



CENTER FOR WOMEN'S CARE AND REPRODUCTIVE SURGERY

Gynecologic Endoscopic Surgery

Center for Women's Care Offers Fibroid Treatment New to Atlanta

FDA: Proven Noninvasive Ultrasound Treatment Offers Significant Advantages in Destroying Fibroid Tumors

"Our preference at the Center for Women's Care is to give patients a lot of alternatives on their treatments," said Dr. Thomas L. Lyons, medical director of SightLine Health in Atlanta.

"The first question I ask a patient with fibroids is, 'What are your intentions regarding pregnancy?' If they want to get pregnant, there is no specific contraindication from the FDA on the use of exablation in women who may be seeking pregnancy in the future."

The latest medical technique to treat fibroid tumors, exablation, "offers significant advantages over existing treatments for uterine fibroids," says the FDA. The incision-free fibroid tumor treatment that destroys tumors with high-energy sound waves, or ultrasound, is now available in Atlanta.

In the U.S. since 2004, FDA approved exablation from SightLine Health combines magnetic resonance imaging with ultrasound technology. Using magnetic images to view fibroids from many angles inside the body, a Board-certified obstetrician-gynecologist trained in exablation directs high intensity sound waves at fibroid tumors to shrink and destroy them. There is no incision, general anesthesia or hospitalization associated with the procedure.

"If they want to get pregnant," he continued, "uterine artery embolization (UAE) should not be considered at all. Many doctors who perform UAE won't even mention that."

Minimal Discomfort

"Not only does the exablation work amazingly well, it provides minimal discomfort to the patient," said Dr. Assia Stepanian, a gynecologic surgeon with Atlanta's Center for Women's Care & Reproductive Surgery, who has treated patients with the procedure.

"We perform various types of minimally invasive surgeries for patients with uterine fibroids, including laparoscopic and hysteroscopic treatments. Of all the alternatives we offer, exablation is the only non-invasive procedure for treatment of uterine fibroids."

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The treatment's efficacy is exciting, she continued.

"Moreover, it has been documented that if 60 percent of the total volume of the fibroids is treated with the ultrasound surgery, the risk of additional procedures becomes significantly lower than that of myomectomy," she said.

"A Miracle from God" Says Patient

Ingrid Hill of Atlanta, 37, was a perfect candidate and recently had the procedure. Dr. Stepanian found five fibroids, which had been causing an inordinate amount of bleeding and severe cramps. The patient researched treatments and chose exablation because she would be able to return to work sooner.

"I stayed home a day, just because I felt like it, but I could have gone right back to work," said Hill. "I'm susceptible to keloids [scarring from incisions], so I didn't want surgery. Plus, there are so many other positives about this, like getting right back to work and your regular life."

Another patient, who had the treatment several months ago, reported successful long-term benefits.

"The day I came home I noticed my stomach had flattened," said Jacqueline Perkins of Houston, Texas. "I lost six pounds right off the top. This treatment is the greatest thing that could have happened to me. I tell people this is a miracle from God, and I thank God for it."

Scope of the Problem

According to the National Institutes of Health, at least 25 percent of women in the U.S. between the ages of 25 and 50 suffer from uterine fibroids. In African-American women, the percentage is almost double.

Fibroids are abnormal growths within the muscles of the uterus. Although benign, fibroids often cause symptoms such as painful, heavy menstrual bleeding, constipation and lower back pain. They also can cause miscarriages or premature labor.

How the Procedure Works

During the three-to-four hour procedure, patients receive a pain medication to help them relax and remain conscious so they can communicate with their doctor.

During treatment, the patient lies in an MRI scanner on her stomach on a sealed water-filled pad. The physician obtains a three-dimensional view of the targeted tissue, allowing for precise focusing and delivery of ultrasound energy to heat the fibroid and kill it.

Patients normally return to work and activity within one day.

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About 33 percent of patients with uterine fibroids are candidates for exablation. The criteria depend upon how many tumors a woman has, how big the tumors are and where they are located. After reviewing MR images, a patient's gynecologist will be able to advise the best treatment for her condition.

Additional Fibroid Treatments

Other than exablation, forms of fibroid tumor treatment include:

1. Abdominal hysterectomy, a removal of the uterus, which prevents women from conceiving. Large abdominal incisions cause great pain, prohibiting patients from returning to normal activity for several weeks.
2. LSH or laparoscopic supracervical hysterectomy, removal of the uterus through tiny incisions but sparing the cervix, enabling the patient to return to normal routine within a week. Dr. Thomas L. Lyons, founder of the Center for Women's Care, developed the LSH in 1989, and he has performed hundreds successfully, with a "conversion ratio" of less than one percent. Conversion ratio refers to the number of cases that a doctor has to convert from a tiny incision to an "open" procedure—or larger incision (laparotomy).
3. Uterine fibroid embolization, also known as uterine artery embolization, is a minimally invasive procedure which cuts off blood supply to the fibroid and causes it to shrink over a period of time, requiring an overnight hospital stay and return to work in a week. As the fibroids "die off" the patient may experience a lot of pain.
4. Drug therapy, which has side effects including menopausal symptoms, erratic or no menstruation, bloating, and moodiness.
5. Myomectomy, a surgical procedure that removes visible fibroids from the uterine wall and can be performed through a laparoscope with minor incisions, or with a larger incision through the abdominal wall (laparotomy).

Uterine fibroids lead to more than 200,000 hysterectomies each year, according to the National Institutes of Health. They are the most common noncancerous tumors among women of childbearing age.

Exablation is performed around the world in over 60 sites, including the Mayo Clinic, the Stanford University School of Medicine, as well as in Atlanta through the Center for Women's Care & Reproductive Surgery.

About SightLine Health

"We are performing exablation around the world with great results," said TJ Farnsworth, president and CEO, SightLine Health, "and we are thrilled to introduce it to Atlanta." SightLine Health delivers patients access to emerging medical technology.

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Headquartered in Houston, Texas, one of the country's leading medical communities, SightLine Health brings patients access to emerging technology. It is one of the few U.S. companies offering uterine fibroid treatment with ExAblate technology, the only FDA-approved MR-guided focused ultrasound (MRgFUS) equipment.

SightLine is affiliated with dedicated radiologists and gynecologists with decades of knowledge in women's health and MRI technology.

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