

## Fibroid Specialist Questions

*\*I am not a medical provider. This is 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. If you feel you have endometriosis in addition to fibroids, go straight to an excision specialist using the excision directory. Most fibroid surgeons do not know how to identify and effectively remove endometriosis. See questions at the end to see if the surgeon you are seeing does.*

Based on my medical records and symptom history what would be your treatment plan for me and why?

Is there anything you think we should rule out before we schedule a surgery?

What is your general philosophy on treating fibroids?

How many fibroid surgeries do you perform each week?

Do you publish research on fibroids?

Do you track your surgical outcomes? If so how and are the results available to the public?

How long have you been performing this type of surgery?

Do you use a morcellator during surgery? If so how do you completely remove the pieces of fibroid –i.e. do you use a vacuum or other mechanism?

What do you believe are the risks associated with using a morcellator and it's link to cancer?

What experience if any have you had with acupuncture for fibroids and/or hormonal balance, fertility, inflammation pre and post surgery?

Do you believe that diet can play a role in managing fibroid symptoms post-surgery?

Are there any other things you recommend to prevent fibroids from coming back post-surgery? What have you seen in your practice?

Do you have any experience with endometriosis? In your practice, generally if women have fibroids do they also have endo?

Do you have any experience with PCOS?

Do you have any experience with interstitial cystitis?



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How many of your patients require a repeat surgery to remove more fibroids?

How many of your patients require a repeat surgery to remove endometriosis?

Are you able to remove adhesions?

Do you send fibroids to a lab to confirm they are fibroids and not anything cancerous?

Do you send endometriosis cells to a pathology lab to confirm endometriosis?

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 insurance do you take if any?

Does the hospital or operating center you operate at accept any insurance? If so, what kind?

Where do you operate?

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?



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**If you suspect you have endometriosis as well as fibroids and want to vet the fibroid specialist to see if they can effectively remove endometriosis, ask these three questions. If they are not able to answer effectively, then try to pursue finding an excision surgeon. If you are not able to find an excision surgeon or feel that this surgeon is your only option, question her or him carefully about how he removes endometriosis and the effectiveness of his surgery based on patient outcomes.**

**What color is endometriosis? Are you able to identify and remove it in all of it's forms?**

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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