

The Association is dedicated to safe, state-of-the-art, innovative surgeries and healthy lifestyles for women of all ages. In a nurturing environment, the physicians and staff strive to promote a partnership in your healthcare and make every effort to bridge the sterile science of diseases with your emotional, physical, and spiritual needs. Everyone is confronted with difficult healthcare decisions at one time or another. You'll want your physician and staff to have the knowledge, experience, and sensitivity to guide you safely through the decision-making process.

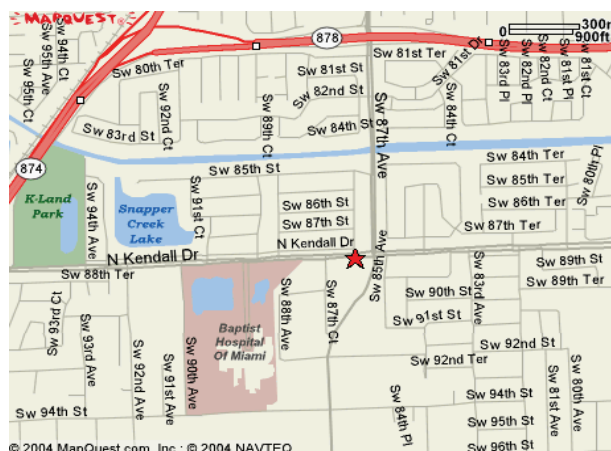
The Association of Minimally Invasive Gynecologic Surgeons provides comprehensive gynecologic office and surgical healthcare. The physicians are certified in laparoscopy and hysteroscopy and are experts in advanced gynecologic surgery. Doctors Whitted and Pietro are national speakers, trainers, and researchers in advanced surgical techniques. In addition, Doctors Pietro and Whitted are Certified Menopause Clinicians who educate, train, and research the science of menopause. Finally, they are certified in advanced colposcopy.

Doctors Whitted and Pietro offer expert education and care in the following areas:

- | | |
|----------------------------------|--------------------------|
| Abnormal Paps (HPV) | Loss of Urine |
| Abnormal Menstrual Cycles | Menopause |
| Bladder Prolapse | Ovarian cysts |
| Chronic Pelvic Pain | Osteoporosis |
| Endometriosis | Rectocele |
| Ectopic Pregnancy | Uterine Prolapse |
| Family Planning | Vaginal Prolapse |
| Fibroids (Leiomyoma) | Well-Woman Visits |

*****Evaluation and Diagnosis of Gynecologic Cancers**

If you need surgery, The Doctors in the Association perform most gynecologic surgeries with minimally invasive techniques to reduce hospitalization, recovery, scarring, discomfort and absence from work in most cases.



R. Wayne Whitted MD, MPH
Paul A. Pietro MD
Marina Santana MMS, PA

8740 North Kendall Dr.
 Suite 101
 Miami, Florida 33176-2212

Phone: 305-596-3744
 Fax: 305-596-3676

www.floridaamigos.com



The Association of Minimally Invasive Gynecologic Surgeons

...dedicated to healthy lifestyles and safe, state-of-the-art surgery for women of all ages.

Endometriosis

www.4woman.gov; www.endometriosisassn.org

Endometriosis is a common disease that can affect any menstruating woman from the time of her first period to menopause. Sometimes, the disease can last after menopause. There is no cure for endometriosis and it can be hard for a health care provider to figure out if a woman has it. It can also be hard to figure out the best way to treat it if a woman has the disease. Endometriosis can affect a woman in many ways, such as her ability to work and have children, and her relationships with her partner, children, friends, and co-workers. Researchers are working to find out both causes and ways to manage this disease, so that women who have it can lead full lives.

What is Endometriosis?

When a woman has endometriosis, the tissue that lines her uterus, called the endometrium, grows outside of the uterus. No one is sure why this happens. This ectopic tissue is mostly found in the pelvic cavity, usually in one or more places: on or under the ovaries, behind the uterus, on the ligaments that hold the uterus in place, or on the bowels or bladder. In extremely rare cases, endometriosis can grow in the lungs or other parts of the body.

Endometriosis is microscopic in its early phase. As it grows it can create ovarian cysts and peritoneal implants. These are benign most often and can cause mild-severe pain, infertility (inability to become pregnant), and heavy periods.

When a woman has endometriosis, the implants (which are like the lining of the uterus) can bleed just like the lining bleeds during a period. This blood creates inflammation and scar tissue wherever endometriosis is implanted.



What are the symptoms of endometriosis?

A common symptom of endometriosis is pain, mostly in the abdomen, lower back, and pelvic areas. The amount of pain a woman feels is not associated with the extent of endometriosis. Some women have no pain even though their disease affects large areas, or there is significant scarring. Some women, on the other hand, have severe pain even though they have only a few small areas of visible endometriosis.

General Symptoms can include (but are not limited to):

- **Extremely painful (or disabling) menstrual cramps; pain may get worse over time**
- **Chronic pelvic pain (includes lower back pain and pelvic pain)**
- **Pain during sex (dyspareunia)**
- **Intestinal pain**
- **Painful bowel movements or painful urination during menstrual periods**
- **Heavy menstrual periods**
- **Premenstrual spotting or bleeding between periods**
- **Infertility (can't get pregnant)**

Endometriosis can, also, be associated with Irritable Bowel Syndrome and Interstitial Cystitis.

How is Endometriosis Diagnosed?

A History and Physical exam performed by a knowledgeable Gynecologist is important. Your doctor may then recommend an ultrasound and possibly an MRI. These are tests often performed by a Radiologist.

The only way to know for sure, however, is to have laparoscopy. This surgery is performed with general anesthesia and involves inserting a telescope through your belly button. Usually endometriosis can be diagnosed (with a biopsy) and treated in the same laparoscopic surgery.

What causes endometriosis?

No one knows for sure what causes this disease. The two plausible theories include retrograde menstrual flow (menses backs up through the fallopian tubes into the abdomen) and genetics. Clearly endometriosis "runs in families".

Researchers, also, are looking at the role of the immune system and how it either stimulates or reacts to endometriosis. It may be that a woman's immune system does not remove the menstrual fluid in the pelvic cavity properly, or the chemicals made by endometriosis may irritate or promote growth of more areas. Women who have endometriosis are more likely to have other auto-immune diseases such as fibromyalgia, eczema, etc.

Other research is focusing on hormonal impact on endometriosis. Still further research is looking at chemical markers. This could help diagnose endometriosis without surgery. In addition, it would allow a doctor to follow the success of treatments.

What is the treatment for endometriosis?

There is no cure for endometriosis (it is a chronic disease). But there are many treatments, each of which has pros and cons. It is important to build a good relationship with your doctor, so you can decide what option is best for you.

- **Pain medication:** For some women with mild symptoms, no further treatment other than medication for pain may be needed. For women with minimal endometriosis who want to become pregnant, doctors are saying that, depending on the age of the woman and her amount of pain from the disease, the best thing to do is to have a trial period of unprotected sex for six months to one year. Further treatment may be necessary if pregnancy doesn't occur.
- **Hormone Treatment:** There are several hormones used for treatment including BCP (birth control pills), progesterone pills, Danazol (a weak male hormone), GnRH agonist (gonadotropin releasing hormone).

Birth Control Pills: Usually contain two hormones, estrogen and progesterone. BCPs often control the growth of the tissue that lines the uterus and in the same way controls endometriosis tissue. BCPs can be taken cyclically (you will have a menstrual cycle) or continuously (you likely will not have a menstrual cycle). If a woman can't take estrogen then she can take progesterone only pills or Danazol. All medicines have side effects and for these they include: weight gain, abnormal bleeding, bloating, blood clots in the legs, and rarely heart attack and stroke (usually if used in unhealthy women who smoke).

Danazol has become more popular than progesterone only because it may improve PMS and also significantly reduce the menstrual flow. The side effects may be oily skin, acne, weight gain, muscle cramps, headaches, dizziness, and deepening of the voice.

GnRH Agonist: is a once a month or every three months injection that prevent ovarian hormone production. As a result a woman doesn't have a period and therefore the growth of endometriosis is slowed or stopped. These medications simulate a temporary menopausal state and can cause hot flashes, insomnia, mood swings, memory and concentration loss, possible bone loss. Usually a person stays on this medication for 6 months. Usually this medicine controls the pain of endometriosis which recurs after the medicine is stopped.

Surgery

It is now believed that surgery combined with medical therapy is the best combination to have the greatest success in managing endometriosis and its symptoms. Surgery is most often performed by **Laparoscopy**. Endometriosis is excised and sent for pathologic evaluation. Surgery may be conservative in most cases but sometimes a woman may elect to remove her uterus, tubes, and ovaries. This, too, can be done with laparoscopy.

Women with endometriosis often feel sadness, fear, anger, confusion, and alone. There is support available. Talk with your provider.