"Unlike any other book I have read on this subject, *Not Your Mother's Hysterectomy* reads more like a memoir than a medical reference. It touches your heart, educates your mind, and compels you to take a journey through the eyes of a surgeon and her patients . . . all women who are facing a fight with cancer or other serious medical illnesses together."

RANDY FAGIN, MD
CHIEF ADMINISTRATIVE OFFICER, THE TEXAS INSTITUTE FOR ROBOTIC SURGERY
SENIOR MEDICAL ADVISOR FOR US TRAINING, INTUITIVE SURGICAL

"I am one of those women whose mother had a bad experience with her hysterectomy. I can personally attest to the fact that times have changed. Dr. Kowalski is a professional who listens and truly cares about women's health. Her book provides honest information to help guide women through the surgery and better understand that today, we, as patients, are an integral part of the decisions that affect our health and our lives."

BARBARA K. CEGAVSKE
NEVADA STATE SENATOR
SENATE HUMAN RESOURCES, VICE CHAIR
MEMBER, NEVADA STATE LEGISLATIVE COMMITTEE ON HEALTH CARE

"Dr Kowalski has always impressed me as an outstanding surgeon but also as a person. Her enthusiasm for education and advancement of surgical techniques is once more demonstrated in this book. It provides an easy-to-read description and understanding of common gynecological conditions, both benign and malignant, with real patient stories. She provides practical and valuable information on the advancements of hysterectomy technology, and particularly the robotic approach of which she has been a pioneer."

DR. JAVIER MAGRINA
DIRECTOR, GYNECOLOGIC ONCOLOGY
PROFESSOR OF OBGYN, MAYO GRADUATE SCHOOL OF MEDICINE
BARBARA WOODWARD LIPS PROFESSOR

"As the daughter of an obstetrician/gynecologist, I was schooled early in life about the joys of being a female. I was always urged to take full responsibility for my own good health, to listen to my body and take care of it as if it were made of the finest fabric. I was to learn, to ask questions and to respect what was right for my own health. If and when problems might arise, I was told always to 'explore your options, never leave anything to chance or potential serious problems to just one opinion.' So here I am these many years later having lived so well by that dictum and having imparted the same clear message to all of my children (three boys and a girl). I am delighted to read that Dr. Kowalski is the strongest advocate for pursuing the best opportunities for a lifetime of good health."

CAROLYN G. GOODMAN
MAYOR, CITY OF LAS VEGAS

"This book provides a lot of reassurance for women who are facing a hysterectomy. It takes away a lot of the mystery and explains how surgeons think and also talks about all of the options. I think any woman or her family that is facing a hysterectomy would find this book extremely valuable."

BARBARA GOFF, MD
DIRECTOR, GYNECOLOGIC ONCOLOGY
UNIVERSITY OF WASHINGTON AND SEATTLE CANCER CARE ALLIANCE

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Chapter 2

NOT YOUR MOTHER'S HYSTERECTOMY:
AN INTRODUCTION TO THE MODERN ERA

[EXCERPT]

When I first met Roni Lowery in my office, she had that look I've seen so many times before: that "Please tell me I don't have cancer" look.

"Hi, I'm Dr. Kowalski," I said, my large hand enveloping hers in our handshake. We sat together in my consultation room around a small table. She leaned forward in her chair with her hands clasped tightly, her bright green eyes begging for a shred of good news. With her curly blond hair, infectious smile, and New York accent, she was a woman who usually lights up a room. But that day, she seemed small and frail.

"I haven't been feeling well for a while, but I shrugged it off," she admitted. "I thought the bleeding and pain were probably just my same old ovarian cysts acting up again." But the symptoms got worse. She felt pain under her right breast. She couldn't take a deep breath. Lying on her right side became unbearable.

She made up innocuous explanations in her head: maybe it's a urinary tract infection or a flu bug. Or maybe a pulled muscle.

"Finally, it got so bad that I went to the emergency room. The doctor there told me I had a large cyst on my left ovary, opposite of the side with the pain. He said I should see my gynecologist right away."

At this point, she still didn't think it could be anything serious. But when her gynecologist said he didn't like the way her ovary looked, she began to worry.

"He sent me to the lab to have that blood test for ovarian cancer, the CA-125?" She looked at me for confirmation.

I nodded. This test is ordered when ovarian cancer is suspected.

"Then I had to wait for the results," she said. "I was on pins and needles."

A few days later, an old friend came from Los Angeles for moral support, and the two went straight to the lab to get the results. I glanced at Roni's file as she took a deep breath: her CA-125 level was 190 units/mL, with a normal level being between 0 and 30 units/mL.

"That's when it hit me," Roni said. "Oh, my God, I have cancer! I'm going to need a hysterectomy, just like my mother had. I went out to my car and just bawled."

Roni spoke to her gynecologist on the phone, who referred her to a gynecologic oncologist, a cancer surgeon. With her friend for moral support, she went to see him the next day. But she felt very uncomfortable at the visit.

"He was so cold and matter of fact. My friend thought so, too," she shared as if we were old friends. "But the worst part was that he wouldn't answer my questions. He made me feel stupid for asking them."

"What were your questions?" I asked.

"I wanted to know if I could have the surgery laparoscopically, so I'd have tiny incisions," she explained. "Some of my friends told me that a hysterectomy was possible this way, and I'm afraid of being cut wide open."

"And what did the doctor say?"

Roni made a face. "That he would *try*, but he couldn't promise anything. To be honest, I didn't think he really would try. He just seemed so pessimistic about my chances of avoiding the Big Cut. I've had two cesarean sections, and he said he expected to find scar tissue."

Roni walked out of that visit feeling convinced he was going to open her up no matter what. The thought of putting her life in his hands, under anesthesia and out of control, made her queasy.

Out in her car again, she and her friend decided they needed a second opinion. Roni called another physician who recommended she come see me. Before she walked into my office, she felt positive she had cancer. Why else would they want to cut her wide open? But she also felt a lot of pressure to recover quickly. She needed to drive her daughter, a budding actress, back and forth to auditions in Los Angeles, and was anxious to get back to her life.

Roni's mother Fran, now in her late seventies, had an old-fashioned open hysterectomy 30 years ago. She had painful fibroids and had put off surgery for years. Then she began having severe pelvic pressure. She visited several doctors, hoping one would tell her she didn't need a hysterectomy. She was afraid of "going under" for what seemed like such a big operation. What frightened her most was the risk of complications. She was worried about the wound, about an injury to her internal organs, and about being dependent on her

husband until she was better. Would she ever be the same again? A hysterectomy seemed so invasive, and many of her friends had suffered through a difficult recovery. After the operation, Fran spent about a week in the hospital in a great deal of pain. When friends came to visit, she just wanted them to leave so she could be alone and cry. She was told to resume normal activities such as driving, washing dishes, and exercise after eight weeks. But her stitches ripped open. She was afraid and disgusted when she saw all that blood and tissue. The wound took a long time to heal, and even now, years later, she still feels disappointed in the appearance of her scar. Her body felt disfigured. She didn't feel as feminine anymore. Now she was worried when she heard her daughter would need a hysterectomy, too. Would Roni have to go through the same thing? What if Roni had cancer? That would be even worse than what Fran went through.

The other doctor had painted such a scary picture of the surgery that Roni already feared the worst.

"Cancer is only one explanation for your symptoms," I reassured her. I went through the different possibilities with her, explaining that ovarian masses can come from benign tumors, endometriosis, precancers, or cancer. "Until we remove the mass in the operating room, we can only guess at the answer," I told her.

I recommended a robotic hysterectomy and removal of the ovaries and tubes. "I have performed hundreds of these surgeries through several small incisions. The advantages include less pain, a shorter hospital stay, a faster recovery, and a lower risk of complications."

Roni nodded in agreement with the plan.

We would have the mass looked at by the pathologist while she was still under anesthesia and get an answer in just a few minutes. If cancer were identified, then we would have to open her abdomen and check for spread the old-fashioned way. But if the mass was from one of the other non-malignant diseases, then we could save her the Big Cut she feared so much. I explained how we would handle each of the different scenarios in the operating room and how that would affect her recovery. She wanted to know about chemotherapy and cancer survival, but I suggested we wait until after the surgery.

"What if we never need to have that conversation?" I asked.

Her eyes brightened with surprise and new hope. "You mean there's really a chance it might not be cancer?"

"Yes, there is a chance," I said, "but we will be ready to handle whatever we find."

For the first time since she entered my office, Roni's face relaxed. She smiled a little. "Thank you for listening to me," she said.

She was anxious to have the surgery right away, so we scheduled her for the following week. When I shook her hand goodbye and looked into her eyes, her relief and confidence in me shone back. This time, she walked out of the doctor's office feeling hopeful and safe. As a surgeon, there is no better reward than inspiring confidence in my patients. I was so gratified that Roni knew in her heart I would make the right decisions for her, no matter what we found in the operating room.

Surgery for ovarian masses reminds me of that line from Forrest Gump when his mother says, "Life is like a box of chocolates. You never know what you're gonna get." The same is true in the operating room. The moment of truth comes when we first put the camera in the belly and everyone in the room sees what's inside.

Find out Roni's diagnosis in the full book!

Chapter 6

WHAT YOU SHOULD KNOW ABOUT YOUR DOCTOR AND WHAT SHE SHOULD KNOW ABOUT YOU

[EXCERPT]

In your hysterectomy story, the most important players are you and your surgeon. Remember, not all surgeons are created equal. Some gynecologists excel in the delivery room, while others showcase their skills in the operating room. We all have innate talents that give us natural abilities for certain types of work. However, like any other profession, we also differ in our motivation and drive to excel and improve. Some work harder than others to hone their skills.

Training programs differ markedly from each other around the country and around the world. Some programs emphasize innovation in the operating room, others in the laboratory. Severe limitations on work hours are now mandated for doctors-in-training. This affects the number of cases they have performed at the time of graduation, and many programs struggle to provide an adequate surgical experience to their graduates.

In addition, surgeons discover their own biases and tendencies as they begin to practice. It is important to understand that these biases affect their recommendations when they see you as a patient. For example, although I am skilled in performing all types of hysterectomy surgeries, I'm biased toward minimally invasive surgery (MIS) and more specifically toward robotic surgery. I simply believe it's better, when appropriate, both for my patients and for me as their surgeon.

Surgeons are trained to create routines. At first, we learn the routines of our teachers. As we gain confidence and experience, we modify those routines, perhaps taking a method from one teacher and blending it with a technique from another. Once we learn a routine, we want to follow it the same way every time. In my own experience, once I've established a successful pattern of doing some task, I tend to repeat that routine regularly. That way, I am more likely to proceed through those series of moves more efficiently and am less likely to forget something. At the same time, surgeons want to balance routine with creativity, because innovation leads to improvements in the future. I try regularly to identify areas where I am less than completely satisfied with my approach and constantly tweak my routine to achieve greater efficiency. My desire to improve and grow as a surgeon led me to learn robotic surgery in the first place.

Mastering laparoscopy requires skills over and above those needed

to be proficient at open surgery. The surgeon must have an exceptional understanding of anatomy, as well as the dexterity to perform the surgical movements. The surgeon must also possess the ability to think in 3-D, superimposing a mental image of her anatomical knowledge onto the case at hand. She must use both hands simultaneously. For example, the left hand retracts the bladder while the right hand dissects it from the uterus. I believe some people possess an innate talent for these skills, but any craft improves with practice and hard work.

A doctor who trained at an institution well known for a certain type of procedure will probably gain a great deal of experience with that particular procedure. In practice, her tendency will be to treat most of her patients with that same familiar procedure. A broad surgical experience means she can recommend the best procedure from a list of many that she knows well. A good analogy is the toolbox of a car mechanic. When your car needs service, you bring it to a mechanic with the tools available to diagnose and fix the problem. Nowadays, most good repair shops have a full array of wrenches, nut drivers, and pliers, but they also have air compressors, hydraulic lifts, and computer diagnostics. If you went to a shop that didn't have some of these items, but they still wanted your business, they might suggest the fix they have, not necessarily the fix that's best.

My advice is this: research your doctor. If she is competent, she should welcome your questions about her skill and experience. Remember Roni Lowery, the patient featured at the start of this book? Her most important message is to feel confident in your doctor. Not only should you feel confident in her abilities, but also in her understanding of your needs as a unique individual. In most cases, patients go to a surgeon via a referral from another physician. A good recommendation by your primary doctor reflects back on them. Doctors who have worked in a community for a while usually know the other specialists well and can attest to the quality of their work. When I refer one of my own patients to a specialist in a different field, I look for someone who is well trained, current with new medical knowledge, skilled, and compassionate. I also value a low complication rate and good judgment in dealing with complications. Be aware, however, that some doctors refer patients for reasons other than quality.

They may only refer within a specific social network or based on the number of referrals back to them. Sometimes, an insurance network mandates a referral to a specific doctor. Therefore, don't completely rely on a referral from another doctor. Do some inquiry yourself.

To help you through this inquiry process, the reference section at the end of this book provides a list of suggested questions to ask your surgeon.

This concludes the sample portion of
Not Your Mother's Hysterectomy.