

Living HEALTHY



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New Approach to Hysterectomy Offers Better Options

THE DECISION TO HAVE A HYSTERECTOMY isn't easy. But advances in surgical technique can mean less pain and a speedier return to normal life for women who need this operation.

Doctors may recommend surgery to remove a woman's uterus for a number of reasons, including:

- Noncancerous growths called fibroids that cause heavy bleeding or pain
- Endometriosis, where tissue that normally lines the uterus grows outside of it
- Prolapsed uterus, in which the uterus has dropped down into the vagina
- Uterine, cervical, or ovarian cancer
- Persistent, heavy vaginal bleeding uncontrolled by medication or nonsurgical techniques
- Chronic uterine pain that continues despite treatment

Taking the uterus out through an abdominal incision is the traditional approach, especially for cancerous conditions. But additional options may be available when a woman and her doctor decide surgery may offer relief from troubling pelvic conditions.

VAGINAL, LAPAROSCOPIC HYSTERECTOMIES ARE LESS INVASIVE

Surgeons also can remove the uterus through the vagina. The procedure, called vaginal hysterectomy, may be used for



prolapse and menstrual problems when the uterus is a normal size.

A newer procedure, laparoscopic hysterectomy, involves making very small incisions in the abdomen. A laparoscope—a thin, hollow tube connected to a video camera—is inserted through one incision to guide the surgeon. Instruments inserted into the other incisions are used to perform surgical tasks.

The laparoscope may be used as part of a vaginal hysterectomy. Or the entire surgery may be done laparoscopically.

TINY INCISIONS BRING BIG BENEFITS

Smaller incisions can result in less pain and blood loss, shorter hospital stays, fewer wound infections, and quicker recovery

than with abdominal hysterectomy. While it may take one to two months to return to normal activity with an abdominal hysterectomy, most women are able to recover completely in one to two weeks with laparoscopic surgery. ■

the doctor

Mary Finke, M.D.
*Obstetrics and
Gynecology*

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a specialist, please call
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WHAT TO EXPECT

After a Breast Cancer Diagnosis



EVERY THREE MINUTES, A WOMAN hears the words, “You have breast cancer.” After that, it’s hard to think about next steps. But a diagnosis is just the beginning of a path through treatment and toward recovery.

CHOOSING YOUR TREATMENT

Each woman’s journey will be different. You and your oncologist will consider your age, health, and family history. Tests such as X-rays and CT or PET scans will determine how far your cancer has spread.

After your oncologist suggests a course of treatment, you may want to get a second opinion. Learning about your options can boost confidence in your decisions. You can then choose to switch doctors or stay with your initial plan.

FACING SURGERY

Though treatment plans vary, most women will have surgery to take out their tumors. Early-stage cancers can usually be treated

with a lumpectomy, which removes only the lump and some surrounding tissue. Most of your breast will be spared.

For larger or advanced cancers, surgeons may perform a mastectomy, removing the entire breast. Newer methods preserve your nipple or other natural breast tissue. You can often have your breast reconstructed during the same operation. During your operation, your surgeon may also take out lymph nodes from under your arms to check for cancer cells.

SHOULD YOU HAVE CANCER-PREVENTING SURGERY?

Before she announced that she’d had surgery to remove both her breasts, most women would have traded places with Angelina Jolie in a second. Now, many wonder if they should follow in her footsteps.

Having a mastectomy to prevent breast cancer may help some women at very high risk of breast cancer. This includes women who:

- Have had breast cancer in one breast already
- Have certain genes that increase risk
- Have many family members who had cancer, especially at young ages

However, the surgery has serious downsides, including anxiety and depression. Many women choose other ways to reduce their risks. Talk with your doctor about your options. And consider seeking a second opinion before having surgery. ■

the doctor

**Kory Jones, M.D.,
F.A.C.S.**
General Surgery



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Radiation Therapy for Prostate Cancer

STATE-OF-THE-ART CHOICE

Q: How do you determine the right treatment course for the patient?

A: A combination of the patient's age and health, findings from physical examination and imaging, prostate-specific antigen (PSA) results, and findings from biopsies—these provide the information necessary to place patients into low, intermediate, and high-risk groups.

Q: What makes the technology at USMD special or unique?

A: USMD Cancer Center has two radiosurgical systems. These are designed to achieve a superior level of precision. Each system is equipped with CT scan guidance. This allows doctors to better see the anatomy. It gives the patients some comfort to know the doctor is precisely targeting the prostate.

Q: How does USMD Cancer Center distinguish itself for treatment of prostate cancer?

A: Whether patients choose radiation therapy or surgery, they have the confidence of knowing there is state-of-the-art technology being used by physicians, nurses, and therapists who have tremendous experience performing these procedures. They will know a multidisciplinary approach is used to help each patient determine the optimal approach for his prostate cancer.

Q: What restrictions or limitations are placed on patients during treatment?

A: If a patient opts to undergo radiation therapy for his prostate cancer, we place no limitations. We encourage patients to pursue normalcy. As a result, patients are working full time while pursuing their hobbies.

the doctor

Peter LaNasa, M.D.
Radiation Oncology

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USMD PROSTATE CANCER CENTER

STANDS OUT ABOVE THE REST

Jim Cox was diagnosed with prostate cancer this summer. The physician who diagnosed him wasn't a USMD physician. When Jim went to discuss treatment options, he left with more questions than answers. Frustrated, Jim went looking for a second opinion; he was led to USMD Prostate Cancer Center and to an entirely different experience.

"From the moment I arrived, I knew I wanted to receive treatment at USMD," says Jim. "Everyone was friendly and made me feel at ease in the midst of a cancer diagnosis."

Jim's first appointment was with Keith Waguespack, M.D., who answered Jim's questions about robotic surgery and encouraged him to explore other treatment options available at USMD Prostate Cancer Center. Jim elected to undergo radiation therapy. Peter LaNasa, M.D., became Jim's physician and only strengthened his opinion of USMD.

"To receive outstanding service eight weeks straight is no accident," says Jim. "Everyone went above and beyond. I could go on and on; I don't know how to praise USMD any further."

"Jim's treatment is complete and we're hoping for a successful outcome. At USMD we pride ourselves on continued, top-notch service," says Dr. LaNasa.

Living HEALTHY

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Breast Cancer: When Family History Repeats Itself

upcoming seminars

The following **FREE** seminars and support groups will be offered at USMD Hospital at Arlington.

Bariatric Seminar

Learn more about your surgical weight-loss options. Presented by Dr. Lyons and Dr. Dyslin.

6 p.m.

- November 7
- November 21
- December 5
- December 19



TO SIGN UP for one of these **FREE** seminars, visit our website at usmdarlington.com and click on "Register for Seminars," or call **(888) 444-USMD**.

THE WOMEN IN YOUR FAMILY MAY SHARE the same curly hair and sense of humor—as well as some of the same health risks.

One disease that can run in families is breast cancer. Most cases are not inherited. However, having a sister or mother who has had this disease can double a woman's risk of getting it herself. The risk triples for women with two close relatives who have been diagnosed.

In some families, a history of breast cancer is caused by changes in certain genes. For example, two genes called BRCA1 and BRCA2 are related to higher risks for breast cancer—as well as ovarian and possibly even colorectal cancer. Breast cancer caused by these genes tends to occur earlier in life and involve both breasts.

If you have a family history of breast cancer, ask your doctor about some of the ways you can protect yourself. For example, you might discuss the pros and cons of getting mammograms before age 40—the age at which the American Cancer Society recommends most women start getting

these screening tests. Other tests also may be helpful to determine your risks or check for early signs of breast cancer. You may also discuss the benefits and risks of taking a selective estrogen receptor modulator (SERM). This type of medicine can reduce the risk for breast cancer in high-risk women.

A healthy lifestyle is important, too. One study found that many women with strong family histories of breast cancer often don't make lifestyle changes. Risk-reducing strategies may include exercising, not smoking, staying at a healthy weight, eating plenty of fruits and vegetables, and limiting alcohol. ■

the doctor

Revathi Angitapalli, M.D.
Oncology

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