

Surgery Procedures - Dr Chandravati

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Cashless Payment Service for Surgeries at Krishna Medical Centre

KMC offers a cashless payment option for cutting-edge gynaecological surgeries as part of its commitment to ensuring that insured & non insured patients have a seamless surgical experience. In order to make things easier for the patients, we try to lessen their financial load. Also, we have a committed insurance team that works relentlessly to assist patients in using their med claim or health insurance coverage. The steps to avail cashless facilities in our hospital are as follows:

- Submit all your medical related documents along with other important documents, and we'll verify the documents with the respective insurance provider.
- You can choose to pay for your surgery with a cashless facility or reimbursement
- If the patient opts for cashless facility then our billing executive in the hospital billing department will provide the insurance company with the patient's paperwork for Pre Authorization from the company
- Eventually, the claim is approved, and our care coordinators handle all hospital paperwork to reduce the load on the patients.

Normal Delivery

Normal delivery or **vaginal delivery** is the process in which the baby is born through the mother's vagina. It is the most common method of giving birth. The term 'normal' indicates that no surgical intervention is needed in this case, and the child is born naturally through the mother's vagina.

A mother's body prepares itself for a **normal baby delivery** during the pregnancy phase. She undergoes various bodily changes, which is the body's way of indicating that she's ready for normal delivery. The opening of the uterus, or the cervix, becomes softer and dilated as the mother progresses toward labor, creating a convenient pathway for the baby to descend into the birth canal and exit the mother's body safely. In a normal delivery, the muscles at the top of the uterus contract and push the baby towards the cervix.

Normal delivery is common and poses little to no risk to the health of the baby or the mother. If a mother has had a healthy pregnancy, there were no complications in the process, and the baby is in a head-down position, she will most likely have an uncomplicated normal delivery. Normal baby delivery is linked to faster recovery and relatively fewer complications.

It should be noted that while a normal delivery is desirable, it may not be the viable option in all cases. In certain scenarios, especially if there are complications, the doctor may suggest a **Cesarean or C-section**. The choice of the type of childbirth method depends on the doctors based on the health of the mother as well as the baby.

Normal Delivery Process

Normal delivery process consists of three significant stages:

- The first stage involves labour and the gradual thinning and opening of the cervix, known as effacement.
- The second stage is characterized by pushing efforts and the actual birth of the baby.
- The third stage focuses on delivering the placenta.

C-Section Vs Normal Delivery

There are two methods of childbirth- Normal/Vaginal Delivery and Caesarean or C-Section Delivery. These procedures are required in different scenarios, and they also differ based on the process involved. Let us look at the difference between these two procedures.

- The major difference between a vaginal delivery and a c-section is the approach to delivering the baby. In a vaginal delivery, the baby is delivered through the birth canal of the mother. On the other hand, in a c-section, the baby is delivered through an incision in the mother's abdomen.
- There's also a difference in the total duration of the two types of delivery. The complete C-section delivery process typically lasts up to 45 minutes to an hour. Whereas, in the case of vaginal births, the labor and delivery can take up to 12-14 hours in total.
- The recovery time after both deliveries also varies significantly. In the case of vaginal births, complete recovery generally takes about six weeks. On top of that, the hospital stay is much shorter in the case of a normal delivery. In case of a c-section, the total recovery period is 6 to 8 weeks, and the patient is required to stay in the hospital for slightly longer as a large incision is made in the lower abdomen.
- The pain a patient experiences after both types of deliveries may differ for patients. All patients have a different threshold for pain and experience it differently following their delivery. But, generally, a patient feels significant pain during a vaginal delivery, while minimal pain is experienced afterward. On the contrary, the pain experienced by patients during a C-section is much lower due to the use of anesthesia, however, the recovery is quite painful.

Diet and Lifestyle Changes after Normal Baby Delivery

Following a normal delivery, it is very important for the mother to take proper care of her health, chiefly by making the necessary dietary and lifestyle changes. Typically, the doctors suggest the dietary and lifestyle modifications a mother needs to make following her delivery. However, we have listed some standard guidelines that can help women remain healthy following their normal baby delivery and ensure there are no complications:

1. **Make sure the diet is balanced:** A new mother should focus on consuming nutritious foods to provide essential nutrients for healing and breastfeeding. They must include whole grains, fruits, vegetables, lean proteins, and healthy fats in their meals. Here are some more dietary modifications a mother should make post her delivery:
 - **Drink enough water:** Stay hydrated by drinking plenty of water throughout the day.
 - **Get ample calories:** While it's crucial to eat a healthy diet, it's also important for new mothers to ensure they're consuming enough calories, especially if they are breastfeeding. Consulting with a healthcare professional to determine your specific calorie needs and make adjustments accordingly is recommended.
 - **Include more fibre in your diet:** Include fibre-rich foods such as whole grains, fruits, vegetables, and legumes to promote healthy digestion and prevent constipation, which is common during the postpartum period.
 - **Make sure the food is rich in iron:** Mothers must consume iron-rich foods like lean meats, poultry, fish, beans, and leafy greens to replenish iron stores and manage postpartum fatigue and anaemia.
 - **Calcium-Rich Foods:** Consume calcium-rich foods like dairy products, leafy greens, fortified plant-based milk, and calcium supplements if necessary to support bone health and breastfeeding.
 - **Indulge in Healthy Snacking:** Opt for nutritious snacks like fruits, nuts, yogurt, and whole-grain crackers to maintain energy levels and support milk production if breastfeeding.
 - **Increase protein intake:** Protein is essential for tissue repair and milk production. Ensure adequate protein intake from healthy sources like lean meats, poultry, fish, eggs, legumes, and dairy products.
 - **Take Supplements as Advised:** The healthcare provider may recommend certain supplements such as iron, calcium, vitamin D, or omega-3 fatty acids to fulfil the mother's nutritional needs. It is important to follow their guidance on dosage and duration.

Let us now move on to discussing the lifestyle changes a new mother should make to ensure her well-being following a normal delivery:

- **Start exercising gradually:** Start with gentle exercises, like walking or postnatal yoga, after getting approval from your healthcare provider. Gradually increase intensity and duration as strength and stamina are regained. Exercise promotes physical and mental well-being.
- **Don't rush into losing weight:** Mothers who have gained weight during pregnancy should focus on gradual and healthy weight loss rather than resorting to drastic measures. They must engage in gentle exercises and maintain a balanced diet to shed pounds gradually while supporting their recovery.
- **Take proper rest:** It is suggested that new mothers should get enough rest and sleep whenever possible. Their body needs time to heal and recover from childbirth. They must take short naps, rest as much as they can, and take help with daily tasks.
- **Do some pelvic floor exercises:** Pelvic floor exercises, also known as Kegels, help strengthen the pelvic floor muscles, improve bladder control, and speed up healing.

Caesarean section

Caesarean section, also known as **C-section** or **caesarean delivery**, is the surgical procedure by which one or more babies are delivered through an incision in the mother's abdomen. It is often performed because vaginal delivery would put the mother or child at risk. Reasons for the operation include obstructed labor, twin pregnancy, high blood pressure in the mother, breech birth, shoulder presentation, and problems with the placenta or umbilical cord. A caesarean delivery may be performed based upon the shape of the mother's pelvis or history of a previous C-section. A trial of vaginal birth after C-section may be possible. The World Health Organization recommends that caesarean section be performed only when medically necessary.

A C-section typically takes 45 minutes to an hour. It may be done with a spinal block, where the woman is awake, or under general anaesthesia. A urinary catheter is used to drain the bladder, and the skin of the abdomen is then cleaned with an antiseptic. An incision of about 15 cm (6 inches) is then typically made through the mother's lower abdomen. The uterus is then opened with a second incision and the baby delivered. The incisions are then stitched closed. A woman can typically begin breastfeeding as soon as she is out of the operating room and awake. Often, several days are required in the hospital to recover sufficiently to return home.

Sometimes caesarean deliveries are planned early in the pregnancy, but they're most often performed when complications arise during labor.

Reasons for a caesarean delivery include:

- baby has developmental conditions
- baby's head is too big for the birth canal
- the baby is coming out feet first (breech birth)
- early pregnancy complications
- mother's health problems, such as high blood pressure or unstable heart disease
- mother has active genital herpes that could be transmitted to the baby
- previous caesarean delivery
- problems with the placenta, such as placental abruption or placenta previa
- problems with the umbilical cord
- reduced oxygen supply to the baby
- stalled labor
- the baby is coming out shoulder first (transverse labor)

How to prepare for a Caesarean Delivery?

If you and your doctor decide that a caesarean delivery is the best option for delivery, your doctor will give you complete instructions about what you can do to lower your risk of complications and have a successful caesarean delivery.

As with any pregnancy, prenatal appointments will involve many checkups. This will include blood tests and other examinations to determine your health for the possibility of a caesarean delivery.

Your doctor will make sure to record your blood type in case you need a blood transfusion during the surgery. Blood transfusions are rarely needed during a caesarean delivery, but your doctor will be prepared for any complications.

Even if you aren't planning to have a caesarean delivery, you should always prepare for the unexpected. At prenatal appointments with your doctor, discuss your risk factors for a caesarean delivery and what you can do to lower them.

Make sure all of your questions are answered, and that you understand what could happen if you need to have an emergency caesarean delivery before your due date.

Because a caesarean delivery takes additional time to recover from than normal birth, arranging to have an extra set of hands around the house will be helpful. Not only will you be recovering from surgery, but your new baby will need some attention as well.

How a caesarean delivery is performed

Plan to stay in the hospital for three to four days while you recover from your surgery.

Before the surgery, your abdomen will be cleaned and you'll be prepared for receiving intravenous (IV) fluids into your arm. This allows doctors to administer fluids and any type of medications you may need. You will also have a catheter put in to keep your bladder empty during the surgery.

There are three types of anaesthesia offered to delivering mothers:

- **Spinal Block:** Anaesthetics injected directly into the sac that surrounds your spinal cord, thus numbing the lower part of your body
- **Epidural:** a common Anaesthesia for both vaginal and caesarean deliveries, which is injected into your lower back outside the sac of the spinal cord
- **General Anaesthesia:** Anaesthesia that puts patient into a painless sleep, and is usually reserved for emergency situations

When the patient has been properly medicated and numbed, your doctor will make an incision just above the pubic hairline. This is typically horizontal across the pelvis. In emergency situations, the incision may be vertical.

Once the incision into patient's abdomen has been made and the uterus is exposed, your doctor will make an incision into the uterus. This area will be covered during the procedure so you won't be able to see the procedure.

The new born baby will be removed from the patient's uterus after the second incision is made.

Your doctor will first tend to your baby by clearing their nose and mouth of fluids and clamping and cutting the umbilical cord. Your baby will then be given to hospital staff and they will make sure your baby is breathing normally and prepare your baby to be put into your arms.

Your doctor will repair your uterus with dissolving stitches and close your abdominal incision with sutures.

Diet Tips after C-section (Caesarean Delivery) for Speedy Recovery

Diet plays an important role for every mother after delivery. It not only helps in a speedy recovery, but at the same time, it also provides the infant with the right nutrients while breastfeeding. The diet should be a mix of foods that are loaded with essential nutrients in the right quantity. Below is the list of food items that you should eat after a C-section.

- **Proteins**

Proteins are the building blocks of life. Consuming a lot of protein-rich diets helps in the healing of the tissues after the C-section. For breastfeeding mothers, protein intake should be kept high as it is very important for the growth of the baby. Eggs, chicken, fish, meats, milk, cheese, dried beans, peas, and nuts are some good sources of protein.

- **Iron**

The female loses a lot of blood during birth. After giving birth, the majority of females have low iron levels, iron deficiency, or anaemia. To keep the body functioning and stay healthy and active throughout the day, it is imperative to maintain normal iron levels in the body. The symptoms of an iron deficiency include weakness, dizziness, fainting, and blurred vision. Therefore, after caesarean delivery, the body needs to restock its iron stores. However, be careful not to consume too much iron as this can cause constipation. Walnuts, dried fruits, figs, beef liver, red meat, oysters, and dried beans are some food sources of iron.

- **Calcium**

This nutrient aids in muscular relaxation, improving the health of the teeth and bones, controlling blood clotting, and preventing osteoporosis. The ideal calcium intake is advised for a safe and healthy recovery following childbirth. Make careful to include calcium-rich items in your diet if you are breastfeeding. Milk, cheese, yogurt, spinach, kale, and tofu are sources of calcium that can be used to supplement diets.

- **Vitamins**

Vitamins increase the body's capacity to produce collagen, which promotes the development of new skin, tendons, and scar tissues. Vitamins are beneficial for fastening the healing of the wound site. The scar can also be healed and made less noticeable in the months that follow with a healthy vitamin diet. Melons, oranges, tomatoes, papayas, strawberries, grapefruits, sweet potatoes, and broccoli are some rich sources of vitamins.

- **Fiber**

It's crucial to maintain a high fibre intake when following a nutrition-focused diet in order to avoid constipation. Pressure on the wounds may increase if you are constipated. Bananas, oranges, apples, mangoes, strawberries, raspberries, beans, legumes, nuts, and dry fruits are examples of foods that are rich in fibre.

- **Fluids and Water**

For a quick recovery, it's also crucial to keep your body hydrated with water and other beneficial fluids. Drinking enough of liquids can aid in milk production and ease bowel movements. Sources of fluids include herbal teas, soups, non-citrus fruit juices, coconut water, buttermilk, and green tea.

Best Healthcare Centre for C-Section Delivery

Pregnancy is the most vital, beautiful, and sensitive phase in the life of a woman. Therefore, it's extremely important to ensure the smooth delivery of the baby. In some cases, due to some complications, women may require a C-section. If you are looking for a trusted and reliable healthcare centre for a smooth delivery experience, then visit Krishna Medical Centre.

At Krishna Medical Centre, we work with one of the best doctor who has ample experience in providing a smoother delivery experience. Moreover, we provide medical assistance throughout the procedure, from diet tips to exercise. We also provide multiple payment options along with TPA cashless facilities for indoor admitted patients. Book an appointment with us for a smoother and safer delivery experience.

Hysterectomy

Hysterectomy is the surgical procedure to remove the uterus or the womb. Removing the uterus may be necessary in various situations where alternative treatments prove insufficient. Some reasons for a hysterectomy include the presence of **uterine fibroids** (non-cancerous growths in the uterus), a diagnosis of uterine, ovarian, cervical, or endometrial cancer, **endometriosis** (abnormal growth of uterine lining outside the uterus), adenomyosis (the growth of uterine lining into the uterine muscle), severe Pelvic Inflammatory Disease (PID) causing intense pelvic pain, hyperplasia (abnormal thickening of the uterine lining due to

excess estrogen), and uterine prolapse (descent of the uterus into the vagina). Additionally, conditions like abnormal heavy bleeding or delivery complications may also warrant a hysterectomy.

A hysterectomy may or may not involve complete removal of the uterus, depending on the approach of the hysterectomy procedure. Let's look at the different types of hysterectomy and what they comprise.

Types of Hysterectomy

The hysterectomy approach utilized by the doctor varies depending on the individual patient, and the decision regarding the extent of uterus removal and whether additional organs will be removed is made by the doctor based on their diagnosis. Hysterectomy is categorized into different types based on the removal of the uterus and other organs involved:

- **Total or Simple Hysterectomy:** This approach involves removing the entire uterus and cervix (birth canal). In some cases, the doctor may also remove the ovaries and fallopian tubes.
- **Subtotal or Partial Hysterectomy:** Also known as supracervical hysterectomy, this approach involves removing the uterus while leaving the cervix intact.
- **Radical Hysterectomy:** This approach includes the removal of the uterus, cervix, a portion of the vagina, and surrounding ligaments and tissues. Surgeons may also remove the ovaries, fallopian tubes, and lymph nodes in the vicinity.
- **Hysterectomy with Bilateral Salpingo-Oophorectomy:** In this approach, both the ovaries and fallopian tubes are removed by the surgeon.

Diagnosis before Hysterectomy

Prior to a hysterectomy, the doctor suggests the patient get certain diagnostic tests to understand their symptoms, identify the underlying condition, and evaluate their overall health. They help doctors to confirm the presence of anomalies, determine the best course of action, and the **type of hysterectomy** to be performed. These tests also assist in determining if the patient is fit enough to undergo the procedure. Here's what the diagnostic procedure before a hysterectomy comprises:

- **Medical history assessment:** During the initial consultation, the doctor gathers information about the patient's past medical records, symptoms, and other relevant details.
- **Physical evaluation:** A thorough pelvic examination is conducted to visually inspect the patient's reproductive organs and detect any structural abnormalities.
- **Imaging examinations:** Based on the findings from the physical assessment, additional imaging tests such as ultrasound, magnetic resonance imaging (MRI), or computed tomography (CT) scans may be recommended. These tests provide detailed images of the uterus, ovaries, and surrounding structures, aiding in detecting tumours, fibroids, or other irregularities.
- **Laboratory Tests:** Various laboratory tests, including blood tests and urine tests, are performed to assess hormone levels, identify potential infections, and evaluate the patient's overall health.
- **Biopsy:** In some instances, a biopsy may be conducted to rule out the presence of cancer, precancerous conditions, or other abnormalities. This involves collecting a tissue sample from the uterus or cervix, which is then examined under a microscope in a laboratory.
- **Laparoscopy & other diagnostic procedures:** Depending on the specific situation, the doctor may recommend diagnostic procedures such as hysteroscopy or laparoscopy to diagnose conditions like; endometriosis, fibroids, polyps and accurately determine the underlying cause.

Hysterectomy Treatment Procedures

To perform a hysterectomy, the doctor uses two approaches primarily. They either perform the procedure through the vagina or through the abdomen. The approach used depends on several factors, including the patient's condition, the type of hysterectomy required (total, partial, radical, etc.), and the available technology. Defined below are the different types of hysterectomy surgery techniques and how they're used:

1. Laparoscopic Hysterectomy

A laparoscopic hysterectomy, also known as keyhole surgery, is a minimally invasive procedure for uterus removal. This is an advanced technique that accompanies less pain, less bleeding, and minimal scarring. Instead of a large incision, the surgeon makes several small incisions and uses a laparoscope, which is a slender tube with a tiny camera, to perform the surgery. Here is a step-by-step explanation of the laparoscopic hysterectomy procedure:

- **Step 1:** The patient is given general anaesthesia to keep her asleep for the procedure. Also, anaesthesia helps prevent any pain or discomfort to the patient.
- **Step 2:** The surgeon makes small, keyhole-sized incisions in the abdomen to insert the instruments and remove the uterus and/or its surrounding tissues and organs.
- **Step 3:** The laparoscope and surgical instruments are inserted through these small incisions or through the vagina to see the internal organs and perform the surgery.
- **Step 4:** The surgeon carefully removes the uterus, cervix, or other reproductive parts that need to be removed.
- **Step 5:** If the incisions are smaller than half an inch, stitches aren't necessary, and they are left to heal on their own. However, larger incisions over 1 cm in size may be closed using sutures. Sutures may also be used to close the incision at the birth canal if necessary.

2. Robotic Hysterectomy

A robotic hysterectomy is the latest and one of the most advanced methods of uterus removal. In this method, a special control device guides the surgical instruments used in the procedure. This technique is less invasive, causes less discomfort, and allows quicker recovery than other methods. Here is a step-by-step explanation of the robot-assisted hysterectomy procedure:

- **Step 1:** The patient's bladder is emptied using a urinary catheter, and the surgical area is then cleaned with a sterile solution.
- **Step 2:** The patient is given general anaesthesia to keep her asleep and pain-free during the procedure.
- **Step 3:** The surgeon makes small incisions in the patient's abdomen to insert surgical instruments for the surgery.
- **Step 4:** Using the control device, the surgeon guides the surgical instruments to remove the uterus, parts of the uterus, or surrounding tissues and organs. An assistant remains at the operating table to assist in repositioning and adding or removing the surgical instruments.
- **Step 5:** After the removal is complete, the incisions are closed with dissolvable sutures, and the patient is moved to the recovery room.

3. Open Hysterectomy

Open hysterectomy is the conventional method of uterus removal, which has now been replaced with several less-invasive techniques. But, despite being more invasive than other techniques, it is still used in some scenarios. Here is a step-by-step explanation of the open hysterectomy procedure:

- **Step 1:** The patient is given general anaesthesia to make sure they don't feel any pain or discomfort during the surgery.
- **Step 2:** A cut is made in the lower belly, either vertically or horizontally, just above the pubic hairline. The size and location of the cut may vary depending on the reason for the procedure.
- **Step 3:** The doctor carefully separates the surrounding tissues to expose the uterus and nearby structures.
- **Step 4:** Blood vessels and ligaments that connect the uterus to other structures, like the ovaries and fallopian tubes, are tied off and cut or sealed with care.
- **Step 5:** The uterus is then separated from the body and taken out either as a whole or in pieces for easier removal.

- **Step 6:** The cut in the abdomen is closed using stitches or staples. A drainage catheter may be placed near the cut to remove any extra fluid. The patient is then shifted to the recovery room and monitored till the effect of anaesthesia wears off.

Abdominal Hysterectomy?

Abdominal Hysterectomy is a surgical procedure to remove the uterus in females through an incision in the lower abdomen. The uterus in females is the womb that carries the baby when pregnant.

A hysterectomy involves either the complete removal of the uterus and cervix or partial hysterectomy, which removes only the uterus, leaving the cervix intact.

A hysterectomy where the uterus, cervix, one or both of the ovaries and the fallopian tubes are removed is referred to as a total hysterectomy along with salpingo-oophorectomy.

Abdominal hysterectomies are preferred in the following cases:

- The doctor thinks this will be best suited for the patient
- The doctor wants to evaluate a predicted disease spread in the peripheral pelvic organs
- The patient undergoing the surgery, has a large uterus

Why is a hysterectomy performed?

Hysterectomy is a treatment for certain gynaecological conditions as described below:

Fibroids: They are benign uterine tumours often causing continued bleeding, anaemia and bladder pressure or pelvic pain. Hysterectomy can be a permanent solution for fibroids.

Endometriosis: Endometrium is a tissue lining the inner side of the uterus. When this tissue grows as an outer lining of the uterus on the ovaries, fallopian tubes, and peripheral pelvic organs, conservative treatment may not resolve the issue. A total hysterectomy with bilateral salpingo-oophorectomy is performed. This procedure removes the uterus, both the ovaries and associated fallopian tubes

Gynaecologic cancer: Cancer of the uterus or cervix.

Uterine prolapse: This is a condition where the uterus descends into the vagina. This happens when the ligaments and tissues holding the uterus in position weaken. Uterine prolapse can lead to other problems such as increased pressure on the pelvic region, incontinence and laboured bowel movements. A hysterectomy resolves these complications.

Chronic pain in the pelvis: This seat of the pain is usually the uterus and while removal of the uterus may resolve the issue, it can even lead to further problems. Thus, it is extremely important to carefully deliberate hysterectomy in such a case

Abnormal vaginal bleeding: Periods with abnormally heavy bleeding with extended and irregular cycles.

Abdominal Hysterectomy: How does your doctor evaluate?

Before the surgery the surgeon will consider certain evaluations to rule out cancer.

These examinations are important as they are the deciding factor for the surgeon to plan the surgery.

These include:

Pap test (cervical cytology): Determines abnormal cells indicative of cervical cancer

Endometrial biopsy: To test for endometrial cancer, by detecting abnormal cells in the endometrium

Pelvic ultrasound: This is to examine presence of endometrial polyps, ovarian cysts and uterine fibroids (size determination)

The doctor may give a few instructions that you may need to follow on the day of the surgery as a measure to prevent infections after the surgery. Just prior to the surgery, you may be injected with antibiotics intravenously.

Abdominal Hysterectomy: The Procedure

A hysterectomy typically is performed under general anaesthesia, so you won't be awake during the surgery. The procedure itself generally lasts about one to two hours, although you'll spend some time beforehand getting ready to go into the operating room.

The procedure begins with inserting a catheter in the urinary bladder to empty the bladder. The catheter remains there throughout the procedure and for a short time even after the surgery.

The abdomen and vagina are cleaned with a sterile solution to minimize risk of infection.

The type of incision for the hysterectomy is decided by the condition the hysterectomy is meant to resolve.

Additional factors are also considered if the patient has scars from any previous surgery.

The surgeon might take two incision approaches:

Vertical incision: It begins in the middle of the abdomen, extends below the navel – just above the pubic bone. This is generally preferred for hysterectomies performed for large fibroids, endometriosis and gynaecological cancers.

Horizontal bikini-line incision: It is made above the pubic bone

Abdominal Hysterectomy: Post-surgery

The patient is shifted to the recovery room to recover from anaesthesia.

The patient is monitored for signs of pain. Painkillers and antibiotics are administered to prevent pain and infections respectively.

The patient is encouraged to move so that the mobility is reinstated as early as possible.

The patient is discharged with prescribed medications and instructions for care at home after about two days. This stay could be longer, depending on the recovery pace of the patient.

There will be bloody vaginal discharge for many days post-surgery, which the patient will have to manage with sanitary pads.

The degree of bleeding expected is communicated to the patient. If the bleeding seems to be very heavy, the patient needs to intimate the surgeon for further investigation.

The incision from the surgery will leave a visible scar even after complete recovery.

Vaginal Hysterectomy

A vaginal hysterectomy is a surgical procedure in which the uterus is removed through an incision in the vagina. It is frequently recommended when the uterus is standard size or due to conditions such as a vaginal prolapse (a condition where the pelvic organs descend or bulge into the vaginal canal). Compared to abdominal hysterectomy techniques, this treatment has certain benefits, including quicker recovery times and no abdominal scars.

When is Vaginal Hysterectomy Recommended?

There are several circumstances where a vaginal hysterectomy is advised, including:

- **Uterine prolapse:** The uterus slips into or out of the vagina because muscles in the region and other pelvic organs have weakened.
- **Uterine fibroids:** Round lumps that grow inside the uterus and can cause painful or heavy periods.
- **Endometrial hyperplasia:** Extra, or thick, womb lining from which cancer develops.
- **Endometriosis:** Tissue lining the uterus grows outside of the womb and can cause pain or bleeding.
- **Cervical dysplasia:** The lower part of the womb has abnormal cells, but these cells are not cancerous.
- **Chronic pelvic pain:** When there is constant pain in the pelvic region and other treatments have not worked.

- **Cancer:** Cancer of the uterus, cervix, or endometrium.

The treatment method or type of hysterectomy that would suit you will always be selected based on the individual's specific circumstances and overall health. It will be determined by the healthcare provider.

How to Prepare for a Vaginal Hysterectomy?

There are numerous measures to take both physically and psychologically to get ready for a vaginal hysterectomy:

- **Medical Evaluation:** Your physician will conduct a thorough medical examination, including blood tests, a chest X-ray, and an electrocardiogram, to evaluate your health for surgery.
- **Discuss Medications:** Inform your physician of any medications, supplements, and over-the-counter drugs you take. Some medications may need to be temporarily stopped before the procedure.
- **Preoperative Bowel Preparation:** A day before the surgery, you may be requested to take laxatives or enemas to clear your bowel.
- **Fasting:** Generally, you should avoid food or drinks for about 8 to 12 hours before the surgery. Review your physician's instructions regarding fasting.
- **Shaving:** Sometimes, the surgical area must be shaved to reduce your risk of infection.
- **Consent Form:** Understand and have all your questions about the potential risks and benefits of the surgery answered before you sign any consent forms.
- **Coordinate Transportation:** Since you will be under anaesthesia and may feel slightly dizzy after the procedure, make sure that you arrange for someone to drive you home.
- **Plan for Home Recovery:** Make necessary changes at home for a smooth and comfortable recovery. Keep essential items within reach, and create a comfortable place for resting. You may also arrange for domestic help until you recover completely.

For personalized advice on how to prepare yourself for a vaginal hysterectomy, make sure to contact your surgeon.

Recovering and caring for yourself after a vaginal hysterectomy is important for your healing and helps prevent problems. Here's what you usually can expect:

- **Postoperative:** After the surgery, you will be taken to the recovery room for observation. You may feel dizzy or sick to your stomach from the anaesthesia.
- **Hospital stay:** Most women can return home on the same day. Sometimes, you may remain in the hospital for about one to two days. The length of the hospital stay may vary based on the individual circumstances.
- **Pain control:** You may experience mild pain and discomfort after your surgery. You will be prescribed pain medications to control any discomfort.
- **Vaginal discharge:** Vaginal discharge may last up to several weeks. It will gradually become a brownish colour, then yellow, white, or clear. Consider wearing a sanitary pad for a week or as your doctor directs.
- **Activity:** Avoid lifting anything heavier than 10 pounds. Do not douche. Use tampons or insert anything into the vagina until about six weeks.
- **Mobility:** During the early recovery, walking is essential for promoting blood flow and preventing blood clots. Avoid lifting anything heavy or engaging in activities that require a lot of exertion.
- **Hygiene:** Keep the surgical area clean and dry. You may choose a sponge bath for a period that your doctor suggests.
- **Follow-up appointments:** It is crucial to attend all scheduled appointments with your surgeon so that he or she can monitor your healing and address any concerns you may have.

Please be aware that recovery will be different for everyone, and it is essential to pay attention to your body and follow only your doctor's instructions on your specific recovery.

What are the Benefits and Risks of Vaginal Hysterectomy?

Like any surgical procedure, vaginal hysterectomy also has certain Benefits and Risks. Read on to find out.

Benefits:

- **Shorter Recovery Time:** Recovery from vaginal hysterectomy is generally much quicker than recovery from abdominal surgery.
- **Less discomfort after surgery:** Many women report less pain after vaginal hysterectomy.
- **No abdominal scarring:** There are no external scars because the surgery is performed through the vagina.
- **Less chance of infection:** The risk of developing wound infections is usually lower with the vaginal approach.
- **Shorter hospital stay:** Most women stay there for a shorter period than women undergoing abdominal hysterectomy.

Risks:

- **Bleeding:** As with any surgery, there is a risk of bleeding after surgery.
- **Infection:** The risk is reduced, but there is still a slight chance of infection in the surgical area.
- **Injury to Adjacent Organs:** There is a slight chance that a urinary infection occurs. The risk for this is much higher if the appendix being removed has already burst.
- **Anaesthesia Complications:** Whether surgery is performed with a spinal or general anaesthesia, the risks associated with anaesthesia are the same.
- **Blood Clots:** Surgery can increase the risk of blood clots in the legs, which could travel to the lungs and become life-threatening.
- **Vaginal Cuff Dehiscence:** Sometimes, the top of the vagina, called the “cuff,” can come apart, leading to complications.
- **Premature Menopause:** If your ovaries are removed, and you are not of menopausal age, you will be thrown into menopause immediately following your surgery.
- **Chronic Pain:** A small percentage of women experience ongoing pain after this procedure.
- **Sexual Side Effects:** Some women report changes in sexual sensation or function after a hysterectomy.

It's critical to go into depth with your healthcare provider about the risks and advantages. This will help you get a better understanding of the procedure and prepare well.

Does Insurance Cover Hysterectomy Cost in India?

Yes. Most insurance companies in India offer coverage for hysterectomy surgery, irrespective of the type of hysterectomy the patient is scheduled for. A hysterectomy or uterus removal surgery is only recommended in medically necessary scenarios, i.e., when the uterine issues cannot be resolved through conservative methods and there's a risk to the patient's well-being. Therefore, patients can avail hassle free cashless facilities in Krishna Medical Centre and can even go for reimbursement for their uterus removal surgery. The insurance coverage provided by different insurance companies for hysterectomy surgery varies. The amount one can claim may also differ based on the terms and conditions of the policy. So, it is important that the patient get a proper understanding of the coverage they'll receive for their treatment from the insurance provider in advance.

At Krishna Medical Centre, we provide complete assistance to patients in the insurance claim process so that they can claim the maximum amount for their hysterectomy surgery. To get your uterus removal surgery done at Krishna Medical Centre, contact our team and schedule your appointment with our expert gynaecologist Dr Chandravati, Call us today!!

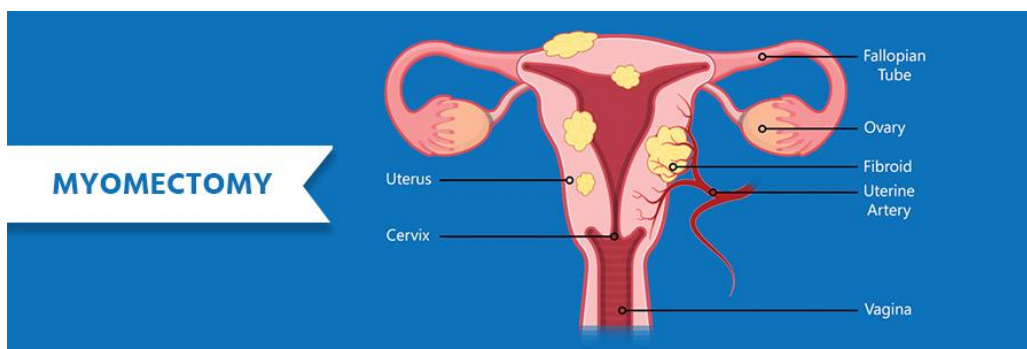
Myomectomy

A myomectomy is a surgical method that removes fibroids by keeping the uterus intact. It is the best treatment option for women who have fibroid symptoms and wish to have children in the future. Although

myomectomy is very effective, fibroids can regrow again. The younger you are at the time of this procedure, and the more fibroids you have, the more likely you will develop fibroids again in the future. Recurrence of fibroids issues after myomectomy is rare in women nearing menopause.

How to Prepare For Myomectomy?

- Before performing the surgical procedure, the doctor gets the patient's entire medical history and performs a physical examination.
- You should tell your doctor if you had any previous surgeries, or planning for pregnancy, have allergies to any medicines, or have a family history of fibroids or uterine disorders.
- Before the surgery, the doctor may recommend various blood tests and investigations.
- If the patient is using any blood-thinning medications or supplements, they should tell their doctor.
- The patient should stop smoking since it slows down the healing process following therapy. The patient is also advised to abstain from consuming alcohol.
- The doctor will tell you not to eat or drink after midnight the day before surgery.
- The patient is advised to empty their bladder and bowels before the surgical procedure.



How Myomectomy is Done?

- An intravenous (IV) is attached to an arm, wrist, or hand through a needle that will supply fluids, medicine, or blood
- To avoid infection, an antibiotic is provided.
- A medication may be given to women at high risk of DVT to prevent blood clots from developing in their legs.
- Before the procedure, you will be put to sleep with a general anaesthetic or regional anaesthesia, which blocks off feeling in the bottom half of your body.
- Hair on the pubic area can be trimmed. This may be done when you are awake or asleep.
- After you are comfortable, a small tube called a catheter will be inserted into your bladder. During the procedure, the catheter will remove urine from your bladder.

What are the types of Myomectomy?

The surgical removal of fibroids while leaving the uterus in place is known as a myomectomy. Depending on the size, number, and location, you may need surgery. The following are the different types of myomectomy:

• **Open Myomectomy or Abdominal Myomectomy**

An open myomectomy also known as abdominal myomectomy is a traditional surgical procedure that is used to remove uterine fibroids through an abdominal incision. This approach allows the surgeon direct access to the uterus and fibroids. This method is chosen when the fibroids are large, many in number, or embedded in the uterus and also if the goal is to preserve the uterus. Patients usually stay in the hospital for a few days after an open myomectomy. The length of the hospital stay depends on factors such as the extent of the surgery and individual recovery.

When is Open Myomectomy Recommended?

Open myomectomy is recommended in the following situations:

- **Large Fibroids:** Fibroids are too big to be removed with less invasive techniques like laparoscopic surgery.
- **Multiple Fibroids:** An open approach is preferred when you are diagnosed with multiple large fibroids. This method ensures their effective removal with minimal damage to the surrounding tissues.
- **Location of Fibroids:** An open treatment can be necessary for fibroids that are firmly lodged in the uterine wall or are located in specific areas of the uterus that are difficult to access through minimally invasive methods.
- **Fertility Preservation:** Women who wish to get pregnant can discuss with their surgeon to have a precisely executed open myomectomy while preserving the uterine wall.
- **Complex Cases:** An open myomectomy may be a safer choice with a more controlled environment to address potential problems if the patient has a complicated medical history or if prior procedures (such as caesarean sections) have created scar tissue.

The surgeon makes the final call when it comes to the correct choice of treatment. You can discuss your goals and expectations with your doctor and understand which procedure would suit you the best.

Preparing for an open myomectomy generally involves the following steps:

- **Preoperative Evaluation:** You will undergo a thorough medical evaluation, that will include imaging tests such as ultrasound or MRI, to map the size, number, and location of your fibroids.
- **Medical Clearance:** You will also need clearance from your primary care physician or anesthesiologist to make sure you are healthy enough for surgery. This may include blood tests, EKG, and chest X-rays.
- **Medication Adjustment:** The physician will review the medications you are taking, as some may need to be stopped or adjusted before surgery. This is of particular importance if you are taking blood thinners or any over-the-counter supplements that may increase the risk of bleeding.
- **Fasting:** You will be given instructions regarding fasting in general after midnight, the night before your surgery.
- **Planning for Recovery:** Make any needed arrangements for help after surgery, such as a driver to take you home and assistance with daily activities as you recover. You can expect to be out of work for several days to weeks, depending on the nature of your procedure.
- **Preoperative Instructions:** Follow any additional preoperative instructions provided by the surgical team. These may include bowel preparation, bathing, and hygiene instructions to help lower the risk of infection.

These preparatory steps can help ensure a smoother surgery and recovery process. Some instructions can vary from person to person. Therefore, make sure that you follow the specific guidelines given to you.

Here are the general steps of the procedure:

- **Anaesthesia:** The surgeon administers general anaesthesia. This renders the patient unconscious and pain-free during the myomectomy procedure.
- **Abdominal Incision:** A horizontal bikini-line or vertical belly-button-to-pubic-bone incision is made to expose the uterus. These are the same types of incisions used for a C-section.
- **Fibroid Removal:** The uterus is carefully incised to expose and remove the fibroids. The surgeon tries to remove all detectable fibroids while minimizing damage to the uterine tissue.
- **Uterine Repair:** The uterus is then repaired with sutures to minimize bleeding, re-approximate the other layers of the uterus, and strengthen the uterine muscle to allow for the best possible healing.
- **Closure:** After all fibroids are removed, the surgeon meticulously closes the incisions on the uterine wall. This step is crucial for maintaining the strength and integrity of the uterus, especially in cases where future pregnancies are desired. The abdominal incision is then closed with sutures, staples, or surgical glue. A dressing is applied to the incision site to protect the wound.
- **Recovery:** Following the surgery, you are moved to a recovery area and monitored for several hours. Pain medications and antibiotics are commonly administered.

Depending on the complexity of the surgery and the patient's overall health, hospitalization may be required for a few days. Postoperative follow-up appointments are scheduled to monitor the patient's recovery, address any concerns, and discuss long-term care and potential fertility considerations if applicable.

Recovery and aftercare following an open myomectomy typically involve:

- **Pain Management:** Pain medications will be prescribed to help patients manage any discomfort after surgery. Patients will receive instructions about how to use these medications safely.
- **Activity Restrictions:** An early emphasis is placed on gradually resuming daily activities. Heavy lifting and strenuous exercise should be avoided for 4-6 weeks to allow the surgical incision to heal.
- **Incision Care:** Keeping the incision clean and dry is required. Patients will be given specific instructions about how to care for the surgical incision to help prevent infection.
- **Follow-Up Appointments:** Routine periodic follow-up visits with a provider are necessary to monitor healing and progress to assess for potential complications from surgery.
- **Monitoring Health:** Report to the doctor promptly if you note that you are experiencing signs of infection (e.g., increased pain at the incision site, increasing redness or swelling at the incision site, and an increasing fever).
- **Support & Rest:** Sufficient rest as advised is crucial for healing. During the first stages of rehabilitation, help with childcare and housework is frequently required.

Benefits of Open Myomectomy:

- **Complete removal:** The surgeon can remove multiple fibroids of varying sizes and go as deep as necessary into the tissue to remove them.
- **Relief of symptoms:** Many women see their symptoms ease or completely disappear. For example, myomectomy can reduce heavy menstrual bleeding, eliminate clots and bleeding between periods, relieve pelvic pain and pressure, and improve urinary and bowel symptoms caused by fibroids.
- **Improvement in fertility:** For women trying to get pregnant, fibroid surgery can improve the chances of conceiving and carrying to term.
- **Preservation of the uterus:** Open myomectomy does not remove the uterus, which can be especially important to younger women who want to have children.
- **Direct visualization:** With an open myomectomy, the surgeon has a direct view of the fibroids and the uterus, which allows for more precise removal of the fibroids and may be less likely to damage the uterus.

Risks of Open Myomectomy:

- **Surgical Risks:** As with any major surgery, there are risks of anaesthesia, bleeding, infection, and potential injury to surrounding organs.
- **Scarring:** The procedure can lead to the formation of adhesions (scar tissue) within the pelvic cavity, which may affect future fertility and cause pain.
- **Recovery Time:** Recovery from an open myomectomy is typically longer and more painful than with minimally invasive procedures, often requiring weeks of downtime.
- **Recurrence of Fibroids:** Fibroids can recur after myomectomy; the surgery does not prevent new fibroids from developing in the future.
- **Pregnancy Complications:** Future pregnancies may be affected, with a possible increased risk of needing a caesarean section due to the uterine wall being weakened by the incisions.

Hysteroscopy myomectomy is a technique that is performed if the fibroids causing the symptoms are within or bulging into the uterine cavity. This procedure is performed as outpatient surgery without any incisions. The instrument used is the **hysteroscopic myomectomy** is called the resectoscope. Hysteroscope goes

through the cervix and there is no need for an incision at all in this method. Hysteroscope is a tiny camera, and the resectoscope part is a wire loop, which removes the fibroid. If the fibroid is particularly large, two procedures may be needed. Myomectomy is an operation in which fibroids are removed from within the uterus.

Procedure – Before **hysteroscopic myomectomy** the surgeon prescribes gonadotropin to the patient for releasing hormone agonists, such as depot lupron. This agonist will shrink the fibroids while being taken. Before inserting the hysteroscope, the uterus is filled with either saline or carbon dioxide. Then the cervix is numbed, after that the instrument is inserted through which the surgeon can see what is inside -- myomas, polyps, or something else that can cause bleedings as well.

• **Hysteroscopic myomectomy** is performed when the fibroids are buried in the outer wall of the uterus, and abdominal surgery is required. If they are on the inner wall of the uterus, uterine fibroids can be removed using hysteroscopy. At first the surgeon makes incision that may be horizontal or a vertical incision from the navel downward. After separating the muscle layers underneath the skin, the surgeon makes an opening in the abdominal wall. Next, the surgeon makes an incision over each fibroid, grasping and pulling out each growth. If the fibroids are small and located on the inner surface of the uterus, they can be removed with a thin, telescope-like device called a hysteroscope. The hysteroscope is inserted into the vagina through the cervix and into the uterus. This procedure does not require any abdominal incision. Every opening in the uterine wall is then stitched with sutures. The uterus must be meticulously repaired in order to eliminate potential sites of bleeding or infection. The surgeon then sutures the abdominal wall and muscle layers above it with absorbable stitches, and closes the skin with clips or non-absorbable stitches. Success of myomectomy varies depending upon the size, type and number of fibroids and the type of myomectomy performed. Complication rates post surgery may vary depending upon the size, type and number of fibroids as well as the type of myomectomy performed.

Risks associated with the hysteroscopic myomectomy -

- Infection
- Blood loss
- Weakening of the uterine wall
- Adverse reactions to anaesthesia
- Internal scarring
- Reappearance of new fibroids

• **Advantages of hysteroscopic myomectomy -**

- Preserves the uterus.
- May allow future pregnancy.
- Best established procedure for treating fibroids while saving the uterus.

The hospitals providing **hysteroscopic myomectomy treatment in India** offer a large array of finest modern equipments. The treatment of **hysteroscopic myomectomy treatment in India** is being provided at the most recognized hospitals with international quality healthcare within the country. People prefer **hysteroscopic myomectomy treatment in India** is because of the availability of latest medical technology at a relatively lower cost.

Laparoscopic Myomectomy: Laparoscopic myomectomy is a procedure in which uterine fibroids (myomas) are removed with the help of a laparoscope. Uterine fibroids are non-cancerous growths that develop within the muscular wall of the uterus. They can lead to symptoms such as pelvic pain, heavy menstrual bleeding, and other issues with your reproductive health.

Laparoscopic myomectomy is performed using small incisions in the abdominal wall. A laparoscope (a thin, lighted tube with a camera) and other specialized instruments are inserted through these small incisions to perform the surgery. This procedure is suitable for small to medium-sized fibroids that are either located on the outer surface of the uterus or within the muscular wall of the uterus. Unlike a hysterectomy where the entire uterus is removed, a myomectomy removes only the fibroids preserving the uterus. This method therefore is a preferred method for women who would want to conceive in the future. Read on to learn the indications of a laparoscopic myomectomy.

Laparoscopic myomectomy is recommended for:

- **Symptomatic Fibroids:** When fibroids cause heavy menstrual bleeding, pelvic pain, or other symptoms that interfere with the quality of life.
- **Fertility Concerns:** In women experiencing infertility or recurrent miscarriages, fibroids are presumed to be a contributing factor.
- **Desire for Minimally Invasive Surgery:** For patients seeking a procedure with fewer complications, shorter hospital stays, and faster recovery than open surgery.
- **Preservation of Uterine Integrity:** In patients who wish to maintain their uterus for future pregnancies or personal reasons.
- **Specific fibroid characteristics:** Generally, if the fibroids are fewer in number, small in size, and accessible then laparoscopic myomectomy would be the right choice.

The final decision on the procedure of choice will be taken by your surgeon keeping in mind your symptoms, general health, and your choice of preserving fertility. A laparoscopic myomectomy is generally not recommended for larger and embedded fibroids.

How to Prepare for a Laparoscopic Myomectomy?

Preparing for a laparoscopic myomectomy involves several steps to ensure safety and the best surgical outcome:

- **Preoperative Evaluation:** You will undergo a complete pelvic examination, and routine blood work, along with an ultrasound or MRI, to map the location of the fibroids. These tests will help assess your eligibility for the procedure.
- **Medications:** Be sure to let your doctor know about any medications that you are taking. You may need to stop or adjust your medications, particularly blood thinners or hormonal drugs.
- **Fasting:** You will need to fast after midnight on the day of your surgery as food can interfere with anaesthesia and lead to unwanted complications.
- **Bowel Preparation:** You may be asked to take a laxative or to receive an enema to clear your bowels before surgery.
- **Arrange for Assistance:** Arrange for transport from the hospital, as you may not be able to drive home after the procedure. Also, arrange for domestic help at home until you recover completely.
- **Postoperative Plans:** You will need to prepare your home for your recovery. Make sure that all the essential items are arranged within your reach. Choose a room where you can rest comfortably and with easy access to the washroom.

Please note that it's essential to follow specific instructions given by your surgeon or healthcare provider, as these instructions may differ based on your specific circumstances.

How is Laparoscopic Myomectomy Performed?

Here are the general steps of the procedure:

- **Anaesthesia:** You will be given general anaesthesia to keep you pain-free during the procedure.
- **Incision and Access:** The surgeon makes a few small incisions (about 0.5-1 centimetre) in the abdomen. One is for the laparoscope, which gives the surgeon a live view of the uterine fibroids, ovaries, fallopian tubes, and other pelvic organs. Other incisions are used for the insertion of surgical instruments.
- **Insufflation:** The abdomen is filled with a gas (usually carbon dioxide) to create a space, allowing the surgeon a better view and more room to work.
- **Identification:** The surgeon views your uterus, bladder, other organs and the fibroids with the help of a laparoscope.
- **Removal:** The surgeon cuts the fibroids from the uterine wall. The approach chosen depends on the size and location of your fibroids. In some cases, the doctor may need to break the fibroids into smaller pieces to remove them. The doctor may do this by using an electric knife or a laser to cut the fibroid into pieces and then remove the pieces with the help of surgical instruments.

- **Repair:** After removing all the fibroids, the surgeon repairs the opening in the uterus with stitches (sutures) or staples. It's important to reconstruct a uterus as accurately as possible to reduce the risk of uterine rupture (in subsequent pregnancies). The myometrium (uterine muscle) is sutured (sewn back) in multiple layers to provide strength and support.
- **Closure:** The surgeon closes the tiny abdominal incisions with sutures or staples.
- **Recovery:** Following surgery, patients are transferred to a recovery area where they are closely watched as the effects of anaesthesia wear off.

Before your discharge, you will be given clear instructions on the measures to follow during your recovery and what to avoid. Read on to know more.

Recovery and Aftercare

Here is what to expect during your recovery period.

- **Pain Management:** Pain medication will be prescribed for patients to manage pain post-surgery. It is important to follow your doctor's prescription.
- **Activity Restrictions:** For internal healing purposes, patients need to refrain from strenuous activities, heavy lifting (nothing over 5 pounds), and sex for the first 4 to 6 weeks after surgery.
- **Wound Care:** Keep the incisions clean and dry. Follow your surgeon's instructions for wound care. Report any signs of infection, such as increased redness, swelling, or discharge.
- **Follow-up Appointments:** Your doctor will schedule follow-up appointments at regular intervals to monitor your progress in healing and any potential risk of complications.
- **Gradual Return to Normal Activities:** A few days to weeks following surgery, patients can usually resume regular, non-strenuous activities. Although it might vary for individuals, a full recovery and the return to all activities, including exercise, are often anticipated in 4 to 8 weeks.

Each patient's recovery process will vary, so it's essential to follow the specific guidelines provided by the healthcare team.

What are the Benefits and Risks of Laparoscopic Myomectomy?

The following are the benefits and risks of laparoscopic myomectomy:

Benefits of Laparoscopic Myomectomy

- **Less invasive:** Key advantages of laparoscopic myomectomy compared to undergoing an open surgery procedure include smaller incisions resulting in less overall trauma to the body.
- **Reduced Pain and Scarring:** Smaller incisions associated with laparoscopic myomectomy usually result in less post-operative pain and speed the healing process, resulting in smaller and less noticeable scars.
- **Shorter Hospital Stay and Faster Recovery:** The patient can usually go home the same day or the next morning and return more quickly to normal activities.
- **Infection rate:** Due to the smaller incisions and more limited need for suturing, the rate of postoperative infections is lower.
- **Preserves the Uterus:** This method preserves the uterus, maintaining your fertility.

Risks of Laparoscopic Myomectomy

- **Potential Surgical Risks:** Risk of bleeding, infection, damage to surrounding organs, and associated risks with anaesthesia exist.
- **Conversion to Open Incision:** In the event of complicating factors, the physician may have to convert to an open procedure.
- **Recurrence of fibroids:** Although the treated fibroids are gone, new fibroids can grow and cause symptoms
- **Adhesions:** Internal scar tissue can form, which may cause pain or future fertility problems.
- **Fibroid Dissemination:** There is a small risk that benign fibrous tissue will be read outside of the uterus during the morcellation leg of laparoscopic myomectomy.

Why Choose Krishna Medical Centre

Krishna Medical Centre is the best multispecialty hospital providing 24X7 comprehensive care and treatment to patients under one roof. We are equipped with the right tools and technologies, state-of-the-art facilities, top-notch infrastructure and a team of highly experienced doctors, surgeons, and staff who deliver superior treatment outcomes. We have the most advanced technologies, equipment and the best professional surgeon, Dr Chandravati and her team who perform myomectomy with utmost precision.

Dilation and curettage (D&C)

Dilation and curettage (D&C) is a procedure to remove tissue from inside your uterus. Health care professionals perform dilation and curettage to diagnose and treat certain uterine conditions — such as heavy bleeding — or to clear the uterine lining after a miscarriage or abortion.

In a dilation and curettage, small instruments or a medication is used to open (dilate) the lower, narrow part of your uterus (cervix). Next, a surgical instrument called a curette, which can be a sharp instrument or suction device, is used to remove uterine tissue.

Why it's done

Dilation and curettage is used to diagnose or treat a uterine condition.

To diagnose a condition

Before doing a D&C, your health care team might recommend a procedure called endometrial biopsy or endometrial sampling to diagnose a condition. Endometrial sampling might be done if:

- You have unusual uterine bleeding.
- You have bleeding after menopause.
- You have unusual endometrial cells, which are discovered during a routine test for cervical cancer.

To perform the test, a health care professional collects a tissue sample from the lining of your uterus, also called the endometrium, and sends the sample to a lab for testing. The test can check for:

- Endometrial intraepithelial hyperplasia — a precancerous condition in which the uterine lining becomes too thick
- Uterine polyps
- Uterine cancer

If more information is needed, you then might need a D&C, which is usually done in an operating room.

When performing a D&C to treat a condition, a doctor removes the contents from inside your uterus, not just a small tissue sample. This might be done to:

- Prevent infection or heavy bleeding by clearing tissues that remain in the uterus after a miscarriage or abortion.
- Remove a tumour that forms instead of a typical pregnancy. This is also called a molar pregnancy.
- Treat excessive bleeding after delivery by clearing out any placenta that remains in the uterus.
- Remove cervical or uterine polyps, which are usually noncancerous, or benign.

A D&C might be combined with another procedure called hysteroscopy. During hysteroscopy, a doctor inserts a slim instrument with a light and camera on the end into your vagina, through your cervix and into your uterus.

Your doctor then views the lining of your uterus on a screen, checking for areas that look unusual. Your doctor also checks for polyps and takes tissue samples as needed. During a hysteroscopy, uterine polyps and fibroid tumours can be removed.

At times, a hysteroscopy might be done combined with an endometrial biopsy before a full D&C procedure.

For dilation and curettage, patient will receive anaesthesia. The choice of anaesthesia depends on the reason for the D&C and patient's medical history.

During the procedure:

- The patient will lie on the back on an exam table while her heels rest in supports called stirrups.
- The doctor inserts an instrument called a speculum into patient's vagina, as during a Pap test, to see her cervix.
- The doctor inserts a series of increasingly thick rods into patient's cervix to slowly dilate it until its open enough.
- The doctor removes the dilation rods and inserts a spoon-shaped instrument with a sharp edge or a suction device and removes uterine tissue.

Because the patient is either unconscious or sedated during a D&C, so the patient shouldn't feel any discomfort.

After the procedure

You'll likely spend a few hours in a recovery room after the D&C so that you can be monitored for heavy bleeding or other complications. This also gives you time to recover from the effects of anaesthesia.

Typical side effects of a D&C can last a few days and include:

- Mild cramping
- Spotting or light bleeding

For discomfort from cramping, your care team might suggest taking ibuprofen (Advil, Motrin IB, others) or another medication.

You should be able to resume your activities within a day or two.

Contact your health care team if after a D&C you have:

- Bleeding that's heavy enough that you need to change pads every hour.
- Lasting dizziness or light-headedness.
- Fever.
- Cramps lasting more than 48 hours.
- Pain that gets worse instead of better.
- Foul-smelling discharge from the vagina.

Your health care team will discuss the results of the procedure with you after the D&C or at follow-up appointments.

Ruptured Ectopic Pregnancy

An ectopic pregnancy is a medical emergency that requires immediate intervention to prevent life-threatening complications. When an embryo implants outside the uterus, typically in the fallopian tubes, it can lead to a ruptured ectopic pregnancy. In such cases, urgent medical attention is crucial to safeguard the health and well-being of the patient. A ruptured ectopic pregnancy occurs when the fertilized egg grows within the fallopian tube, causing it to rupture and result in internal bleeding. This condition requires immediate intervention to control the bleeding and remove the pregnancy tissue. Failure to address a ruptured ectopic pregnancy promptly can lead to severe blood loss, shock, and even death. The primary goal of urgent intervention for a ruptured ectopic pregnancy is to prevent life-threatening complications and preserve the patient's reproductive health. In most cases, surgical intervention is necessary to address the condition effectively. The specific procedure performed may vary depending on the severity of the rupture and the patient's individual circumstances. Surgical options may include laparoscopy, a minimally invasive procedure, or in more severe cases, laparotomy, which involves a larger abdominal incision. The surgeon will

locate and remove the ectopic pregnancy, repair any damage to the fallopian tube, and address any bleeding or other complications. In addition to surgery, the patient may require blood transfusions and close monitoring to ensure stable vital signs and adequate recovery. Emotional support and counseling are also essential as patients navigate the physical and emotional impact of a ruptured ectopic pregnancy. Timely intervention for a ruptured ectopic pregnancy is critical in preventing further complications and preserving future fertility. After treatment, close follow-up care is necessary to monitor the patient's recovery and provide guidance regarding future pregnancy options and contraceptive methods. It is important for individuals to be aware of the signs and symptoms of an ectopic pregnancy, such as abdominal pain, vaginal bleeding, and dizziness, and seek immediate medical attention if they suspect they may be experiencing one. In summary, urgent intervention for a ruptured ectopic pregnancy is a life-saving measure that aims to prevent severe complications. Timely surgical intervention and appropriate post-operative care are crucial in preserving the patient's health and fertility. Raising awareness about ectopic pregnancies and the importance of seeking immediate medical attention can help ensure timely intervention and better outcomes for affected individuals. The urgency of addressing a ruptured ectopic pregnancy cannot be overstated, as it is a potentially life-threatening condition that requires immediate intervention. When a fertilized egg implants outside the uterus, typically in the fallopian tube, and ruptures, it can lead to severe internal bleeding and put the patient's life at risk. Prompt medical attention is essential in preventing life-threatening complications associated with a ruptured ectopic pregnancy. The primary objective of urgent intervention is to control the bleeding, remove the ectopic pregnancy, and ensure the patient's safety. Surgical intervention is typically required to address a ruptured ectopic pregnancy effectively. The specific procedure performed depends on various factors, including the extent of the rupture and the patient's overall condition. Minimally invasive techniques, such as laparoscopy, may be employed to access and remove the ectopic pregnancy while minimizing trauma to surrounding tissues. In more severe cases, open surgery, known as laparotomy, may be necessary to provide better access and manage extensive internal bleeding. During surgery, the ruptured fallopian tube may need to be repaired or, in some cases, removed to prevent further complications. The surgeon will take necessary measures to control bleeding, ensuring the patient's stability and optimizing the chances of a successful recovery. Following surgical intervention for a ruptured ectopic pregnancy, close monitoring and post-operative care are essential. This may include observation of vital signs, pain management, administration of intravenous fluids, and blood transfusions if necessary. Emotional support and counseling are also crucial to help the patient cope with the emotional impact of losing a pregnancy and the potential implications for future fertility. Recovering from a ruptured ectopic pregnancy is a physically and emotionally challenging process. Close follow-up care is vital to assess the patient's recovery, monitor for any complications, and provide guidance on future reproductive options. It is essential to discuss contraception methods and the potential impact on future pregnancies, as the risk of another ectopic pregnancy may be increased. Early detection of ectopic pregnancy symptoms, such as abdominal pain, vaginal bleeding, shoulder pain, and dizziness, is crucial. Recognizing these signs and seeking immediate medical attention can significantly improve the chances of timely intervention and a positive outcome. In conclusion, urgent intervention for a ruptured ectopic pregnancy is paramount in preventing life-threatening complications. Surgical intervention, coupled with appropriate post-operative care, is necessary to control bleeding, remove the ectopic pregnancy, and safeguard the patient's well-being. Timely medical attention, awareness of symptoms, and close follow-up care contribute to better outcomes for individuals affected by a ruptured ectopic pregnancy.

Ovarian Cystectomy

Ovarian cystectomy is a surgical procedure performed to remove an ovarian cyst. An ovarian cyst is a fluid-filled sac that can form on or within the ovary. With Functional cysts being the most common there are different types of ovarian cysts such as, dermoid cysts, endometriomas, and cystadenomas. Each type has a specific physiological implication and treatment protocol. While most ovarian cysts are harmless and resolve on their own, some may cause discomfort or pose a risk to a woman's health.

Ovarian cystectomy is advised if the cysts are large, symptomatic, persistent or can be potentially malignant. During an ovarian cystectomy, the surgeon makes a small incision in the abdomen and carefully removes the cyst while preserving the healthy ovarian tissue. This minimally invasive procedure can be performed using

laparoscopic techniques, which involve smaller incisions and result in less scarring and quicker recovery times.

If one is considering an ovarian cystectomy in Mumbai, she would have access to world-class medical facilities and highly skilled surgeons. The city boasts numerous hospitals that specialise in gynaecological surgeries, including ovarian cystectomy.

Benefits of Ovarian Cystectomy

An ovarian cystectomy involves the removal of the cyst while preserving the healthy ovarian tissue. Here are some benefits of undergoing an ovarian cystectomy:

Cyst Removal and Symptom Relief

Ovarian cysts can cause a variety of symptoms including pelvic pain, bloating and menstrual irregularities. Fortunately, undergoing an ovarian cystectomy can provide significant relief from these symptoms. By surgically removing the cyst, the pressure on surrounding tissues is relieved, reducing discomfort and restoring normal function to the affected area. Surgical removal is especially beneficial for cysts causing symptoms like pelvic pain or menstrual irregularities.

Diagnostic procedures such as transvaginal ultrasounds and CA-125 blood tests are critical in evaluating the cyst and guiding treatment decisions.

Preservation of Ovarian Function

One of the key benefits of an **ovarian cystectomy** is the preservation of ovarian function. Unlike other surgical procedures that involve removing the entire ovary, a cystectomy aims to only remove the cyst while leaving the healthy ovarian tissue intact. This is particularly important for women who are still of childbearing age and wish to preserve their fertility.

Minimise Scarring

Another advantage of opting for an ovarian cystectomy is the potential to minimise scarring. The procedure is often performed laparoscopically using small incisions, resulting in less tissue trauma compared to traditional open surgery. This minimally invasive approach not only reduces the risk of infection and complications but also leads to smaller scars and a faster recovery time.

Alternatives to Ovarian Cystectomy

By exploring alternatives to ovarian cystectomy, one can work with the surgeon to determine the best course of treatment for one's specific situation. Remember, every case is unique, and what works for one person may not be the best option for another.

Watchful Waiting

If a woman has been diagnosed with an ovarian cyst, she may be wondering about her treatment options. One alternative to consider is watchful waiting.

- Watchful waiting is a viable option for smaller cysts that are not causing any symptoms or complications. The doctor will regularly monitor the cyst using ultrasound exams to ensure it is not growing or causing any issues. If the cyst does not go away on its own or starts to grow, one's doctor may recommend other treatment options.

Ovarian Cyst Drainage

Another alternative to **ovarian cystectomy** is ovarian cyst drainage. This procedure involves draining the fluid from the cyst with a needle or catheter.

- Ovarian cyst drainage is typically performed under ultrasound guidance to ensure accuracy and safety. This procedure can provide temporary relief from symptoms such as pain and discomfort caused by a large or painful cyst. However, it is important to note that ovarian cyst drainage does not remove the cyst itself and there is a chance of the cyst refilling with fluid.

Oophorectomy (Ovary Removal)

In some cases, when all other treatment options have been exhausted or if there are concerns about cancerous cells, oophorectomy may be recommended. This involves the surgical removal of one or both ovaries.

1. Oophorectomy is usually performed laparoscopically, which means smaller incisions and a quicker recovery time compared to traditional open surgery.
2. While oophorectomy may be necessary in certain situations, it should only be considered as a last resort due to its potential impact on fertility and hormone levels.
3. If a woman is considering oophorectomy, it is important to discuss all potential risks and benefits with the surgeon before making a decision.

Preparing for Ovarian Cystectomy

Preparing for an ovarian cystectomy requires careful consideration and adherence to medical advice. By consulting with a gynaecologist, undergoing diagnostic imaging and following fasting and medication instructions, one can ensure that she is fully prepared for the procedure. Before undergoing an **ovarian cystectomy**, it is crucial to consult with a gynaecologist who specialises in this area. They will assess the person's medical history and perform a thorough physical examination to determine the best course of action for the specific case. This consultation is an opportunity for one to ask questions and gain a better understanding of the procedure.

Diagnostic Imaging and Evaluation

As part of the preparation process, the gynaecologist may order diagnostic imaging tests to further evaluate the size, location and nature of the ovarian cyst. This can include an ultrasound, CT scan, or MRI. These tests provide valuable information that will help the doctor plan the surgery and ensure the best possible outcome.

Fasting and Medication Instructions

The gynaecologist will provide specific instructions regarding fasting before the surgery. It is important to follow these instructions carefully to minimise any potential complications during the procedure. The person may be asked to avoid eating or drinking for a certain period before the surgery.

Additionally, the doctor may give her instructions about medications she should stop taking prior to the cystectomy. Certain medications, such as blood thinners, may increase the risk of bleeding during surgery. Make sure to inform the doctor about all the medications one is currently taking, including over-the-counter drugs and supplements.

Types of Ovarian Cystectomy Procedures

There are different types of **ovarian cystectomy** procedures available, depending on the size and location of the cyst. If a woman is considering **ovarian cystectomy in Mumbai** or anywhere else, it is important to understand the different options available to her.

Here are some common types of ovarian cystectomy procedures:

1. Laparoscopic Ovarian Cystectomy:

- This minimally invasive procedure involves making small incisions in the abdomen and inserting a laparoscope (a thin tube with a camera) to visualise and remove the cyst. Laparoscopic ovarian cystectomy offers several advantages, including faster recovery time, less scarring, and reduced postoperative pain compared to traditional open surgery.

2. Robotic-Assisted Ovarian Cystectomy

- Robotic-assisted surgery is similar to laparoscopic surgery but utilises robotic arms controlled by a surgeon. This advanced technology allows for more precise movements and better visualisation of the surgical site, resulting in improved outcomes.

3. Traditional Open Surgery

- In certain cases, open surgery may be necessary if the cyst is large or if there are other complications. This procedure involves making a larger incision in the abdomen to access and remove the cyst.

The Ovarian Cystectomy Surgery Process

Anaesthesia and Incision

- Before the surgery, the patient will be given anaesthesia to ensure comfort and minimise pain during the procedure. An incision is then made in the abdomen to access the ovaries and remove the cyst.

Cyst Removal and Preservation of Ovary

- During the surgery, the surgeon carefully removes the cyst from the ovary. The aim is to preserve as much healthy ovarian tissue as possible, ensuring fertility and hormonal function are maintained. In some cases, if both ovaries are affected, partial or complete removal of one or both ovaries may be necessary.

Closure and Recovery

- Once the cyst has been successfully removed, the surgeon will close the incision using stitches or staples. The patient will then be moved to a recovery room where they will be monitored closely for any complications or signs of infection. Recovery time can vary depending on individual circumstances, but most patients can expect to return to their normal activities within a few days to weeks.

Risks of Ovarian Cystectomy

Undergoing an **ovarian cystectomy** is a common surgical procedure used to remove ovarian cysts. While this procedure is generally safe, it's important to be aware of the potential risks and complications that can arise. Here are two common risks associated with ovarian cystectomy:

1. Infection

Any surgery carries a risk of infection and an ovarian cystectomy is no exception. Infections can occur at the site of the incision or in the pelvic area. If one experiences symptoms such as fever, increased pain or discharge from the incision site, it's important to contact the doctor immediately.

2. Bleeding

During an ovarian cystectomy, there is a risk of excessive bleeding. This can happen if blood vessels are accidentally damaged during the procedure. While it's normal to experience some bleeding after surgery, excessive or prolonged bleeding should be reported to the surgeon.

Complications of Ovarian Cystectomy

While an **ovarian cystectomy** is generally considered safe and effective, like any surgical procedure, there are potential complications that can arise.

Here are two possible complications that can occur during or after an ovarian cystectomy:

1. Injury to Nearby Organs

During the surgery, there is a small risk of unintentional injury to nearby organs such as the bladder, bowel, or blood vessels. This can happen due to the close proximity of these organs to the ovaries. However, with skilled surgeons and advanced surgical techniques, the risk of organ injury is minimised.

2. Formation of Scar Tissue

Another potential complication is the formation of scar tissue in the pelvic area. Scar tissue, also known as adhesions, can develop after surgery and may cause pain or discomfort. In some cases, adhesions can lead to fertility issues or problems with future surgeries in the pelvic region.

It's important to note that these complications are relatively rare and occur in a small percentage of patients undergoing ovarian cystectomy.

Recovery After Ovarian Cystectomy

Recovering from an **ovarian cystectomy**, the surgical removal of an ovarian cyst, is an important step in regaining one's health and well-being. This procedure may require a hospital stay depending on the complexity of the surgery and individual circumstances. Here are some key points to keep in mind during recovery:

Pain Management

After the procedure, it is normal to experience some pain or discomfort. The doctor will provide her with appropriate pain medication to help manage any post-operative pain. Be sure to follow their instructions on dosage and frequency.

Dietary Guidelines

While recovering from an **ovarian cystectomy**, it is important to maintain a healthy diet that supports healing. Focus on consuming nutrient-rich foods and staying hydrated. The doctor or nutritionist may provide the patient with specific dietary guidelines based on her individual needs.

Resuming Normal Activities

It is essential to listen to one's body and gradually ease back into regular activities. Start with light movements and gradually increase intensity as one feels comfortable. Avoid strenuous activities or heavy lifting until cleared by your doctor.

Follow-up Appointments

Regular follow-up appointments with one's doctor are crucial for monitoring recovery progress and ensuring that there are no complications. These appointments also provide an opportunity for any concerns or questions one may have to be addressed.

Frequently Asked Questions (FAQs)

1. What are The Typical Symptoms of Ovarian Cysts?

Common symptoms of ovarian cysts include abdominal bloating or swelling, pelvic pain, changes in the menstrual cycle, frequent urination and difficulty in emptying the bladder completely.

2. Is Ovarian Cystectomy The Same as Oophorectomy?

No, ovarian cystectomy and oophorectomy are not the same. Ovarian cystectomy involves removing only the cyst while preserving the healthy ovary. On the other hand, oophorectomy is the surgical removal of one or both ovaries.

3. Can an Ovarian Cystectomy be Performed Laparoscopically?

Yes, ovarian cystectomy can be performed laparoscopically in many cases. This minimally invasive technique uses small incisions and a camera to remove the cyst.

4. How Long Does The Recovery Process Take After Ovarian Cystectomy?

The recovery process varies for each individual. In general, most women can resume normal activities within a week or two after undergoing an ovarian cystectomy.

5. Will I Experience any Changes in Hormone Levels or Fertility After The Procedure?

In most cases, hormonal balance and fertility are not affected by an ovarian cystectomy. However, if one or both ovaries are removed during the surgery, there may be a temporary decrease in hormone levels or a possible impact on fertility.

6. Can Cysts Recur After Ovarian Cystectomy?

While an ovarian cystectomy aims to remove the cyst completely, there is a small chance that new cysts may develop in the future. Regular check-ups and follow-up appointments with the surgeon can help monitor any potential recurrence.

7. Is it Possible to Have Multiple Ovarian Cystectomies?

Yes, it is possible to have multiple ovarian cystectomies if new cysts develop. However, it is important to discuss with one's doctor about the underlying causes of recurring cysts and explore other treatment options if necessary.

8. When Should I Seek Immediate Medical Attention After The Surgery?

After an ovarian cystectomy, you should seek immediate medical attention if you experience severe abdominal pain, heavy bleeding, fever, or signs of infection such as redness, swelling, or discharge at the incision site.

Uterine Fibroids

Uterine fibroids, otherwise referred to as leiomyomas or myomas, are non-cancerous growths in the uterus. Uterine fibroids can be found within the uterine wall, on the outer surface of the uterus, or attached to the uterine wall by a stalk. These fibroids develop in women during their childbearing age. Their size can range from undetectable seedlings to bulky masses that can enlarge the uterus

Many variables are thought to play a role in the development of uterine fibroids:

- **Growth Factors:** These substances help the body maintain tissues, and insulin-like growth factors may affect fibroid growth.
- **Extracellular Matrix (ECM):** Fibroid cells make more ECM than ordinary uterine muscle cells do. The extra ECM makes fibroids firm and rubbery and makes it harder for the body to get rid of them.

Fibroid growth Hormones: Fibroids contain more estrogen and progesterone receptors than normal uterine muscle cells do. Fibroids seem to thrive in an estrogen and progesterone-rich environment.

- **Pregnancy:** Pregnancy increases the production of estrogen and progesterone in your body. Fibroids may develop and overgrow while you are pregnant.

Symptoms of Uterine Fibroids:-

Sometimes, uterine fibroids cause no signs or symptoms. When they do, they may include one or more of the following:

- **Menstrual Changes:** Fibroids can lead to heavy, prolonged menstrual periods and irregular bleeding.
- **Pelvic Pain and Pressure:** Fibroids can cause pelvic discomfort, pain, and a feeling of fullness or pressure in the lower abdomen.
- **Frequent Urination:** Large fibroids can press against the bladder, leading to increased urgency and frequency of urination.
- **Pain During Intercourse:** Fibroids near the surface of the uterine wall can cause pain or discomfort during sexual intercourse.
- **Backache or Leg Pains:** If fibroids press on nerves or blood vessels, they can cause back pain or leg pains.

It's essential to consult a healthcare provider if you experience these symptoms, as they can be indicative of uterine fibroids or other gynaecological conditions.

How is Uterine Fibroids Diagnosed?

During a routine pelvic examination, a healthcare provider may be able to feel the presence of larger fibroids, especially if they are close to the surface of the uterus. Common diagnostic methods for uterine fibroids include the following:

- **Ultrasound:** Transabdominal or transvaginal ultrasound can provide a clear image of the uterus and help identify fibroids' size, number, and location.
- **Magnetic Resonance Imaging (MRI):** An MRI can offer detailed images of the uterus and fibroids, providing valuable information about their location and characteristics.
- **Hysterosalpingography (HSG):** This procedure involves injecting a contrast material into the uterus and taking X-ray images to visualize the inside of the uterus and detect any abnormalities, including fibroids.
- **Hysteroscopy:** In a hysteroscopy, a thin, lighted tube with a camera is inserted through the cervix into the uterus to view the uterine cavity directly. This method is handy for identifying fibroids located within the uterine cavity.

These diagnostic methods help healthcare providers determine the presence, size, location, and characteristics of uterine fibroids, aiding in developing an appropriate treatment plan.

Treatment Methods for Uterine Fibroids

Treatment options for uterine fibroids depend on factors such as size, location, and number, the severity of symptoms, and the patient's desire to maintain fertility or avoid surgery.

The most common treatment options include:

Medications: These cannot cure fibroids, but can help control symptoms such as heavy menstrual bleeding and pelvic pressure.

1. **Hormonal birth control:** Birth control pills, patches, and injections can control heavy bleeding and painful periods.
2. **Gonadotropin-releasing hormone (GnRH) agonists:** These drugs can be used to “turn off” the ovaries, causing estrogen and progesterone levels to drop and menstrual periods to stop, leading to tumour shrinkage.
3. **Progestin-releasing intrauterine device (IUD):** Progestin, a synthetic hormone, is released by this small device, which is inserted into your uterus; it treats heavy periods and does a good job shrinking fibroids and relieving pain, but this device may cause annoying spotting.

4. **Nonsteroidal anti-inflammatory drugs (NSAIDs):** Taken in pill form for a few days during a woman's period, they can reduce menstrual bleeding and pain.
5. **Tranexamic acid (Lysteda):** Another non-hormonal medication that reduces menstrual blood loss.

Non-surgical options include MRI-guided focused ultrasound therapy (FUS): High-energy ultrasound waves generate heat to destroy fibroid tissue.

Minimally Invasive procedure:

1. **Uterine artery embolization (UAE):** Small particles, the size of grains of sand, are injected into the uterine arteries through a catheter, which is a small, plastic tube. The particles block the blood supply to the fibroids, causing them to shrink.
2. **Radiofrequency ablation:** A small needle-like probe is inserted through the abdomen into the uterine fibroids using imaging guidance. Radiofrequency energy is transmitted to the fibroid and destroys the abnormal tissue.
3. **Myolysis:** An electrical current or laser destroys the small blood vessels feeding the fibroids.
4. **Laparoscopic or robotic myomectomy:** If fibroids haven't grown too large or too deeply into the wall of the uterus, they can often be removed using laparoscopic tools, including a camera and operating instruments, which are inserted through small incisions in the abdomen.
5. **Hysteroscopic myomectomy:** Fibroids located within the uterine cavity can often be removed using a hysteroscope inserted through the cervix and into the uterus.

Traditional Surgical Procedures:

1. **Abdominal myomectomy:** If you have multiple fibroids, large fibroids, or deep fibroids, your doctor may use an open abdominal surgical procedure to remove the fibroids.
2. **Hysterectomy:** This surgery removes the uterus. It's the only sure way to cure uterine fibroids. The decision to proceed with a hysterectomy is a permanent one.

The choice of treatment should be a decision made collaboratively, after discussing all available options and potential benefits and risks with a healthcare provider.

Complications of Uterine Fibroids

- **Heavy Menstrual Bleeding:** This can lead to anaemia, causing fatigue and other health concerns.
- **Pain:** This can be in the form of pelvic pain, pain during intercourse, or prolonged menstrual cramps.
- **Pressure:** Large fibroids can exert pressure on adjacent organs, leading to frequent urination, constipation, or backache.
- **Infertility:** Sometimes fibroids block the fallopian tubes or hinder the implantation of the embryo.
- **Miscarriage:** The likelihood of miscarriage is increased by the presence of fibroid tumours.
- **Preterm delivery:** The presence of fibroids increases the risk of giving birth to a premature baby.
- **Breech birth:** The baby is turned so that its feet, rather than its head, are positioned to come out first. Under this circumstance, the baby may have to be delivered by caesarean section.
- **Placental abruption:** The placenta breaks away from the uterine wall before delivery, making the fetus deprived of its life supply of oxygen
- **Degenerative Changes:** As fibroid tumours grow, some areas may outgrow their blood supply and degenerate. This can cause pain, which sometimes requires the degenerated area to be surgically removed.
- **Compression of the Ureter:** A large fibroid pressing on the ureter can cause the urine flow from the kidney to be obstructed.

If you are diagnosed with fibroids, having regular checkups with your healthcare provider to monitor the condition and getting timely treatment will help prevent any complications.

How to Prevent Uterine Fibroids?

Prevention methods to reduce the risk or inhibit the growth of fibroids:

- **Hormonal Birth Control:** Hormonal birth control (using birth control pills, the patch, or another method) can help keep your periods light and help prevent the growth of fibroids.
- **Maintain a Healthy Weight:** Maintaining a healthy weight through regular exercise and a healthy diet can be helpful.
- **Dietary Choices:** Some studies have suggested that eating more green vegetables, fruit, and dairy may be linked to a lower risk of developing fibroids. Eating a lot of red meat, ham, and other processed meats can raise the risk.
- **Limit Exposure to Environmental Toxins:** It's a good idea to be mindful of your environment and try to limit exposure to chemicals.
- **Manage Blood Pressure:** Getting regular check-ups and managing your blood pressure with lifestyle changes and medications (if needed) can help.
- **Limit your intake of alcohol and caffeine:** According to some research, cutting back on these substances may help lower your chance of developing fibroids.

It's crucial to speak with a healthcare provider if you have concerns about fibroids for individualized guidance and routine monitoring.

Uterine Prolapse

Uterine prolapse is a condition in which the uterus, which is supported by a complex system of muscles, ligaments, and tissue within the pelvic region, drops down to or protrudes from the vagina. This happens when the supporting structures of the pelvic floor that generally keep the uterus in place become damaged or weak from childbirth, aging, chronic coughing, heavy lifting, or changes in hormones. The condition can cause discomfort, urinary and bowel problems, and pressure or fullness in the pelvic area.

These factors can increase a woman's risk of developing uterine prolapse:

- **Childbirth:** Having a vaginal delivery, particularly if you had a big baby or needed a lengthy labor, can weaken your pelvic floor muscles and stretch your pelvic tissues.
- **Aging:** As you age, your pelvic muscles naturally weaken. The process can be exacerbated in women by the decrease in estrogen that accompanies menopause.
- **Hysterectomy:** Having a hysterectomy or any other surgery that weakens the pelvic floor muscles may later result in POP.
- **Chronic constipation:** Chronic straining may cause muscle or tissue damage and is frequently associated with pelvic floor disorders.
- **Chronic coughing:** Conditions such as bronchitis or the habit of smoking can lead to weakness of the muscles.
- **Obesity:** Obesity is a significant cause of several other health conditions, and it also makes you more likely to develop pelvic floor problems. That's because excess fat puts more pressure on the pelvic floor muscles.
- **Tumours:** This is significantly less common than the others on the list, but not unheard of. Sometimes, pelvic tumours can cause a prolapsed bladder, along with other symptoms.

Preventive treatments can help strengthen the pelvic muscles and lower the chance of uterine prolapse, such as pelvic floor exercises (Kegels) and keeping a healthy weight.

Treatment Methods for Uterine Prolapse

The treatment for uterine prolapse depends on the severity of the condition, the patient's age, overall health, symptoms, and whether she plans on having children in the future. Standard treatment methods include:

- **Observation:** Mild cases of prolapse that are not causing symptoms may be managed by watchful waiting. Regular checkups can help determine if the prolapse is getting worse.
- **Pelvic Floor Exercises:** Pelvic floor exercises, often referred to as Kegel exercises, are a set of exercises designed to strengthen the pelvic floor muscles, which provide support to the pelvic organs, including the bladder, uterus, and rectum
- **Vaginal Pessary:** A pessary is a removable device that is inserted into the vagina to help hold up your pelvic organs and keep the uterus in place. Pessaries can be fitted in all different shapes and sizes according to your needs.
- **Estrogen Replacement Therapy:** For some women, the pelvic muscles become weaker after menopause due to decreased levels of estrogen. Estrogen replacement therapy can be given in the form of vaginal creams, pills, or patches to help resolve this issue.
- **Surgery:** Surgery is considered if other treatments are ineffective or the prolapse is severe. Surgical options include:
 - **Vaginal Hysterectomy:** Removal of the uterus through the vagina.
 - **Uterosacral or Sacrospinous Ligament Suspension:** This procedure involves attachment of the uterus or vaginal vault (in women who have had a hysterectomy) to nearby ligaments.
 - **Sacral Colpopexy:** This procedure is usually done laparoscopically and involves attachment of the vaginal vault to the sacrum using mesh.
 - **Anterior and Posterior Vaginal Repair:** Correction of a cystocele or rectocele by repairing the front (anterior) or back (posterior) wall of the vagina.

The treatment course should be individualized, and treatment decisions should be made jointly by the patient and his or her healthcare team after weighing the pros and cons based on the patient's preferences and individual clinical circumstances.

Complications of Uterine Prolapse?

If Uterine Prolapse is not treated or severe, it can result in the following complications:

- **Ulceration and infection:** If the uterus or vaginal tissue is protruding from the body, it may become chafed, which could lead to the forming of ulcers. The ulcers may become infected.
- **Urinary Problems:** The prolapse can lead to:
 1. **Urinary incontinence:** An involuntary leakage of urine.
 2. **Urinary retention:** Inability to empty the bladder.
 3. **Recurrent urinary tract infections UTIs:** These are due to incomplete emptying of the bladder or the prolapse itself.
- **Difficulty in Bowel Evacuation:** A prolapse might cause difficulties in having bowel fun or cause constipation.
- **Sexual Problems:** Women with Uterine prolapse might have discomfort or even feel pain during intercourse.
- **Quality Of Life:** The symptoms and the physical changes associated with uterine prolapse might affect self-esteem, body image, and generally, the quality of life and may cause emotional and psychological challenges.
- **Exacerbation Associated Pelvic Floor Disorders:** Any pelvic floor disorder, such as cystocele (bladder prolapse) or a rectocele (rectum prolapse), the presence of uterine prolapse might worsen the problems associated with the combined condition.
- **Complications of Pessary Use:** If a pessary is not adequately cared for or if it doesn't fit correctly, it can cause:
 1. Irritation or ulceration of the vagina.
 2. Discharge and odour from the vagina.
 3. Infections.

If uterine prolapse is suspected or if a person is experiencing symptoms, a healthcare provider should be contacted for an evaluation.

How to Prevent Uterine Prolapse?

Not all cases of uterine prolapse can be prevented, but much can be done to reduce the risk or slow the condition's progression. Some preventive strategies for uterine prolapse include the following health tips:

- **Pelvic floor exercises:** Exercises that involve contracting and relaxing the pelvic floor muscles, called Kegels, can strengthen those muscles and provide better support for the uterus.
- **Maintain a healthy weight:** Being overweight can put extra pressure on the pelvic floor muscles. Achieving and maintaining a healthy weight through a balanced diet and regular exercise can help decrease the risk.
- **Avoid straining:** Too much during bowel movements or lifting heavy objects can weaken the pelvic floor muscles. Use proper lifting techniques, and talk to a doctor about chronic constipation.
- **Limit high-impact activities:** Running and intense jumping can strain the pelvic floor. While it's important to stay active, a person may want to incorporate low-impact activities like swimming, cycling, or walking.
- **Treat chronic cough:** A long-lasting cough, which may be due to smoking or a lung or respiratory condition, can increase the risk of prolapse. It is essential to treat the underlying cause of the cough.
- **Prompt treatment of pelvic infections:** Infections weaken the pelvic tissues, so immediate treatment of such conditions as pelvic inflammatory disease is critical.
- **Childbirth considerations:** Elective caesarean delivery to prevent prolapse is not recommended as a routine procedure, but discussing with a healthcare provider the different methods of childbirth and their risks can be helpful.

While these tips can help prevent uterine prolapse, it's important to remember that factors such as age and genes can't be controlled. Therefore, women need to perform regular self-examinations and consult with a healthcare provider to detect any issues at earlier stages, in cases when treatments could be less delicate and more effective.

Anterior Prolapse (Cystocele)

Anterior vaginal prolapse is also known as a cystocele or a prolapsed bladder. It refers to a condition where the bladder drops from its original position in the pelvis and hence puts pressure on the wall of your vagina. The anterior wall of the vagina is supported by connective tissues and muscles. When these supporting structures are damaged or weakened, the bladder tends to descend into the vaginal space leading to the formation of a cystocele. This condition is more common in women who have gone through childbirth or menopause.

This condition can be treated with both non-surgical and surgical measures. Non-surgical measures include exercises and certain lifestyle changes. More severe cases would require surgical intervention.

What Causes an Anterior Prolapse?

As discussed, one's pelvic floor consists of ligaments, muscles, and connective tissues, which all support the bladder and other pelvic organs. If these supporting structures weaken with time or due to certain stress-causing factors, the bladder may slip down and bulge into the vagina. These factors include:

- Pregnancy, vaginal childbirth
- Repeated heavy lifting
- Obesity or being overweight
- Straining during bowel movements
- Chronic cough, or bronchitis

Symptoms of an Anterior Prolapse?

In mild cases, there might not be any signs or symptoms. However, if they do occur, they include the following:

- Pressure or a feeling of fullness in your pelvis and vagina
- A bulge of tissue in the vagina, which is visible or one that you can feel
- Pelvic pressure at the time of coughing, straining, bearing down, or lifting
- Problems during urination such as difficulty in starting urination, having a feeling of an unemptied bladder after urination, frequently feeling the urge to urinate, or urinary incontinence (leaking urine)

One may note here that the symptoms are especially noticeable after standing for long time periods. They may even go as you lie down.

How is an Anterior Prolapse Diagnosed?

Diagnosing an anterior prolapse may involve the following:

A pelvic examination: Here, the doctor examines you while you lie down and/or stand. The doctor will look for the presence of a visible tissue bulge in your vagina, which would be an indication of cystocele. The degree of prolapse will be found out by making you bear down as if during a bowel movement. Moreover, you'll be asked to contract the pelvic floor muscles to check the muscle strength; this you can do by trying to stop the urine stream.

Filling out a questionnaire: This is to provide the examiner with information about your medical history, the degree of prolapse, and its effect on your life.

Bladder and urine tests: In case of a prolapse, tests might be carried out to find out the degree to which your bladder empties and whether there also exists a bladder infection. The latter is done through a test on a urine sample.

What are the Treatment Options for an Anterior Prolapse?

Treating an anterior prolapse is dependent on your symptoms, the severity of the prolapse, and the presence of any related conditions (such as urinary incontinence, or more than one type of pelvic organ prolapse). Mild cases with few or no signs may not require immediate treatment. They can be monitored over time. If symptoms are noticeable, the first-line treatment will involve the following options:

Non-Surgical Measures

- **Exercises for the pelvic floor muscle (also known as Kegels or Kegel exercises):** You can do these under instructions from a physical therapist. They help strengthen the pelvic floor muscles to make them better support the bladder and other pelvic organs.
- **A supportive device (a pessary):** It's a plastic/rubber ring that is inserted into the vagina, hence supporting the bladder. It will not cure the prolapse, but will relieve symptoms and hence prove as a temporary alternative to surgery. You'll be instructed on how to clean and reinsert the pessary on your own.

Surgical Measures

- **Anterior Colporrhaphy:** This is a common surgical procedure for repairing a cystocele. During an anterior colporrhaphy, the surgeon makes an incision in the vaginal wall and repositions and tightens the connective tissues that support the bladder.
- **Vaginal surgery:** The prolapsed bladder is lifted back in place with stitches and through removal of extra vaginal tissue. A special tissue graft might also be used to reinforce the vaginal tissues and enhance support for such thin tissues.
- **Hysterectomy:** Uterus removal is recommended when there is a prolapsed uterus. This is also followed by repairing damaged pelvic floor muscles, ligaments, and other tissues.

- **Sacrocolpopexy:** This procedure involves attaching the top of the vagina to a ligament on the sacrum (the bone at the base of the spine). Sacrocolpopexy is often performed using minimally invasive techniques, such as laparoscopy or robot-assisted surgery.

It may be noted here that if you are pregnant and having a cystocele, you'll need to delay surgery until childbirth.

Preventive Methods

Cystocele can be prevented by controlling the associated risk factors. Some of the preventive measures are:

- Maintaining a healthy weight
- Pelvic floor exercises or Kegel's exercises
- Avoiding heavy lifting
- Avoiding constipation through healthy bowel habits
- Protecting the muscles of your pelvic floor during heavy physical activities by practicing the correct technique.

Endometriosis

Endometriosis is a medical condition where tissue similar to the lining found inside the uterus (endometrium) grows outside the uterus, most commonly on the ovaries, fallopian tubes, and pelvic tissue. It can cause chronic pelvic pain, menstrual cramps, and fertility challenges. The exact cause of the condition is unknown. Treatment involves hormone-based therapy, analgesics, and more definitive therapy through operative removal of the tissue.

What Causes Endometriosis?

The exact cause of endometriosis is not known. However, several theories have been proposed to explain its development.

Among the factors that are thought to be associated with endometriosis include:

- **Retrograde menstruation:** It is a condition where the menstrual blood flows back into the fallopian tubules instead of exiting the body through the vagina.
- **Transformation of peritoneal cells:** In this theory, hormones or immune factors promote the transformation of cells outside the uterus into cells similar to the lining of the uterus.
- **Embryonic cell transformation:** New evidence supports the theory that hormones or immune factors promote the transformation of embryonic cells like those that line the uterus into endometrial cell implants.
- **Surgical scar implantation:** After surgery, such as a hysterectomy or C-section, endometrial cells may attach to a surgical incision.
- **Endometrial cell transport:** The blood vessels or tissue fluid (lymphatic) system may transport endometrial cells to other body parts.
- **Immune system disorder:** A problem with the immune system may make the body unable to recognize and destroy endometrial tissue growing outside the uterus.

Symptoms

Endometriosis can present with various symptoms, and their severity can vary from person to person. Some women with endometriosis might experience severe pain, while others might have little to no discomfort. Common symptoms include:

- **Painful periods (dysmenorrhea):** Pelvic pain and cramping may begin before and extend several days into a menstrual period. The dull, throbbing pain may radiate to the lower back and thighs. Pain may be accompanied by nausea, vomiting, diarrhea, constipation, or fatigue.

- **Pain with intercourse:** With endometriosis, you may experience pain and discomfort during or after intercourse.
- **Pain with bowel movements or urination:** The endometrial tissue can affect the bowel and bladder, leading to painful bowel movements and urination.
- **Excessive bleeding:** Some women with endometriosis have heavy periods (menorrhagia) or bleeding between periods (menometrorrhagia).
- **Infertility:** Endometriosis is first diagnosed in some women who are seeking infertility treatment. It is unclear how endometriosis causes infertility. For some women, the pain and scar tissue caused by endometriosis may make it more challenging to get pregnant.
- **Other symptoms:** You may have fatigue, diarrhea, constipation, bloating, or nausea, especially during menstrual periods.

Additionally, endometriosis might have symptoms that are similar to those of ovarian cysts, pelvic inflammatory disease, and irritable bowel syndrome. Therefore, it can occasionally be challenging to identify endometriosis only based on symptoms. You must meet a healthcare provider for an accurate diagnosis and treatment.

How is Endometriosis Diagnosed?

- **Clinical symptoms and medical history:** A complete and accurate account of your symptoms, your menstrual history, and any family history of endometriosis will be of great help to your doctor and might lead to a diagnosis of endometriosis.
- **Pelvic exam:** When doing a pelvic exam before surgery, the doctor manually feels areas in your pelvis for abnormalities.
- **Ultrasound:** During an ultrasound, high-frequency sound waves are used to create images of the inside of your body. A transducer, pressed against your abdomen or inserted into your vagina (transvaginal ultrasound), generates the images.
- **Magnetic resonance imaging (MRI):** An MRI provides detailed images of soft tissues in the body and can be particularly useful in determining the location and size of endometrial implants, especially before surgical treatment.
- **Laparoscopy:** This is the most accurate way to diagnose endometriosis. In this surgical procedure, a surgeon makes a small incision near the navel and inserts a laparoscope, a slender viewing instrument. With the laparoscope, the surgeon can see the reproductive organs, peritoneum, and implants.
- **Biopsy:** During laparoscopy, a small piece of tissue (biopsy) might be removed for examination under the microscope. The piece of tissue will be examined to confirm the diagnosis.

It's crucial to note that while imaging tests can help identify larger cysts or advanced cases of endometriosis, a definitive diagnosis usually requires visual inspection inside the pelvis through a laparoscopic procedure.

Treatment Methods for Endometriosis

The following are the primary endometriosis treatment approaches:

- **Pain Medications:** Over-the-counter pain relievers like ibuprofen (Advil, Motrin IB) or naproxen sodium (Aleve) may help reduce painful menstrual cramps.
- **Hormone therapy:** Hormones can't cure endometriosis, but they may reduce or eliminate pain by reducing the amount of estrogen your body makes. Limiting estrogen levels generally prevents new endometrial tissue implants and may shrink existing implants. Hormonal therapies for endometriosis include:
 1. **Hormonal contraceptives:** Birth control pills, patches, and vaginal rings help control the hormones responsible for the buildup of endometrial tissue each month.

2. **Gonadotropin-releasing hormone (Gn-RH) agonists and antagonists:** These drugs block the production of ovarian-stimulating hormones, lowering estrogen levels and preventing menstruation. This causes endometrial tissue to shrink.
 3. **Progestin therapy:** A progestin-only contraceptive, such as an intrauterine device (Mirena) or a birth control implant in the arm (Nexplanon), can halt menstrual periods and the growth of endometrial implants, which may relieve endometriosis signs and symptoms.
 4. **Danazol:** This drug suppresses the growth of the endometrium by blocking the production of ovarian-stimulating hormones, preventing menstruation and the symptoms of endometriosis.
- **Surgical Treatment:**
 1. **Laparoscopy:** In addition to diagnosing, endometriosis can be treated by laparoscopy. The surgeon may remove adhesions or endometrial growths during the surgery. It frequently treats milder types of the illness and is very minimally intrusive.
 2. **Laparotomy:** To remove growths, a more extensive incision may be necessary in more severe situations.
 3. **Hysterectomy:** The uterus and potentially the ovaries are removed in severe situations, usually as a last option. Although this is the last treatment option, it eliminates the chance of becoming pregnant in the future.
 - **Treatment for Infertility:** To conceive, women with endometriosis who are having trouble becoming pregnant may need to use assisted reproductive technologies (ART), such as in vitro fertilization (IVF).
 - **Complementary and Alternative Therapies:** Acupuncture, chiropractic adjustments, herbal supplements, and dietary modifications have been reported by some women to provide relief for endometriosis pain; however, there is little data to support these claims.

A specialist's advice, such as that of a reproductive endocrinologist or gynecologist, can assist in planning the treatment.

Pelvic Organ Prolapse

Pelvic organ prolapse occurs when one of the pelvic organs starts drooping or prolapsing into the vaginal space. When the structures that support the pelvic organs become loose or if they sustain any damage, these organs tend to shift out of place and descend down into the vaginal space. In severe cases of prolapse, these organs are seen protruding from the vagina as a bulge. Pelvic organ prolapse is often accompanied by urine or fecal incontinence (ie, involuntary loss of urine or unintentional passage of stool). There are different types of organ prolapse.

- Cystocele (prolapse of the bladder into your vagina)
- Urethrocele (prolapse of the urethra)
- Uterine prolapse (prolapse of the uterus)
- Vaginal vault prolapse (prolapse of the bladder into your vagina)
- Enterocele (small intestine prolapse)
- Rectocele (rectum prolapse)

The severity of pelvic organ prolapse is often graded based on the extent of descent and the impact on surrounding structures. The classification system includes stages from I to IV, with higher stages indicating more severe prolapse.

Causes a Pelvic Organ Prolapse?

A pelvic organ prolapse is a result of enhanced pressure in the abdomen, which can be due to any of the following causes:

- Labor, pregnancy, or childbirth increases the risk of prolapse

- Constipation can put excess pressure on the pelvic floor
- Excess body weight can strain the pelvic floor
- Hysterectomy (surgical removal of the uterus)
- Respiratory issues resulting in chronic cough
- Hormonal changes, especially during menopause
- Genetic predisposition to pelvic floor disorders
- Aging can cause your pelvic muscles to lose strength
- Activities that involve repetitive heavy lifting
- Women with weaker connective tissues are more at risk

It's important to note that several factors can interact, and an individual may have multiple contributing factors. Additionally, not all women with risk factors will develop pelvic organ prolapse, and some women without apparent risk factors may experience it.

The symptoms of pelvic organ prolapse (POP) can vary depending on the specific organs involved and the severity of the prolapse. Common symptoms may include:

- A feeling of fullness or pressure in the pelvic region
- A visible or palpable bulge in the vaginal area
- Constipation or a feeling of incomplete emptying
- Urinary incontinence or leakage of urine
- Urge for urination or recurrent urinary tract infections
- Chronic lower back pain
- Painful intercourse
- Discomfort or pain in the pelvic region

It's important to note that not everyone with pelvic organ prolapse experiences symptoms, and the severity of symptoms can vary. Additionally, symptoms may worsen with activities that increase intra-abdominal pressure, such as lifting heavy objects or straining during bowel movements.

How is a Pelvic Organ Prolapse Diagnosed?

As the first step, your doctor will take your medical history and examine your pelvic organs. This may be all required for a diagnosis.

Tests may be suggested if s/he suspects a prolapse. There can be prolapse of more than one organ. Also, the doctor will need to find out the severity and the presence of any other related conditions. The tests include:

- Bladder function tests to see how it and surrounding structures are functioning
- Intravenous pyelography or urinary tract X-ray to view kidneys, ureters, and bladder
- Voiding cystourethrogram (X-rays of the bladder before and after the patient pees) to see if anything is wrong with the bladder/urethra
- Pelvis' CT scan to rule out other conditions
- Pelvis ultrasound (image of the pelvic organs) to view if more than one organ has drooped/prolapsed/slipped out of place
- Pelvic' MRI scan (3D image of pelvic organs and muscles) to confirm the condition

What are the Treatment Options for a Pelvic Organ Prolapse?

Treatment for pelvic organ prolapse (POP) depends on the severity of symptoms, the specific organs involved, and the impact on an individual's quality of life. Treatment options can range from conservative measures to surgical intervention. Here are some common approaches:

- **Pelvic Floor Exercises (Kegel Exercises):** Strengthening the pelvic floor muscles through Kegel exercises can provide additional support to the pelvic organs and may help alleviate mild to moderate symptoms.
- **Lifestyle Modifications:** Adopting certain lifestyle changes, such as maintaining a healthy weight, avoiding heavy lifting, and addressing constipation, can help manage symptoms and prevent further progression.

- **Pessaries:** A pessary is a device inserted into the vagina to provide structural support and help hold the pelvic organs in place. Pessaries come in various shapes and sizes and can be a non-surgical option for symptom management.
- **Physical Therapy:** Pelvic floor physical therapy involves working with a specialized physical therapist who can provide guidance on exercises and techniques to improve pelvic floor muscle function.
- **Hormone Replacement Therapy (HRT):** In postmenopausal women, hormone replacement therapy may be considered to address hormonal changes that can contribute to pelvic organ prolapse.
- **Surgery:** In more severe cases or when conservative measures are not effective, surgical intervention may be recommended. Surgical options include procedures such as anterior and posterior colporrhaphy, sacrocolpopexy, or the use of mesh for additional support. The choice of surgery depends on factors such as the type and severity of prolapse, the woman's overall health, and her preferences.

It's important for individuals experiencing symptoms of pelvic organ prolapse to consult with your healthcare professional, Dr Chandravati for a comprehensive evaluation.

Preventive Methods for a Pelvic Organ Prolapse

Following preventive measures will help you stay away from developing a pelvic organ prolapse:

- Kegels on a regular basis
- Maintaining a healthy weight
- Avoiding smoking
- Avoiding constipation
- Being cautious during heavy weight lifting (using legs and not back or abs)

OPD Patients can purchase all related medicines & injections from the hospital pharmacy inside the premises at a very reasonable & affordable rates with 5% discount on total pharmacy bill except injections

PCOD or PCOS

Polycystic ovary syndrome (PCOS) is a highly prevalent disorder that affects various facets of fertility. PCOS is the most common among reproductive-aged women. Early diagnosis and long-term management can help control PCOD or PCOS and also help in avoiding other health complications. Women with PCOS are more vulnerable to glucose intolerance, type 2 diabetes mellitus, hepatic steatosis and metabolic syndrome, hypertension, dyslipidemia, vascular thrombosis, cerebrovascular accidents, and possibly cardiovascular events.

It is extremely important to get timely treatment, or else it can lead to other serious health issues linked to PCOD/PCOS.

Best Hospital for the Treatment of PCOD or PCOS

Krishna Medical Centre is one of the leading healthcare providers of gynaecological-related issues, and we work with the best experienced and expert gynaecologist. You can visit us and can consult with our gynaecologist, Dr Chandravati for the best treatment for PCOD/PCOS.

Some additional services that we provide are as follows-

- We assure complete privacy and confidentiality. All the information regarding the treatment remains between you and your healthcare provider.
- OPD Patients can purchase all related medicines & injections from the hospital pharmacy inside the premises at a very reasonable & affordable rates with 5% discount on total pharmacy bill except injections
- We provide cashless facilities for our indoor admitted patients

Diagnosis of PCOD/ PCOS

- **Physical exam-** During the physical exam, the doctor checks your blood pressure and waist size, they may also check your skin for extra hair growth, acne, and discoloured skin.
- **Pelvic ultrasound (sonogram)-** It is performed to examine the female reproductive areas- vagina, cervix, uterus, and fallopian tube. Doctors check the status of your ovaries and the thickness of the lining of the uterus. The imaging report should specifically include ovarian volumes, follicle counts, and any other relevant information, such as the presence of a dominant follicle or corpus luteum.
- **Blood test-** It helps assess the level of hormones linked to PCOD/PCOS. The blood test can help you understand cholesterol and triglyceride levels.
- **Screening-** This test is usually performed to screen the mental health conditions like- depression, anxiety, and obstructive sleep apnea.

However, early diagnosis will help in treating the condition more efficiently. We suggest consulting your gynaecologist as soon as you experience symptoms like- skipped and irregular periods, acne, or hair growth on the back or face, consult the best gynaecologists and get yourself checked.

Treatment of PCOD & PCOS

- **Lifestyle changes-** It is very important to practice a healthy lifestyle to avoid various health issues. To treat PCOD-PCOS, your healthcare providers recommend you a low-calorie diet combined with moderate exercise. A slight reduction in your weight might improve your condition. Weight loss help in increasing the effectiveness of medication that is prescribed for PCOS.
- **Medications-** Healthcare professionals usually recommend a few medications to improve your menstrual cycle and improve the condition of PCOD-PCOS.

Birth control pills- These pills contain both estrogen and progestin hence they help in decreasing androgen production and regulating estrogen. Regulating your hormones can help in reducing the risk of endometrial cancer and correct irregular bleeding, excess hair growth, and acne.

Progestin therapy- Doctors may administer a single course of progestin before ovulation induction. Progestin leads to thickening in the lining of the uterus. Without continuous progestin administration to maintain the thickening, the uterine lining is sloughed off, and bleeding begins. It is usually performed to simulate the bleeding that occurs at the beginning of the monthly menstrual cycle.

- **Surgical method-** In the surgical method, laparoscopic ovarian drilling is performed, in this method doctor target the areas where the ovary is producing male hormones and uses a laser to puncture it out. In the surgical method, there is a higher chance of permanent ovary damage. It is suggested by the doctor when the other treatment options fail to work.

Non-surgical options largely include

- **Dietary modifications:** The first suggestion in PCOD and PCOS is always dietary modifications. Stop junk food. Stop packaged food items. Stop excessive intake of carbohydrates and white bread. Eat healthily, eat fresh, eat local. Especially, eat a lot of fresh green vegetables and home cooked food.
- **Exercises and weight loss:** Continuously work towards your health and get your BMI in control. Stay active and lose weight. Keeping your weight in check can drastically normalize your health and mood. Some of the yoga asana you could practice are:
- **Medicines:** Medicinal treatment differs in different cases. It primarily depends on if/ if not the patient want kids

Krishna Medical Centre - Best Healthcare Centre for Pregnancy Care & Other Gynaecological Surgeries

Before considering any healthcare centre, make sure that you and your baby are in expert hands. Choose KMC, for your pregnancy journey, we provide healthcare providers that are expert in assisting you throughout your pregnancy journey. Some additional benefits that Krishna Medical Centre provides during pregnancy and other surgeries to make it smoother are-

- We provide the expert & experienced Dr Chandravati MBBS, M.S. (Obstetrics & Gynaecology) with her team of well qualified doctors guides the patient and her family throughout the related gynaecological surgery or pregnancy journey to make it smoother and less complicated.
- We provide a dedicated medical care Billing Executive for insured patients and non insured patients who handle all the paperwork from hospitalization to discharge on the day of surgery
- At Krishna Medical Centre, we provide complete guidance from all diagnostic tests to dietary modifications, ultrasounds, X-RAY etc under one roof.