominal myomectomy to take out the fibroid and treat the enlarged ovary. Mary's surgical options were a little more complicated this time. "My doctor said he would perform the procedure where they just go in and work on the fibroid and the left ovary that was causing me pain. He would try performing the surgery by laparoscopic methods, but if the fibroid was in a location that was not easily accessible a laparotomy {invasive surgical procedure involving large incisions} would be performed instead."

Mary had been down this road before and knew the routine pretty well, but this time something was different. She was having serious second thoughts but scheduled the procedure anyway. The

doubt stemmed from an incident that occurred 25 years ago involving her older sister Jan who was 16 weeks pregnant, in her second trimester, when an ultrasound showed a tumor on her left ovary. It was large and growing quickly so the decision was made to remove it while Jan was pregnant.

The eight pound tumor, which contained cells that were border line cancerous, was removed successfully, but the surgery required an incision from her breast bone to her pubic bone. Jan's baby was born full term, vaginally, with no complications. However, the following year she had to go back to the operating table to undergo a complete hysterectomy. The old incision was reopened which left Jan with more scarring, and the recovery was long and painful.

With these memories looming in her mind, two weeks prior to Mary's scheduled surgery, she cancelled. "I chickened out. I just didn't think my symptoms were so serious and the possibility of facing a laparotomy was more extensive surgery than I was willing to undergo." For the next three years Mary put the idea of having surgery out of her mind and threw herself into her Latin dance classes and other hobbies.

Finally in September 2010 Mary could no longer ignore the obvious. She went to her doctor and as expected the endometrioma was still there and the fibroid had gotten significantly larger. Dr. James Hardy, who practices at Midtown Ob/Gyn, recommended a myomectomy to treat Mary's gynecological problems and went on to tell her about a new surgical tool called the da Vinci robot which is used for laparoscopy. He explains, "With this new surgery we can now do things we couldn't do three years ago when you cancelled your surgery. The da Vinci robot allows us to remove the fibroid laparoscopically and you will not have to undergo a hysterectomy." Mary was relieved to hear about the new robotic technology that was going to make her myomectomy a breeze.

"The da Vinci is a state-of-the-art surgical system designed to help doctors perform the most precise and least invasive myomectomy or hysterectomy available today. The benefits to the patient are less blood loss, minimal scarring; the recovery is quicker and the patient can return to normal

activity much faster as compared to the traditional hysterectomy. The overall outcomes are better and patient satisfaction is very good," says Dr. Hardy.

This revolutionary gynecological surgery involves making a very tiny incisions to the abdomen through which miniature elongated instruments, that mimic the hand, wrist and arm movements, are inserted with a 3D camera into the patient. The surgeon then sits down at a nearby console where he or she views a magnified, high-resolution, 3D image of the uterus. The system then seamlessly translates the surgeon's hand, wrist and finger movements into precise, real-time movements of surgical instruments inside the patient. Every surgical maneuver performed with the robotic device is performed with direct input from the surgeon.

Armed with all the necessary information, Mary scheduled a myomectomy procedure for December 2010. However, one month before she was to have the surgery, her youngest sister Julie was diagnosed with a large ovarian tumor. Due to the size of her tumor, da Vinci wasn't an option so Julie underwent a traditional hysterectomy. Mary recalls, "My sister's recovery was long and difficult. The incision ran from her belly button to the pubic bone." It was then Mary decided a da Vinci hysterectomy would be the best way to treat her condition. The results were fantastic and she says to women facing the decision to undergo the da Vinci procedure to treat uterine or ovarian problems, "I would absolutely recommend this kind of surgery to anyone who is given this as an option." Mary is glad she followed her instincts and even though she suffered three years more than she really needed to, she has no regrets. "I'm glad I didn't have to go through all the pain and suffering that my sisters did." I saw Dr. Hardy two weeks to the day after my da Vinci surgery. Two weeks later there I was playing in a golf event and the following week I was back on the ballroom dance floor at DanceSport Carolina."

Most women who have da Vinci gynecological surgeries are like Mary and are very happy with the immediate physical improvement. However, some women find the emotional recovery takes

longer. According to Dr. Rose M. LeDay, Clinical Psychologist, “having any reproductive organ removed is life changing. The psychological wellbeing of the patient is just as important to assess as physical recovery. Some women experience sadness because they believe having a uterus or ovaries are synonymous with the ability to bring life into the world. For those women it is important to take steps to balance the emotional aspect of their surgery with the obvious physical goals. Counseling and connecting with support groups can help patients get back to being productive and happy.”

It is common for women to endure pain for years before deciding on surgery to alleviate the symptoms caused by endometrioma or fibroids. They fear the traditional hysterectomy is the only option available and the thought of being left with a big belly incision and a slow, painful recovery is equally deterring. That’s why it is important to find out if you are a good candidate for laparoscopic surgery. Although the da Vinci surgery is gaining tremendous popularity as an effective treatment for gynecological problems, it is best to do your own research and make sure the treatment you choose is the right one for you. Always ask your doctor about all treatment operations, their risks and benefits.