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Doctors perform new hysterectomy

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Women who face hysterectomies now have another option available at Southwest Mississippi Regional Medical Center.

McComb obstetrician-gynecologist Dr. Kevin M. Richardson said he and his fellow OB-GYNs at The Women's Health Center of McComb are performing the rapid-recovery procedure known as the laparoscopic supracervical hysterectomy — or LSH.

Most women who have had traditional abdominal hysterectomies need six to eight weeks to recover. The LSH procedure cuts that time significantly.

"With LSH, the recovery now is (as low as) six to 10 days," Richardson said, noting that patients typically have less blood loss, less risk of injury to the bladder during surgery and a shorter hospital stay as compared to either abdominal or vaginal hysterectomy.

Doctors at SMRMC have been performing the LAVH — laparoscopic assisted vaginal hysterectomy — for several years. "With the LAVH procedure, everything is removed vaginally, and the pro-



Gombako-Amos



Hubbs



Richardson

cedure have known they had surgery if it weren't for the Band-Aids on their stomachs."

Not everyone is a candidate for the surgery, however. The procedure is not for patients with Pap smear

problems, prolapsed uterus or those with a history of cancer of the uterus or cervix. The most common reasons for hysterectomies are endometriosis, fibroid tumors and heavy bleeding, Richardson said.

"All of these conditions can be effectively treated by the new LSH operation," he said.

Richardson and co-worker Dr. Louise Gombako-Amos trained at Charity Hospital in New Orleans together on the procedure.

Their partner, Dr. David Hubbs, also received training in the procedure.

Richardson said physicians usually know ahead of time if there are going to be surgical challenges, but the LSH procedure allows for last-minute changes during the operation.

"The benefit is that if we do

need to convert the case, the only thing we've done is take a look with a tiny camera — nothing really invasive," Richardson said. "We tell everybody they may wake up with a bikini cut. But with the equipment we have now and the technology developed, we don't usually convert the case to an open procedure."

Richardson said SMRMC is the first hospital in southwest Mississippi, and one of the few hospitals in the state, to provide the LSH procedure, Richardson praised hospital administrators and trustees for funding the equipment, which arrived in January.

"I hope this new high-tech approach to a common operation becomes ... a pride and joy of this hospital and the community. They've invested in this equipment," Richardson said. "We are really on the road to becoming a center of excellence for women's health care."

As for the traditional open hysterectomy, Richardson states, "We'll continue to do abdominal hysterectomies. This is another procedure to offer, not necessarily to replace the abdominal approach," he said.

Richardson said the proce-

dures cost patients about the same, but overall costs are coming down, because LSH patients don't stay as long in the hospital. Some hospitals, Richardson said, perform the procedure as an outpatient surgery.

Frances Carlisle, 51, of Summit, was the first of Richardson's LSH patients at Southwest.

Carlisle suffered from severe lower back pain and had been earlier diagnosed with degenerative arthritis in the spine.

"I thought that's what it was," Carlisle said. "I couldn't sleep on my left side, my right side or my stomach. ... I lived in so much pain." On the advice of a co-worker, Carlisle went to the free clinic operated by St. Andrew's Mission on Bendat Street and saw Richardson.

Carlisle, who gave birth to one child — a son 27 years ago — said she knew she had fibroid tumors but didn't realize how serious they were — and how much they were contributing to her back trouble. Richardson discovered that one tennis ball-sized tumor was pressing on a nerve in Carlisle's back, causing much of her pain.

Richardson also discovered

that Carlisle had a football-sized uterus that presented problems. Using the new LSH procedure, Drs. Richardson and Amos were able to remove the enlarged uterus, with all of the attached fibroids, through a small bottle-cap sized incision.

"Traditionally, a uterus this size would have required a large midline abdominal incision," says Richardson, "and the healing time would have been about twice as long."

But even with Carlisle's physical problems, she was able to return to work in less than four weeks following her minimally-invasive operation. (A virus delayed her a few days, or she would have returned earlier.)

"My back pain is much less than it was before," Carlisle said.

Carlisle said she's careful at work and knows her physical limitations. "They've taken something from me that's been in my body for 51 years, but I really feel fine. Right before the surgery, I was to the point where I didn't want to get up in the morning."

"I've never had any surgery. This was my first," Carlisle said. "I just have three little scars: that's it."