

EXCISION V'S ABLATION.

Endometriosis Surgery Explained.

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Sarah Victoria
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JUST A QUICK NOTE...

All my downloadable E- books and everything that I write on my website and blog are from a patient (myself) point of view, not a medical one and all views are my own.

I am not a medical professional, I can never, nor will I ever give medical advice.

This is created from someone who has been through the entire Endometriosis diagnosis and surgery journey and has recognised the lack of information and guidance out there. I have created all of these so people can be as informed as possible so they can make the best decision for THEIR health. This is not to be confused for medical advice, Please always consult with your doctor about any concerns that you have.

This e- book bundle is not to be confused for Medical Advice. Please always consult with your doctor.



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INTRODUCTION

Only after my surgery and diagnosis did I start researching about Endometriosis myself. I then learnt, through advocates on Instagram, that there are two separate main methods used when operating on Endometriosis. Ablation and Excision. This was never explained to me by my surgeon, by any medical professionals or by organisations in the UK and it is extremely vital information.

Not only is it super important to be aware of both types of procedures and to understand what they are, it is also important to ask your surgeon which one they perform before you go ahead with surgery.

I NEVER KNEW...

If this had all been explained to me prior to surgery, or if the information was easily accessible, then I would have done things a lot differently. I would have known what questions to ask my surgeon, what to look for in a surgeon, and I would have felt confident knowing what I was having done.

This is why I have created this download, to break it down and make it easier for other people to understand.

An explanation of the two different types of surgery performance isn't even available on the UK's leading Endometriosis charity website, so what hope do we all have at being as informed as possible to be able to make the best decisions for our health?

Ablation is the most widely performed surgical technique however, excision is currently classed as the gold standard amongst true endometriosis excision specialists and experts.



I NEVER KNEW...

That it is common to be offered a diagnostic laparoscopy to find the cause of your pelvic pain and symptoms however, there is nothing currently in place in the UK stopping general obgyns with little to no endometriosis experience, from operating on someone.

This can lead to a variety of problems including, the need for multiple surgeries, misdiagnosis, more adhesions, scar tissue, missed endometriosis, endometriosis left behind, organ perforations etc.

The ideal situation would be - should you and your doctor suspect that endometriosis could be the cause of your symptoms, you would be referred to a properly trained, endometriosis specialist where you can create the best plan for you. This is easier said than done with the current lack of protocols in place within the UK and worldwide. There is a very rare amount of true excision endometriosis specialists available in the UK, especially on the NHS. Most of the specialist ones are private, which not everyone has the luxury to be able to afford. This is why it is so important to understand the different options so you can be the best advocate for yourself.



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EXCISION SURGERY

Excision involves cutting out any visible endometriosis laparoscopically through small incisions in the abdomen. When performing excision surgery, surgeons are able to excise the entire endometriosis lesion, including its root, while avoiding any damage to the uterus or other organs in the pelvis.

Again heat energy is often used for this purpose, but unlike ablation the energy when used for excision acts like a knife through the tissue.

As the abnormal tissue is removed without affecting the cells it has the benefit of being able to be sent for pathological diagnosis.

This is especially important for instances of deeply infiltrated endometriosis (DIE) because excision is the only way to completely remove lesions that are deeply embedded in other tissues or organs.

Specialist Surgeons utilising excision routinely report rates of long-term relief in 75-85% of patients.

EXCISION SURGERY

explained through a diagram



This plant & roots represent Endometriosis within the body.



The shovel represents the Endometriosis being Excised (Cut out from the roots)



This empty soil patch represents the aftermath of excision surgery. The Endometriosis has been excised from the roots.



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EXCISION SURGERY

PROS

- Removes Endometriosis from the root, ensuring total removal of the Endometriosis lesion found
- Removes deeply infiltrated Endometriosis (DIE)
- Specialist Surgeons utilizing excision routinely report rates of long-term relief in 75-85% of patients
- lower rates of recurrence



EXCISION SURGERY

CONS

- **Not easily accessible.**
- **Extremely expensive, not many insurances will cover it.**
- **A lack of trained Endometriosis Specialist's in the world.**
- **A longer recovery time.**
- **Recurrence can still occur**
- **More invasive.**



ABLATION SURGERY

Ablation is a superficial treatment that involves burning the lesions to remove them, it is widely practiced by many Obgyns across the world.

Ablation chars the surface of the lesion. Endometriosis lesions can implant deep in pelvic organs, meaning if only the top of the lesion is being burned off, the roots remain. Failing to remove those roots makes the chances of recurrence much more likely. Any amount of leftover Endometriosis can continue to cause pain and other severe symptoms, no matter how small the lesions may be.

There are a number of disadvantages to this approach including the limitations of not obtaining a specimen for pathological diagnosis. Laparoscopy is a diagnostic intervention however, if pathology is not sent off for review the diagnosis of endometriosis relies on the naked eye of the surgeon alone (something which is dependent on the skill and experience of the surgeon and is not as accurate as pathology).

Ablation is also not recommended for patients who desire future fertility. Burning any tissue in the pelvic region, especially near the ovaries, can create scar tissue and is associated with poor fertility outcomes.

Research shows high rates of recurrence for non-excisional ablation surgery. Recurrence rates generally rise to between 40% and 60% as quickly as one to two years after the initial ablation surgery.

ABLATION SURGERY

explained through a diagram



This plant & roots represent Endometriosis within the body.



The fire over the plant represents Ablation tools burning the top of the Endometriosis



This patch of soil with the roots still intact represents the aftermath of Ablation. It signifies the surface of the Endometriosis being removed, leaving the roots behind and still intact.

ABLATION SURGERY

PROS

- Shorter recovery time
- More accessible,
more trained surgeons
- Less invasive
- Less expensive, insurance is
more likely to cover it
- Provides short term relief



ABLATION SURGERY

CONS

- Does not remove the Endometriosis lesions from the roots.
- Burning tissue Increases the risk of scar tissue which can be associated with poor fertility outcomes.
- Not obtaining a biopsy for pathological diagnosis.
- Higher recurrence rates.
- Increased risk of potential damage to other tissue & organs.



The Most Important Thing

FIND A SKILLED ENDOMETRIOSIS SPECIALIST SURGEON

The most important factor in the success of endometriosis excision is a highly skilled surgeon. Surgeons with specialty training in endometriosis are better equipped to handle the intricacies of excision surgery.

Because rates of recurrence for endometriosis depend on how thorough the removal was, incomplete excision leads to a much higher chance of recurrence and, in many cases, subsequent surgeries.

It's crucial to choose a surgeon who has demonstrated expertise in complete laparoscopic endometriosis removal, especially for an initial surgery. Surgeries that are not performed thoroughly the first time often create scar tissue and other adhesions that are left behind, which can cause pain and problems with fertility. When going in for an initial surgery, find a surgeon who will get it right the first time.

In most cases, general OBGYNs have not been trained to perform excision surgery as extensively as is often required.

However, due to excision surgery and Endometriosis specialists being easily accessible to people this is all easier said than done. Endometriosis specialist's can be incredibly expensive and hard to access. The guidelines desperately need to change and give everyone a chance.



Although surgery has the possibility to provide an accurate diagnosis through a biopsy and it could possibly provide some relief it is important to remember that...

SURGERY IS NOT A CURE.

There are also risks involved with surgery so talk to your doctor who will explain all risks, so you can make the best decision for YOU.



Endometriosis Surgery

Excision

Excision of Endometriosis is the surgical cornerstone of any high quality, multidisciplinary approach to treating endometriosis. It physically cuts out endometriosis lesions at the roots.



vs

Ablation

Ablation of Endometriosis is performed using heat energy to destroy the top layer of the endometriosis lesions where they lie. It chars the top of the lesion but does not remove deep embedded Endometriosis.



Pros

Removes Endometriosis from the root, ensuring total removal of the Endometriosis lesion found.

Removes deeply infiltrated Endometriosis (DIE).

Specialist Surgeons utilising excision routinely report rates of long-term relief in 75-85% of patients.

lower rates of recurrence.

Cons

Not easily accessible.

Extremely expensive, not many insurances will cover it.

A lack of trained Endometriosis Specialist's in the world.

Longer recovery time.

Recurrence can still occur.

More invasive.

Pros

Shorter recovery time.

Less Invasive.

More accessible, more trained surgeons.

Less expensive, insurance more likely to cover it.

Provides short term relief.

Cons

Higher recurrence rates.

Burning tissue increases the risk of scar tissue which can increase the risk of potential damage to other organs and tissue.

Not obtaining a biopsy for pathological diagnosis.

Does not remove the Endometriosis lesions from the roots.

BUSTING COMMON MYTHS ABOUT ENDOMETRIOSIS.

ENDOMETRIOSIS IS THE ENDOMETRIUM.

Endometriosis is Endometrial LIKE cells/tissue growing outside the uterine cavity. It is NOT the endometrium.

A HYSTERECTOMY IS A CURE FOR ENDOMETRIOSIS

There is currently NO cure for Endometriosis. Not the pill, pregnancy, eating kale, or yoga.

HORMONES STOP THE GROWTH OF ENDOMETRIOSIS

Hormones can potentially suppress some of the symptoms for Endo. They do NOT stop the growth.

ENDOMETRIOSIS IS ONLY FOUND IN THE UTERUS

Endometriosis is an all over body disease. It has been found on every organ in the body.



WHAT CAN ENDOMETRIOSIS LOOK LIKE?

**TW- (TRIGGER WARNING)
ON THE NEXT SLIDE ARE
A FEW SURGICAL IMAGES TO
SHOW WHAT ENDOMETRIOSIS
CAN LOOK LIKE. PLEASE
SCROLL PAST IF YOU DO NOT
WANT TO SEE.**



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WHAT CAN ENDOMETRIOSIS LOOK LIKE?

HERE ARE SOME PICTURES FROM THE CENTER FOR ENDOMETRIOSIS SHOWING DIFFERENT LESIONS OF SUPERFICIAL ENDOMETRIOSIS.

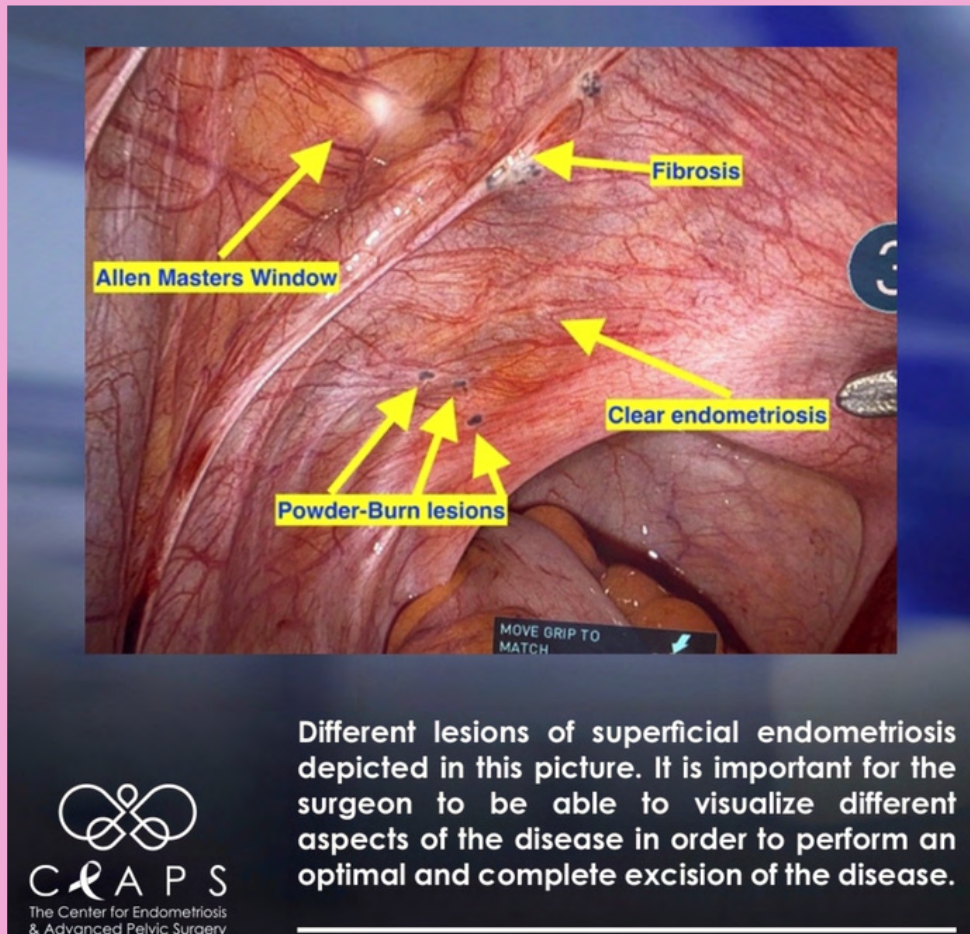
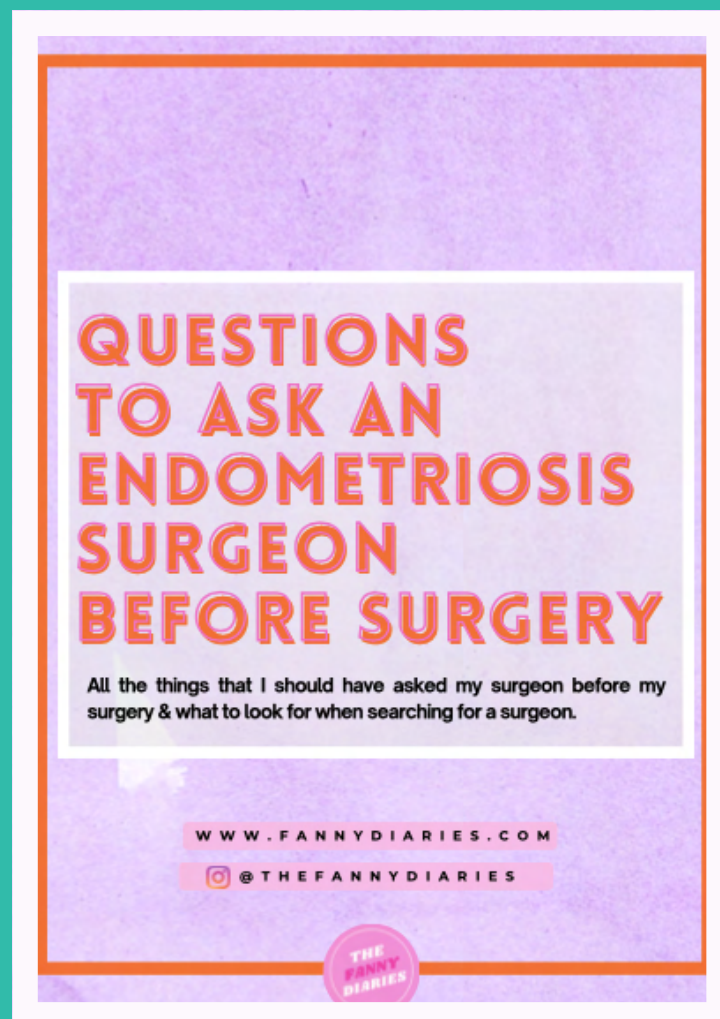


IMAGE FROM CENTER FOR ENDOMETRIOSIS INSTAGRAM PAGE.



HERE I HAVE ZOOMED IN AND CIRCLED THE CLEAR ENDOMETRIOSIS WHICH ARE NEXT TO THE POWDER BURN LESIONS. TO THE NAKED EYE IT LOOKS LIKE NOTHING IS THERE. THIS IS WHY IT IS SO IMPORTANT TO HAVE YOUR SURGERY WITH AN ENDOMETRIOSIS SPECIALIST. UNLESS YOU ARE HAVING AN ENDOMETRIOSIS SPECIALIST PERFORM YOUR SURGERY CLEAR ENDOMETRIOSIS LESIONS CAN EASILY BE MISSED.

PLEASE DOWNLOAD
THE QUESTIONS TO
ASK A SURGEON &
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USEFUL INFORMATION OUTLETS.

www.centerforendo.com

Youtube channel - Endometriosis Summit

**Facebook groups - Nancy Nook (to search for surgeons)
Please also do your own research as I am not sure of the
vetting process.**

**If you are in the USA - ICarebetter.com Website- To search
for specialist surgeons.**

**Where isn't the best source of information?
Endometriosis UK Charity. Their information leaflets were
last updated in 2010/2012 & their youtube channel is full
of misinformation webinars.**

SOURCES

<https://innovativegyn.com/blog/why-excision-is-better-than-ablation-for-endometriosis-treatment/>

<https://centerforendo.com/lapex-laparoscopic-excision-of-endometriosis>

<https://www.endometriosisaustralia.org/post/2016/09/19/what-does-it-all-mean-excision-ablation-and-robotic-assistance-for-removal-of-endometriosis>

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1. Falcone T, Wilson JR. Surgical management of endometriosis: excision or ablation. J Minim Invasive Gynecol. 2014 Nov-Dec;21(6):969.
2. Yeung P Jr. The laparoscopic management of endometriosis in patients with pelvic pain. Obstet Gynecol Clin North Am. 2014 Sep;41(3):371-83.



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