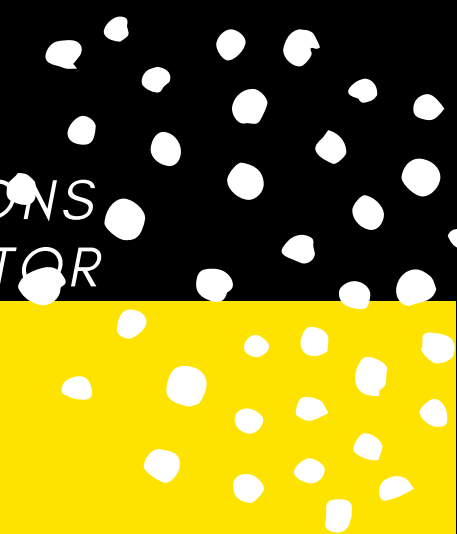




# Excision Specialist Appointment & Surgery Questions

*COMPREHENSIVE QUESTIONS  
FOR VETTING YOUR DOCTOR*





# Questions to ask your surgeon

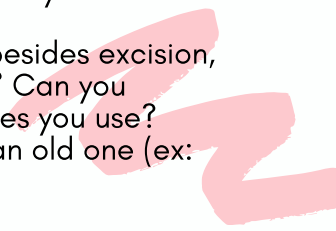
Below is a list of questions you may want to ask when vetting a potential endometriosis surgeon. A good surgeon should explain many of these things before you even ask and should be open to answering anything he or she may not have covered.

You might start by saying something, like: I have been reading about endo and am interested in your approach to some of the things I've found. I want to learn as much as possible before going to surgery as this disease has adversely impacted the quality of my life and I need you to help me understand what I am up against.

## TRAINING/SKILL

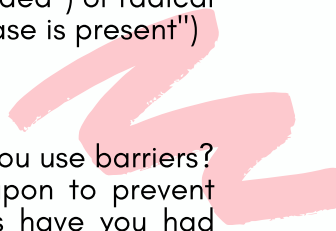
1. Who did you train under and for how long?
2. How long have you been doing these surgeries?
3. How many endometriosis surgeries do you do in a week/month/year?
4. What percentage of your practice is endometriosis patients?

## TECHNIQUE/SURGERY

1. Do you do all of your own surgeries?
    - a. I have already had treatment failures and am looking for excision of my disease by someone with extraordinary skill, and I would not be comfortable with someone else doing the surgery.
    - b. Who would be assisting?  
In what ways?
  2. How are the surgeries specifically done?
    - a. What type of surgery do you do? What techniques do you use?
    - b. Do you excise the disease? If you use techniques besides excision, why do you use these and under what circumstances? Can you explain the benefits of the specific strategy/techniques you use? How many incisions would you use? Would you reuse an old one (ex: belly button)?
  3. Do you treat all forms of the disease?
    - a. Do you also remove subtle forms of endometriosis (superficial disease) or do you consider this presentation of disease to be unimportant? (Some surgeons disregard superficial disease as clinically irrelevant. It is relevant!)
- 



# Questions to ask your surgeon

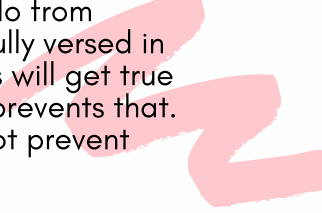
4. How do you treat superficial, diffuse stage I endometriosis of the peritoneum?
    - a. Do you use excision? Vaporization? Ablation?
      - i. One of the most important questions, because ablation has a high failure rate and is likely to lead to one surgery after another.
  5. What is the prognosis regarding pain relief, recurrence, and fertility in my case? What can I expect based on the outcomes you have had with previous patients?
  6. Is there any reason why you would leave disease behind?
  7. Can you remove the disease from all areas?
    - a. What if it's involving my bowel?
      - i. Do you have bowel privileges?
      - ii. Would an experienced bowel surgeon be on hand?
    - b. Do you work on the bladder and ureters?
      - i. Is an experienced urologist on hand to help?
    - c. How often have you treated disease in these areas?
  8. If bowel disease is present, how do you treat it?
    - a. Under what circumstances would a bowel resection be performed?
    - b. What are your complication rates with bowel surgery/bowel resections?
    - c. What are your views on bowel surgery – conservative ("avoid resection if possible" or "resection is never/rarely needed") or radical ("resection is generally needed if invasive bowel disease is present")
  9. What do you do to prevent/reduce the risk of adhesions?
    - a. Do you offer an early second look procedure? Do you use barriers? Do you suspend the ovaries if they are operated upon to prevent them sticking to adjacent structures? What success have you had with these approaches?
- 

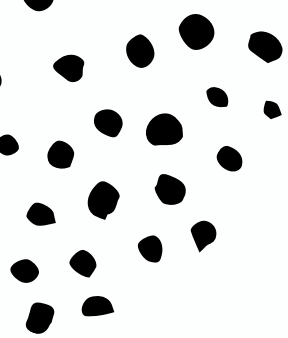


# Questions to ask your surgeon

10. Will all areas of disease that are removed be sent to pathology for histological diagnosis?
11. On average, how long time-wise are your surgeries for endometriosis?
  - a. Does the doctor take his/her time in the surgery to cut out all of the endo and adhesions that are there no matter how complicated the case is?
12. How do you manage the uterus/tube and ovaries when the lower pelvis is involved? (meaning how do you move them out of the way?)
13. Peritoneal pockets are known to contain endo inside or at the bottom of the pocket. How does one access that?
14. Does he/she preserve organs?

## PHILOSOPHY OF TREATMENT

1. What do you think causes endometriosis?
  2. Does this disease come back again, in your view? Is surgery ever curative? (A successful excision surgeon should be of the belief that surgery can be an effective means of eradicating the disease long-term in most cases - as this is what the data show after complete excision).
  3. Do you find it necessary to use suppressive therapy (BC, Mirena, Lupron) post op? Why?
    - a. If the doctor is suppressing your periods because you have a painful uterus and do not want to give that up, that makes sense. If the doctor is telling you the drugs will prevent endo from coming back or progressing then they may not be fully versed in endometriosis and its natural history. A few patients will get true recurrences, but they are the minority and no drug prevents that. Endo makes its own estrogen so suppression may not prevent recurrence or progression of endo.
- 



# Questions to ask your surgeon

## STATS

1. What is your complication rate?
2. Does the doctor track the results of his/her endo patients?
3. What is the rate of recurrence of endometriosis for his/her patients?
  - a. How many patients are pain free after 6 months, 1 year, 3 years, 5 years?
  - b. What percent of patients require reoperation for recurrent disease?


## POST-OP

1. What kind of post-operative pain management will I receive? What if this is insufficient?
2. What kind of post-operative follow-up will I receive?
3. What happens if I have a question after my surgery and it's after hours? What if my pain recurs/persists despite this surgery? What then? Will you continue to support me/offer me treatment? What other treatments/therapies do you have to offer besides surgery (if I happen to need more than surgery.)

## ADDITIONAL/ CASE SPECIFIC QUESTIONS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

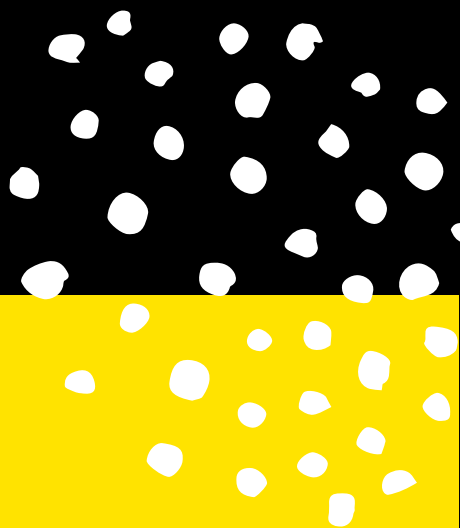


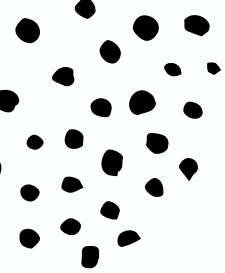




# Caregiver & FriENDO List

*GO-TO LIST FOR HELP*





# Caregiver & FriENDO Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_

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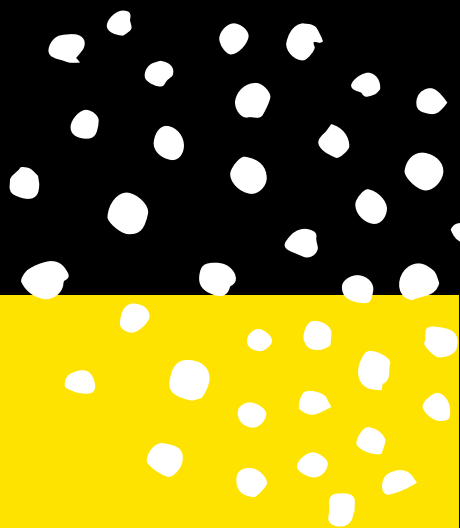


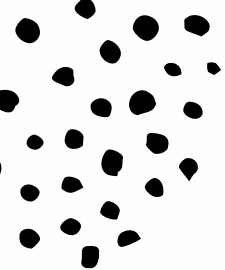




# Hospital Information

*INSTRUCTIONS FOR DAY  
OF SURGERY*





# Hospital Information

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

\_\_\_\_\_

Floor/Department: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Pre-Registration Directions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

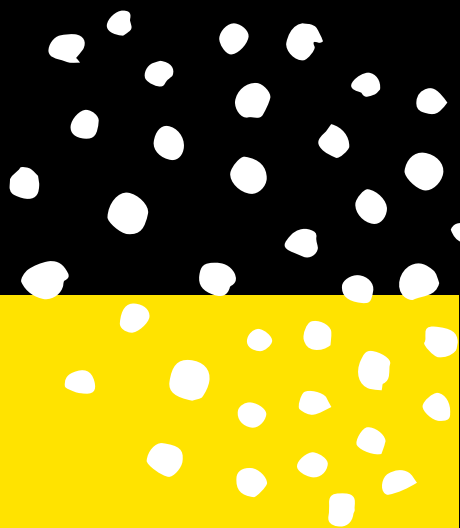
Parking \_\_\_\_\_





# Pre/Post Surgical Checklist & Tips

*SHOPPING/TASK LISTS  
FOR PLANNING YOUR  
SURGICAL CARE*



# Surgery Timeline



## Pre-Op

Check List of items and tasks prior to surgery  
3-4 weeks before



## Day of Surgery

What to wear?  
What to bring?  
Who will be there?



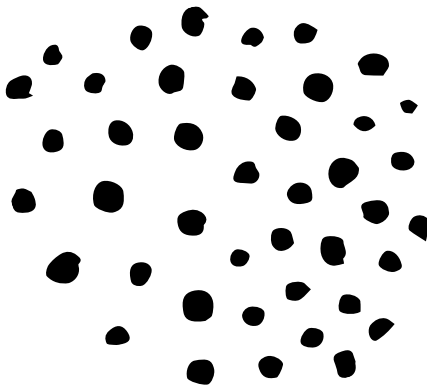
## Post-Op

Doctors post surgery instructions.  
\*Include disclaimer for following doctors orders



## Recovery

Getting back to yourself.



# PRE-OP TASKS & TIPS

## Pre-Op Appointment

- Insurance Card
- Endometriosis Medical Record/Planner (Questions for your surgeon)
- Anesthesia Visitors
- Hospital Stay
- Costs & Insurance Coverage
- Pain Management
- Nausea
- Form of Payment

### DON'T FORGET TO:

- Ask and discuss with your surgeon who to contact and what to expect after surgery. (when to shower, when to expect a bowel movement, pain level expectations, who to call in the case of an emergency, etc.)

8 67/298  
Doctor's Appt.

MEDICARE HEALTH INSURANCE



## Shopping Trip

- Endometriosis Essentials Shopping List

## Cook Post- Surgery Friendly Meals

- Make meals within the parameters of doctors recommended diet.
- Freeze in space saving containers/ bags



## Clean & Home Preparations

- Clean the house
- Put all essential items within reach of the bed.

## Pre-Op Instructions


- Thoroughly read and follow any instructions given by surgeon.
- Schedule alarms for taking medication.

Instructions



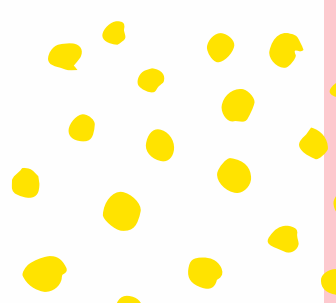


# PRE-OP CHECKLIST

- ☐ PILLOWS
  - ☐ HAND SANITIZER
  - ☐ PILL BOX
  - ☐ WATER BOTTLE (NO STRAW)
  - ☐ STOOL SOFTENER/ GAS X
  - ☐ THROAT LOZANGES
  - ☐ MEDICINE
  - ☐ BED TRAY
  - ☐ CLEANING WIPES
  - ☐ LOOSE-FIT CLOTHING
  - ☐ GRANNY PANTIES
  - ☐ MAXI PADS/MENSTRUAL CUP  
(CONSULT PHYSICIAN)
  - ☐ SHOWER HANDLE
  - ☐ SHOWER SEAT
  - ☐ WALKER/CANE
  - ☐ CHARGES/DEVICES
  - ☐ BOOKS & MAGAZINES
  - ☐ CRACKERS
  - ☐ ELECTROLYTE DRINKS
  - ☐ FACIAL WIPES
  - ☐ ESSENTIAL OILS
  - ☐ ABDOMINAL BINDER
  - ☐ SCAR OINTMENT
  - ☐ MEDICATED PAIN RELIEF  
CREAM/SALVE
- 

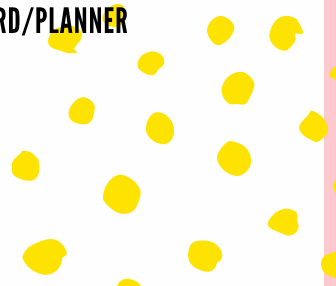


# ENDO ESSENTIALS SHOPPING LIST





# HOSPITAL BAG CHECKLIST

- ☐ FACIAL WIPES
  - ☐ HAND SANITIZER
  - ☐ HAND LOTION
  - ☐ DEVICES/CHARGERS
  - ☐ LOOSE-FIT CLOTHING
  - ☐ PILLOW (TRAVELING HOME)
  - ☐ CHAPSTICK
  - ☐ TOOTHBRUSH/TOOTHPASTE
  - ☐ HAIR ACCESSORIES (TIE/SCRUNCHIE, WRAP ETC.)
  - ☐ GLASSES (NO CONTACT LENSES)
  - ☐ ENDOMETRIOSIS MEDICAL RECORD/PLANNER
- 



# POST-OP TASKS & TIPS

## Traveling Home

- Check your discharge paper work for instructions on who to contact in the case of questions and emergencies.
- Review with your discharge nurse the conditions on when to return back to the hospital.
- Bring small pillow for seat belt cushion.
- Ask for an emesis bag (for motion nausea)



## Rest/Heal

- Follow doctors post-op instructions for recovery and required movement
- Don't rush your healing process.



## Communication

- Have an assigned advocate to communicate with doctors (for medication adjustments/complications/questions) family, and friends. Discuss before what you would like shared with family and friends.



## Post-Op Appointment

- Insurance Card
- Endometriosis Medical Record/Planner (Questions for your surgeon:Post Op)
- Request final surgery report for your records.
- Form of Payment

