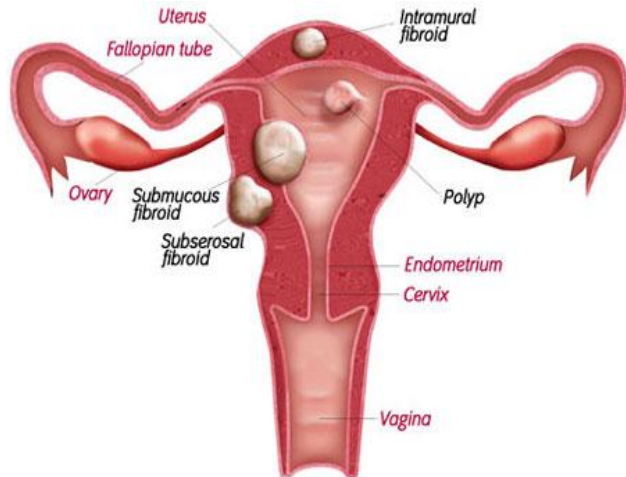




## Faster Removal of Fibroids & Polyps

The causes of abnormal uterine bleeding (prolonged or excessive bleeding, as well as bleeding between periods) vary and commonly includes endometrial polyps or fibroids. **Endometrial polyps** are growths extending from the lining of the inside cavity of the uterus. Polyps can also cause spotting in menopause and in rare cases become cancerous, usually in women over the age of 50. **Uterine fibroids** (also called myomas or leiomyomas) arise from the muscular wall of the uterus. They vary in size, number, and location. It is estimated that 25% to 50% of women



between ages 30 and 50 have fibroids. Fibroids are not typically associated with an increased risk of uterine cancer and almost never develop into cancer. Only fibroids that cause symptoms need to be treated.

You don't have to let abnormal bleeding interfere with your daily activities. While there is no medication to treat polyps and fibroids, there are procedures to remove them. If there are numerous fibroids, large ones, or they are located in the middle or outer portion of the wall of the uterus then either myomectomy (removal of just the fibroids), or [hysterectomy](#) (removal of the uterus) is necessary.

However, if these growths project into the uterine cavity then they may be removed with a hysteroscope (the insertion of a small scope through the cervical opening into the uterine cavity). Dilation & Curettage (commonly known as a D&C) has been shown to miss removal of lesions. Hysteroscopy is the preferred method as it allows visualization and targeted removal: via grasper for small polyps, hot-wire cutting resection loop or morcellation for fibroids. **Hysteroscopic Morcellation** uses an instrument inserted through the hysteroscope that rapidly shaves away growths. Since the system does not use heat it minimizes damage to the inner

lining of the uterus, which helps preserve the chances of pregnancy in the future. This device also shortens operative time and enhances safety.

**Hysteroscopic Morcellation**  
rapidly shaves away



# Scott Kramer MD

Comprehensive, Contemporary, Compassionate Care for Women



Once you are under anesthesia, your doctor will insert the hysteroscope into the vagina, past the cervix, and into the uterus



Saline fluid is pumped through a small channel in the hysteroscope to inflate the uterus



This allows your doctor to see the fibroid or polyp and gives your doctor space in which to work



A specifically designed device that includes a small opening with a cutting edge is inserted into a channel in the hysteroscope.

Your doctor will place the small opening of the device against the polyp or fibroid and activate the instrument to shave and remove the tissue.



Your doctor will control the placement of the instrument on the tissue until the tissue is removed. Then he or she will remove the instruments from the uterus, completing the procedure. While recovery times vary by patient, in most instances you will be able to go home within a couple of hours.

Hysteroscopic procedures are performed on an outpatient basis. If you have completed your family then your doctor may give you the option of also having an [Endometrial Ablation](#) to further reduce or eliminate your menstrual bleeding. Your doctor will provide specific details regarding postoperative care, but most women return to their regular activities the following day.

As the founder of Women's Health Specialists I am proud that we continue to lead in advancing minimally invasive surgical techniques for women of the San Francisco Bay Area.

*Wishing you good health!*

Scott Kramer MD, FACOG, FACS