

Women's Health Awareness



Womanhood Is Not Defined By A Uterus: Debunking Myths About Hysterectomy

(NAPSA)—Who you are today has less to do with your anatomy than it did when previous generations insisted on defining gender roles. In modern life, gender fluidity, particularly when it comes to a child's development, has also joined the conversation. What it means to be a woman is constantly being redefined.

When it comes to needing surgery to treat fibroids, adenomyosis or other complex GYN conditions, however, old-fashioned misunderstandings still abound. Part of the problem is not knowing just how the female reproductive system affects a woman's overall health.

What Is A Hysterectomy?

Hysterectomy is simply the removal of the uterus. The uterus does not affect hormone production. That is the function of the ovaries, which are removed by a different type of procedure called an oophorectomy.

In too many instances, even members of the medical community conflate the two procedures without explanation. Radical hysterectomy, full hysterectomy and total hysterectomy are terms used for removing uterus, ovaries, fallopian tubes and cervix. The trouble is, hysterectomy is the only surgical term used. This has led hysterectomy to incorrectly be associated with enforced menopause, decreased sex drive, personal climate changes (hot flashes), and increased risk of heart disease and bone loss. Those symptoms can occur with the removal of the ovaries, the primary source of estrogen in a woman's body. However, hysterectomy does not always include an oophorectomy.

Paul MacKoul, M.D. discusses this confusion frequently with his patients. "Conditions like fibroids or adenomyosis can be cured by having a hysterectomy performed, helping a patient live an active, full life. In many cases, it is not always necessary to perform an oophorectomy, unless the ovaries are diseased or there is a high risk of ovarian cancer. Once a woman is no longer able to have or interested in having children, the benefit of a hysterectomy outweighs the risks of performing other, more invasive types of surgery, like a myomectomy, even if it is performed laparoscopically."



Many women may be relieved to know that doctors today can perform hysterectomies without causing early menopause.

Choosing The Best Hysterectomy Technique & Specialist Matters

"Surgeons should be trained in powerful techniques that enhance surgical outcomes for their patients," said Dr. MacKoul. "We always recommend the most minimally invasive procedure that has patient safety at the forefront and also has stellar results."

A DualPortGYN hysterectomy uses just two tiny 5mm incisions, one at the belly button and one just above the pubic bone. The procedure averages less than an hour, and patients return home the same day, recovering in a week or less. Compared to other open or robotic procedures performed by general practitioners or OB/GYNs that require four to eight weeks for recovery, the DualPortGYN shorter surgery and recovery times offer patients the benefits of less anesthesia and faster mobility to minimize the risk of blood clots.

"Any physician recommending hysterectomy needs to be sympathetic to the pervasive fears that women have about the procedure," said Natalya Danilyants, M.D. "Take the time to explain all the options available, what the terms mean at length, and be able to offer an exceptional procedure that minimizes the recovery for the patient, even if that means referring them to a specialist."

Learn More

For further facts and to find a doctor who performs the DualPortGYN, go to <https://innovativegyn.com/techniques/dualportgyn/>.