

Excision Surgeon Specialist Questions

**I am not a medical provider. This list is an example of questions to ask, do your research and add to this list questions that pertain specifically to you and your case. This list of questions is a work in progress and will be updated. These questions are for doctors who are on the excision directory listing. If you are seeing a doctor who is not on the excision directory list, jump to the bottom of this document.*

- Based on my medical records and symptom history what would be your treatment plan for me and why?
- *If you want to get pregnant in the future >>*In your view, would I be able to preserve my uterus, ovaries and fallopian tubes and fertility?
- Is there anything you think we should rule out before we schedule a surgery?
- What is your general philosophy on treating endometriosis?
- On average, from what you've seen how many women who have endometriosis need an additional surgery / second surgery?
- How many excisions do you perform each week?
- Are you able to operate on advanced endometriosis with bowel or lung involvement and/or deep infiltrating endometriosis? Do you have an assistant surgeon you work with for more complex cases?
- Do you publish research on endometriosis treatments?
- Do you work with any organizations that support endometriosis patients?
- Do you track your surgical outcomes? If so, how and are the results available to the public?
- How long have you been performing excision surgery?
- What experience if any have you had with acupuncture for endometriosis pain and/or hormonal balance, fertility, inflammation pre and post surgery?
- Do you believe that diet can play a role in managing endo symptoms pre or post-surgery?
- Do you have any experience with fibroids?



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- Do you have any experience with PCOS?
- Do you have any experience with Interstitial cystitis? Will you check during surgery to see if I have it?
- In your view, what is the relationship between PCOS, endo and fibroids? Are they simply co-morbid or does endo create the conditions for these other conditions?
- Can you check to see if I have adenomyosis and if so, document the severity of it?
- What instances would you NOT feel comfortable removing endo? Are there any areas or places that are rare enough you would not feel comfortable? What do you do in that case if so?
- 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?
- What is your opinion on inserting a progesterone IUD (Skyla/Mirena) at the time of surgery? Is this something you recommend? Why or why not?
- What type of complications do you typically see post-surgery?
- What is your complication rate?
- What is your mortality rate?
- What insurance do you take if any?
- Where do you operate?
- Does the hospital or operating center you operate at accept any insurance? If so, what kind?
- What is your pain management protocol coming out of surgery at the hospital?
- What is your pain management protocol after I leave the hospital?
- Do you have options for me if I am allergic or sensitive to synthetic opioids like oxycodone or Dilaudid?



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- Do you prescribe a nausea patch pre-surgery?
- What are the three best things I can do for myself pre-surgery to ensure an optimal outcome?
- What are the three best things I can do for myself post-surgery to ensure an optimal outcome?
- What about uterine pain - if part of my pain is due to a problem with my uterus (not just endometriosis) then how will this be addressed? Do you perform presacral neurectomies? PSNs?
- Do you treat all forms of endo i.e. do you also remove subtle forms of endometriosis (superficial disease)?
- Do you recommend pelvic floor physical therapy post-surgery? Why or why not?
- Would you be willing to write me an order for pelvic floor or regular physical therapy post surgery?
- What kind of post-operative follow-up will I receive?
- What provisions are there in place for patients flying in for surgery? How will I keep in touch after surgery should I have any problems?
- How much experience does your office have in assisting me with the process of obtaining insurance coverage, appeals and documentation?
- What other support do you offer your patients? Nutritional info, etc?
- Do you have any resources or support for partners, or any recommendations on how to take care of themselves while being supportive through this process?
- Would you be willing to work with my primary care physician to update him on my care and have any tests I need ordered locally?



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If you are seeing a doctor who is not on the excision directory listing here are three questions to ask that will immediately let you know if your doctor is able to identify and remove endometriosis properly.

What color is endometriosis?

If the answer is powder-burn, black or brown, do NOT see this surgeon. Endometriosis can be black, brown, blue, clear, white, yellow or red. Try to see an excision surgeon on the directory listing near you.

How do you remove endometriosis: fulguration, ablation or excision?

If the doctor says fulguration or ablation, you can expect more surgeries down the road. This type of endometriosis removal does not get all the endometriosis cells, and sometimes can even complicate things further by causing scarring. If possible, find a surgeon in your area or nearby that performs excision for optimal results.

How big are the pieces of cells you send to pathology after the surgery to confirm endometriosis?

The answer should be in sonograms – not millimeters. If they are sending samples to pathology that are in millimeters then they are most likely not performing wide excision.



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