

Saving the Uterus- Using Modern Technology

Does the uterus become redundant after child birth? Then, why is everyone happy to get rid of it, for the smallest possible reason? Today, with the advances in diagnosis and management of various Gynecological disorders, hysterectomy (removal of Uterus) should really be the last resort and not the first.

The commonest medical reasons why the uterus was removed in the past are:

1. Heavy periods
2. Continuous / irregular bleeding
3. Fibroids
4. Painful periods
5. Erosion or ulcer on the cervix
6. Endometrial Cancer of the uterus
7. Cancer of the Cervix
8. Prolapses of the uterus

But the most irrational reasons for a hysterectomy which I have heard are:-
Backache, White discharge, scanty periods!!!

Those who believe that hysterectomy is the only answer to a woman's maladies, will argue "Why keep the uterus when the patient has a problem? She does not need any more children nor does she need a period" On the other hand a person like me would debate "Why do you want to remove the uterus when easier and more conservative methods are available to treat the woman's problems? You don't remove her head if she has a headache, nor do you remove a tooth, if it can be saved! So why not save the uterus?"

Scientifically, it has been shown that removing the uterus, disturbs the blood supply to the ovaries. When ovarian circulation is affected, it leads to earlier menopause. Yes, this is true in women in whom the uterus is removed and the ovaries are left behind. And, there are many more women whose ovaries have been removed along with the uterus, in order to prevent an ovarian cancer in future. This may have been right in the past. But current evidence has shown that ovaries continue to produce hormones which are beneficial to the woman even after menopause. Keeping the benefit v/s risk ratio in mind, today it is advisable to retain the ovaries if they are normal, only because currently ovaries can be monitored quite easily by ultrasound, and they need not be removed for fear of cancer!

In modern times, when a woman bleeds heavily during her periods there are many other procedures and medications which could help the woman. Today it is possible to carry out minimally invasive surgery, which is associated with less pain, quicker recovery and treatment of the problem without removing the uterus.

The various newer treatments which are now used for heavy bleeding are:-

Surgical:-

1. Balloon Therapy
2. Transcervical Resection of endometrium
3. Polypectomy through hysteroscopy guidance.
4. Myomectomy

Non Surgical:-

1. Use of GnRh Agonist = Depot preparation
2. Use of Hormone loaded IUD

With the availability of so many options, the choice of therapy is individualized depending on what is the need of the affected person.

Surgical:

➤ **Balloon Therapy:**

This is a simple procedure by which the inner lining of the uterus is compressed and thinned out with a special balloon inserted inside the uterus for a period of 8 minutes. The balloon is connected to special equipment which helps to raise the pressure and temperature of the water in the balloon. With this heat and pressure the inner lining (endometrium) is partially destroyed which leads to reduced bleeding later. The advantage of this procedure is that there is no blood loss, no pain, it is over in 10- 15 minutes does not involve hospital stay, and helps to save the uterus of about 95% women in whom the uterus is otherwise normal.

➤ **Transcervical Resection of Endometrium**

This is a surgical procedure which involves shaving off the inner lining of the uterus with a special equipment under telescopic control. This is also a good procedure, but has a greater possibility of complications during surgery as compared to balloon therapy. If well done, it gives slightly better results than balloon therapy.

➤ **Polypectomy through hysteroscopy guidance.**

This is the simple removal of a soft growth in the cavity of the uterus through a telescope inserted in the uterus. Even a small polyp of about 1 cm in size can be the cause of excessive bleeding. Just removing this polyp, which can be diagnosed by sonography, can help to relieve the patient. This surgery lasts about 30 minutes and the patient goes home the same day. Prior to the availability of such minimally invasive surgery, we would have to do a major procedure through an open abdomen.

➤ **Myomectomy**

Sometimes a fibroid, even though small, sits in the cavity of the uterus and causes extreme pain and bleeding, or multiple fibroids may sit within a uterus and cause the problem. The uterus can be saved by just removing the fibroid in the cavity through a telescope (hysteroscop) inserted in the uterus through the vagina, or the multiple fibroids in the muscle of the uterus could be removed through the telescope (laparoscope) inserted through the navel. These procedures are carried out only in those women who wish to save their uteri.

Non Surgical

➤ **GnRh Agonist**

This is a drug which causes a temporary reduction of hormones in the affected woman. when the hormone levels drop, the inner lining of the uterus and the fibroids, if present shrink by about 30%. This leads to reduced bleeding which finally stops and the patient goes into a phase of no period for 1-3 months, as desired. Of course, this is temporary to tide over a crisis situation, because once the drug effect is gone, the patient can go back to her original abnormal pattern, especially if there is pathology in her uterus. I like to use this drug prior to a surgical procedure in women who have bled so much and are so low on their hemoglobin, that surgery is not possible. This period of time when the woman does not bleed under the effect of the drug, helps the lady to recover and be fit for the surgical procedure which she needs. In my personal experience some women, especially those on the verge of menopause, get pushed into menopause, and their problem disappears without any surgery.

➤ **Use of Hormone loaded IUD:**

The is a plastic device which is loaded with a small dose of hormone to help reduce the amount of blood loss. It works well by reducing the amount of blood lost and also works as an excellent contraceptive for the perimenopausal woman.

Summary:

So many procedures are available, to save the uterus! Today, only a small percentage of uteri really need to be removed, which is heartening for the thousands of women who do not wish to part with this very important and emotionally attached part of their bodies, to which they are emotionally attached. Nor is it necessary for them to undergo major surgery which prevents them from carrying on their routine work and subjects them to a comparatively prolonged convalescence.

Submitted to Modern Medicare - August 2009