

## The Truth about Surgical Treatment of Endometriosis

My name is Dr. Andrew Cook. I have devoted my professional life to providing the best possible treatment for women with endometriosis and pelvic pain. I am trained both as an Ob/Gyn and a Reproductive Endocrinologist and Infertility Specialist. Fifteen years ago, I finished my medical training at Johns Hopkins University School of Medicine. I had several different offers to practice with some of the top doctors in the field at that time, both in academic and private settings. I chose not to go into an academic career, one of the first from Johns Hopkins who did not do so. The reason was that I have always wanted to spend my time effectively treating patients, doing what I thought doctors were supposed to do – heal patients while listening to them with care and compassion. I guess that is the image that I grew up with... physicians were people who were devoted to their patients, compassionate, caring individuals with the highest of morals and ethics that would do whatever is humanly possible to help heal their patients. What higher calling is there than healing people and giving them their lives back? Perhaps individuals who save or heal the spirit, however I find that some of this occurs when the body is healed, as well.

I have treated thousands of women with endometriosis and pelvic pain since my training with some of the top leaders and institutions in our field. As any of you know who suffer from endometriosis and pelvic pain, this is an area of medicine where the average treatment can be less than ideal and often confusing and very frustrating. The scenario of a woman with endometriosis going year after year, to doctor after doctor, having surgery after surgery without resolution of her symptoms is both all too common and simply unacceptable.

I am not saying that neither I nor my team of health care professionals has all of the answers to treating women with endometriosis and pelvic pain. But we do work every day doing what we can to provide the best possible treatment to our patients. We are absolutely devoted to finding answers to the vast array of problems that these patients encounter.

I believe that successful treatment of the endometriosis patient involves two distinctly different areas. This includes (1) complete removal of the endometrial implants at surgery and (2) medical treatment of the patient to restore her overall health, including the immune system and hormonal balance, with the best of both traditional and alternative medicine.

The core concept in effective surgical treatment of endometriosis is complete removal of the disease from the body. If all of the endometriosis is not removed, the remaining cells will continue to grow and eventually the patient will, over months or years, have recurrence of her symptoms. This is not to say that there is a cure for endometriosis – there is not. But it is important to differentiate between true recurrence, which is very low, perhaps 15% over 5 years and persistence of endometriosis as a result of incomplete treatment. This results in a relatively rapid and high percentage of patients experiencing “recurrence” of endometriosis.

I believe that the most important aspect of successful surgical treatment is the skill and experience of the surgeon. Any endometriosis expert understands that the primary method of treating endometriosis is wide excision. This may be by mechanical scissors, high current pure cut electrosurgery or the Carbon 13 CO2 laser. Various surgeons will have slightly different techniques in making this happen. I personally believe that the EVE (Excision and Vaporization of Endometriosis) procedure with the Carbon 13 laser offers superior technical advantages, which is why I use this approach. This approach uses excision as the primary approach and in the majority of cases it is the only technique used. Vaporization is a second method of removing endometriosis which I believe, when used in combination with excision in particular situations, works better than excision alone. You can read more about The EVE procedure by clicking [here](#).

I have used the other approaches of excision with the scissors or electrosurgery. These are acceptable techniques used by other endometriosis experts to effectively treat endometriosis. I understand these approaches and will use them if required, but I prefer the laser and the EVE approach as I believe that it is the best for the patient. You will find articles on my web sites to help you further understand why I have come to these conclusions. Our data also show that EVE and the laser are quite effective in the treatment of endometriosis and pelvic pain with a very low recurrence rate of endometriosis.