

## **Well Woman: Wise Choices** **Premiere Pod cast**

**Voiceover:** Welcome to Well Woman: Wise Choices, pod casts that empower women with information to make wise healthcare choices. Your hostess is Darline Turner-Lee, physician assistant, exercise specialist, owner and founder of Next Step Fitness, Inc.

**Darline Turner-Lee:** Hello and welcome to the premier broadcast of Well Woman: Wise Choices. I'm Darline Turner-Lee.

Well Woman: Wise Choices are pod casts for women who want to be in the best possible health so that they can live their best possible lives. So to start our discussion, answer this question,

“Have you ever been ill or had a medical condition that required medical attention?”

If you're like most people, you've probably answered, “Yes.” If you are fortunate enough to answer “No,” as my mother would say, “keep on livin’.” At one time or another, each and every one of us will get sick and require medical attention.

When health issues crop up, the question always becomes, “What sort of medical attention is *really* necessary?” Well, the answer to this question depends on who you ask. The problem is that when health issues happen, there usually isn't time to do thorough research. More to the point, if the issue is a serious one, you usually don't have the mental where-with-all to thoroughly research the condition, evaluate and compare treatment choices and make a wise and well informed decision about what course of action you want to take. Unfortunately in these all too common situations, we simply follow the recommendation of our physicians.

Now let me stop right here and say that Well Woman: Wise Choices pod casts are not about physician bashing. But I think it's really important that each and every woman make her health care decisions based on the most up to date information available about her condition as well as what is best for her and her current life situation. Sure, it's a good idea to get your physician's input about your choices. But keep in mind their opinions are typically based solely on “standard of care” and “evidence based medicine.” This means that physicians only consider those treatments and procedures that have been “proven” by double blind scientific study to be valid. This is why many physicians don't believe in, agree with or recommend alternative treatments because they haven't been put through the “rigors” of scientific testing. Yet we know that doesn't make these treatments and procedures invalid. So as much as possible, I'll present conventional approaches and alternative approaches to women's health issues.

It's up to you the listener to take the information, researcher it further for yourself, discuss what you learn with your doctor and then make a final decision on how you want to proceed with your treatment.

That said, back to the original premise, how do you proceed when you find out you have some major health issue? As slowly and thoughtfully time allows. When you're talking about surgery or many treatments, once they're done, that's it. There are no "Do-overs" and you're stuck with whatever outcome you've got. One of the saddest statements I hear from my clients is,

"I didn't realize that it would be like this. Had I known, I wouldn't have done this/would have done something different."

In a perfect world you'd be able to interview several physicians' and practitioners, get their treatment recommendations and then after assimilating all the information, you'd make your decisions. Unfortunately, the typical scenario is that we find out we have some sort of health care challenge and we need to make a decision about treatment almost immediately. So what do you do? Well, I was faced with this very dilemma some 12 years back and that experience, along with a few others along the way, lead me to this very pod cast today. Here's what happened to me.

In July of 1995, I started what I thought was a regular period. It was heavy, as was my pattern, but it never slowed down after 2-3 days and it didn't end after 7 days which was my normal pattern. Instead, I continued to bleed heavily and had to change both a super tampon and maxi pad every 1 ½ to 2 hours. You can imagine what a pain that was. I was working as a PA in family practice, trying to see patients and in between every few patients, I had to stop and go to the bathroom to "freshen up". This continued on for 35 days, but after about 10 days, I went to see my family physician. She did a pelvic exam, took a pregnancy test (although I wasn't dating at the time and it would have been an immaculate conception!) and told me not to worry and that the bleeding would stop. She gave me some pills for the very painful cramps that I was having and sent me on my way.

About a week later I returned to her office, still bleeding but having even more cramps and passing large clots. I was also vomiting violently from the pain medication she gave me. I sat doubled over in her office, trying to explain to her that I needed to do something because I could barely work (which was critical as I was single and on my own). "Well, I guess we could get an ultrasound," she casually said. She gave me a referral slip so that I could make an appointment, but when I called the radiology department at the clinic, the next available opening was in 3 weeks! There was no way that I could wait that long. I called her office to see if she would call radiology and get me a sooner appointment, but she wouldn't.

That was my first foray into taking matters into my own hands. I went to the radiology department myself. I explained my situation to the receptionist who said that there was no way that I could get an earlier appointment without my doctor making it a **stat** order. Luckily my symptoms kicked in and I began getting sick right there in the reception area and had to race to the ladies room. By the time I got back, she had one of the ultrasound technicians looking over the schedule to see if she could scan me then and there. The tech couldn't fit me in, but a friend and fellow PA who worked at the clinic came through at that moment and when she heard what had happened to me, she made the technician fit me in the next morning.

I arrived at my appointment early the next day, more uncomfortable than ever because I had a full bladder on top of everything else that was going on in my pelvis. The ultrasonographer confirmed what I already knew-something was wrong. As she moved the probe she had that serious look on her face and sort of went, "Hummm" as she scanned me. "I'll get this right over to your doctor," she said. "She should call you later today."

Well, she didn't have to call me. I went to her office right after work, sat at her desk and refused to leave until she told me what was going on. When she finally came in, she simply looked at the report and said, "Oh you have fibroids," she said. "You'll need to see a gynecologist to schedule a hysterectomy. You'll never carry a child to term" She then pretty much dropped me.

I was completely devastated. I was 29 years old, unmarried, wasn't even dating at the time and I had just been told that the family I was so hoping to have one day would never be. Not knowing what else to do, I scheduled an appointment with a gynecologist for 10 days later. But I also began doing some research on my own.

Now in 1995, the internet wasn't the wealth of information that it is today, so I spent a lot of time in the medical library reading text books. What I found was that my doctor couldn't have been more wrong. According to the **National Institutes of Health** and the **American College of Obstetricians and Gynecologists** uterine fibroids are benign tumors that develop out of the tissue that lines the uterus. They feed on estrogen and women who develop them usually have higher estrogen levels in their bodies. Doctors don't know why they develop, but they are extremely common and as many as 50% of women in their childbearing years may have them. Uterine fibroids are more common in African American women and up to 80% of African American women have them.

Most women have no problems or symptoms, but about 20% of women who have fibroids will have symptoms such as heavy bleeding, cramping, bladder or bowel compression or obstruction, and abdominal, pelvic, back or leg pains severe enough to interrupt their daily activities. Symptoms are more common in overweight women and in women who have not had children. Fibroids are also a

cause of fertility problems and are a major cause of miscarriage. The best news that I found however, was that fibroids could be surgically removed and the uterus still left in tact. **I COULD STILL HAVE A FAMILY!** I didn't know what I was going to do, but I did know that under no circumstances would I have a hysterectomy!!!

When I finally saw the gynecologist 10 days later, he confirmed what I had learned in the medical text books. He told me, "It would be tantamount to malpractice to do a hysterectomy on a 29 year old woman who wants to have children. There are so many things that we can try that hysterectomy isn't even a consideration for you at this time." I can't tell you how relieved I was.

I finally stopped bleeding-after 35 days. My gynecologist emphatically ordered me never to bleed for that long again. "If you are bleeding after 10 days, I want you in my office," he said. What a difference that was! Over the next year and a half, I examined and tried a variety of treatments; Birth control pills, Depo Provera, Lupron, hysteroscopy and herbs and acupuncture. I finally had a myomectomy, surgery to remove my fibroids which left my uterus intact and ready for babies, 6 years after my initial diagnosis.

It's been a long road, but after 12 years, 4 pregnancies, 2 miscarriages and 2 c-sections I've learned a little bit about how to navigate the health care system and I am going to share with you what I have learned both as a clinician and as a patient so that you can better navigate the health care system.

Please join me for the next broadcast of Well Woman: Wise Choices as I review the current non-invasive treatment options for uterine fibroids. I'll cover pharmaceutical treatments as well as alternative or complimentary treatments. The subsequent broadcast will cover the invasive treatments, both surgical and non-surgical options.

I in no way endorse or reject any type of treatment. My goal is to give women as much information as possible to make informed decisions. Hopefully having such information will allow women to discuss with their doctors what treatments are best for their situations.

So for now, this is Darline Turner-Lee looking to make every woman a well woman who makes wise health care choices.