# Beyond the “Cutting” Edge Minimally Invasive Gynecologic Surgery

Board Certified Gynecologists Sheldon Baroff, MD (left), and Enrique G. Jacome, MD, after srgery.

There’s a relatively new approach to surgery that is getting people out of the hospital sooner and back to their normal activities more quickly. The approach – laparoscopy – is also known as endoscopy and minimally-invasive surgery. The big advantage of this new technique is that there is no need to make a large incision. Instead, the surgeon operates through three or four tiny openings about the size of buttonholes, while viewing the patient’s internal organs on a monitor.

“Laparoscopy is literally setting new standards for patient care,” explains Enrique G. Jacome, MD, FACOG, FAAP, and a Board Certified Gynecologist with Eisenhower Medical Center.

“Laparoscopy allows surgeons to perform many operations without the trauma and pain of a large incision.” A recognized leader in the field of urogynecology and pelvic reconstructive surgery, Dr. Jacome has presented his work internationally at the World Congress of Gynecologic Laparoscopy and has been published in the Journal of Minimally Invasive Gynecology. Currently, Dr. Jacome is leading the Advanced Laparoscopic Gynecologic Procedures preceptorship program at Eisenhower Medical Center, training gynecologists in the latest laparoscopic techniques, and pelvic reconstructive surgery with new, cutting-edge technologies – technologies such as the ultrasonic harmonic scalpel.The ultrasonic scalpel vibrates at the rate of 55,000 times per second, generating energy to both cut and coagulate at the same time. This new technology is used for the treatment of most common gynecologic problems requiring a surgical approach. There are many advantages of laparoscopic surgical approaches, including improved visibility of anatomic landmarks, less postoperative pain, reduced risk of some complications, shortened hospital stay, rapid return to active life and better cosmetic results.

The first gynecologic procedures involving a laparoscope included tubal ligation and diagnostic evaluation of the pelvis. Subsequently, more operations developed to treat a wide variety of female health problems. General Surgeons also now use laparoscopy to perform surgeries such as appendectomies and gallbladder removals (cholecystectomies).

Gynecologic laparoscopy may be performed to treat: Endometriosis Infertility Pelvic pain Tubal (ectopic) pregnancies Removal of scar tissue Ovarian cysts Fibroid tumors Pelvic organ prolapse Urinary incontinence Hysterectomies Despite the use of minimally invasive organ-preser ving treatments, such as endometrial ablation and uterine fibroid embolization, the number of hysterectomies performed in the United States has not decreased substantially.

Hysterectomy is the most common major gynecological operation in the world. Approximately 600,000 hysterectomies are performed every year in the United States. Ninety percent of hysterectomies are performed electively for benign conditions. The main conditions treated are fibroids (40 percent), endometriosis (13 percent) and abnormal uterine bleeding (10 percent).

“Traditional abdominal hysterectomies require three to five days of hospitalization and six to eight weeks of recovery time,” says Dr. Jacome, who has been performing laparoscopic gynecological procedures in the Valley for more than 10 years.

Laparoscopic assisted vaginal hysterectomy has become an increasingly popular and accepted procedure in the community. “Laparoscopic hysterectomies can be done with little scaring, less pain, yielding significantly shorter hospital stays and recovery times,” explains Dr. Jacome. “Most patients now leave the hospital in one day, and return to normal activities within a week.”

In the past 10 years, Dr. Jacome has performed more than 1,000 laparoscopic procedures and more than 300 laparoscopic hysterectomies. In comparison with the national average rate of abdominal hysterectomy (70 percent), Dr. Jacome performs only 5 percent of hysterectomies abdominally, or an average of two abdominal hysterectomies per year.

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