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Special Issue: Women's Health

## **Not Her Mother's Hysterectomy**

When Her Plum-Size Fibroid Became a Melon, She Sought An Easier Way to Have It Taken Out

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In my dream, I'm Sigourney Weaver in "Alien" -- tough, brassy and fit, fighting a hideous extraterrestrial parasite that could invade my body and burst from my midsection at any moment. In real life, I'm a 49-year-old nonprofit employee, semi-tough, semi-brassy and semi-fit, fighting a humongous uterine fibroid, fearful of having my mother's hysterectomy, and full of creeping doubts about the entire gyno-industrial complex.

It all started years ago with one small and harmless fibroid, or benign tumor, discovered during a regular exam. "Lots of women have fibroids," often the size of grapes, my gynecologist assured me. "Yours is the size of a plum -- no big deal. We'll just watch it over time."

I should have known that anything ending in "roid" -- asteroid, hemorrhoid, fibroid -- wasn't going to be good, but I was prepared to make the best of it. I'd learned to ignore the fruits of my womb (one surly teenage boy); I could learn to ignore a piece of fruit in my womb.

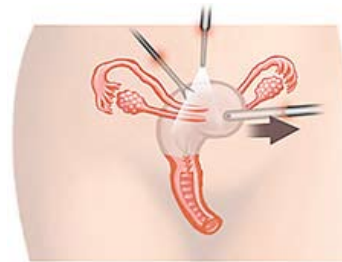
Except that the plum, over time, grew into an orange, then a grapefruit, a cantaloupe, and eventually, a honeydew melon. Last year, my gynecologist took off the (latex) gloves. "Your uterus is now the size of a 16-week pregnancy," she said. "It's time for a hysterectomy."

Words ending in "ectomy" aren't good, either. Thirty years ago, my mother had a hysterectomy for nasty fibroids. She got the full treatment: a six-inch abdominal incision, narcotics for the pain, hormones for the menopause that surgeons induced by taking her ovaries out at the same time, a four-day hospital stay and an arduous eight-week recovery.

"Isn't there some easier way?" I asked my doctor.

"Not for fibroids as large as yours," she answered.

It turns out she was wrong. I did some research, got a second opinion and let a year pass. When I could no longer lie on my stomach without feeling like a seal balancing on a rock, I had a supracervical laparoscopic hysterectomy. A surgeon removed my uterus -- then the size of a 20-week pregnancy -- through a quarter-inch hole near my belly button,



# Washington Post

(continued)

Tuesday, October 2, 2007

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Pg. HE01

leaving my ovaries and cervix intact.

I stayed in the hospital one night and felt crummy and uncomfortable for a weekend. After that I felt great -- no pain, no pills (not even aspirin), no stitches that had to come out, no bleeding or itching, no problems walking, climbing stairs, eating, sleeping or eliminating. At the two-week mark, I was back to work full time and easing back into my exercise routine.

Women have been passing basketball-size babies through very small holes for a long time, and, as it turns out, gynecologists have been doing minimally invasive hysterectomies for more than 15 years. But the operations haven't exactly caught on.

In 2004, according to the American College of Obstetricians and Gynecologists, 617,000 American women had hysterectomies. Three-fourths of them were done the old-fashioned way, through large abdominal incisions like my mom's. Only a quarter were done in minimally invasive ways -- either through a vaginal incision (look, ma, no scar!), via laparoscopy, like mine, or in a procedure that combines the two.

Got a gallbladder or an appendix that needs to come out? A knee that needs a tuneup? It's all laparoscopic these days. But if your uterus is on the chopping block, you're not likely to be on the cutting edge, at least when it comes to surgical options.