The Coalition Talk Show with Dr. Shani Belgrave: Uterine Embolization with John Lipman MD Transcript

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Introduction and Guest Welcome

Welcome to The Coalition. This is a talk show dedicated to discussing health, wellness, and inspiration. I'm your host, Dr. Shani Belgrade. Hey, guys.

Due to a technical difficulty, the video freezes at times, but the audio is perfect and the conversation is too good to miss. Let's get into it. Hello, everybody.

Welcome to The Coalition. I'm your host, Dr. Shani Belgrave. I am a bariatric and general surgeon in Atlanta, Georgia. You can learn more about me and get connected at www.drshanibelgrave.com.

I am super excited to welcome to the show today, Dr. John Lippman. Dr. Lippman is an interventional radiologist and the founder of Atlanta Fibroid Center.

He joins the show to share his expertise right on time for Fibroid Awareness Month. Dr. John Lipman, thank you so much for joining the coalition. Oh, thanks for having me.

It's great. Wonderful. So can you please get us started by telling us a little bit about who you are and what you do? I'm the founder and medical director of the Atlanta Fibroid Center.

Our center has been open for the past 20 years. In fact, we're having a 20-year celebration at MCK September 18th at seven o'clock and all the proceeds of the event is gonna go to Hosea Helps Feed the Hungry.

So we're really excited about the event and we're excited about providing care for women suffering with fibroids completely without any surgery. Well, congratulations on your 20 year milestone.

That's quite significant. We've been very blessed and I have a tremendous staff, administrative staff, nurses, technologists, a whole team of great people to work with.

It's just fantastic to come to work every day.

What Fibroids Are and Common Symptoms

And it's truly a blessing. I love going to work every day. It's not cliche. Because we have such a great team, it's really enjoyable. And that passion and care really resonates throughout the organization.

And that's why people continue to come back to the Atlanta Fibroid Center. In fact, patients will say, yeah, it's like going to the Four Seasons. I haven't been treated like that in health care since I was on vacation.

So we're real proud of how we care for patients. And we're real proud of our philanthropy and our commitment to the community. Well, I agree. Part of taking care of patients is providing a good experience in addition to the care and the procedures that are done.

So can you please kind of give a little bit of insight into what are fibroids? Well, fibroids are the most common pelvic tumor seen in women. And not only are they common in all women, but they are particularly common in African-American women.

In fact, it's stated that 80% of women of color have these benign tumors. So they're not cancerous, fortunately, but they can cause a lot of women, a lot of misery.

What are some of the symptoms? It's the number one reason why women have heavy periods. So they often have heavy menstrual bleeding. They'll often have pain because these tumors are rock hard, they're firm and they press on things.

So they can press on nerves to cause pain. They can press on the bladder to cause increased urinary frequency and waking up at night. They can press on the colon to cause constipation.

If they're near the cervix, they can cause painful intercourse. So they will cause bleeding symptoms and they'll also cause bulk related symptoms. So, you know, I was interested in talking to you because as you've just stated, fibroids are very common and you specialize in a treatment called uterine fibroid embolization.

So can you kind of describe how that works and how is it determined whether or not a patient can benefit from that versus surgery? Well, uterine fibroid embolization or UFE, some people call it uterine artery embolization or UAE, it's the same procedure.

And it was actually discovered by accident. We'd been embolizing tumors, cancerous tumors for many years before UFE was discovered.

How Uterine Fibroid Embolization Works

But somebody in France in the early 1990s got the bright idea, why don't we embolize fibroid tumors before they get a hysterectomy to make it an easier surgery, less anesthesia, quicker surgery time.

If you cut the blood flow off to tumors that are very vascular, it'll make it an easier operation. It made sense. No one had ever done it before because the focus had been on making very vascular cancerous tumors an easier operation.

But they started doing that in France. And so these women would get embolization for their fibroids, meaning they were seen by an interventional radiologist who cut the blood supply off to these fibroids.

The fibroids then start to die. And as they die, they soften and shrink. And these women would then get discharged after their embolization procedure.

They would be sent home. and to recover because, again, unlike in this country where we embolize a tumor, they're in the operating room that day or the next day.

In France, they had to wait. And so they were waiting six weeks, seven weeks, eight weeks for their elective hysterectomy. What happened? Well, over that six, seven, eight weeks while they were waiting, the woman's symptoms went away.

And so they would call up the gynecologist and tell them, you know, I feel great. Do I still need that second part? Do I still need that hysterectomy?

And the answer was no. All you needed was the embolization. And so the gynecologist in France, who was leading the study with the interventional radiologist, called his friend at UCLA, who was the chief of gynecology at UCLA and told him, you better get the interventional radiologist on this.

This is exciting. And Scott Goodwin, who at the time was the chief of interventional radiology at UCLA, did the first 11 patients in the United States.

And he was presenting at a national meeting about that. And I was presenting embolization on cancerous tumors. And I'm listening to Scott talk about this.

And I'm like, wow, I'm in Atlanta. I could help so many women. And the light bulb went off. It was kind of a seminal moment in my life. And I came back to Atlanta and did the first UFE procedure here in the Southeast and have now

amassed the largest experience.

So they tell me in the entire country, well over 10,000 women now have we've cared for and help them avoid surgery and literally get their life back. I mean, it's transformational.

The difference between having these crime scene like periods and pain every month and the dread that goes with it to a normal life again. And how it works is the access for us, we go at the very top of the right leg and what's the access point is the right common femoral artery, right where the leg meets the torso.

If you push down in the crease, you can feel that artery and feel the pulse. We enter there and then guide a little tiny catheter like a piece of spaghetti into each of the uterine arteries one at a time.

Each of them are like big trees and they branch getting smaller and smaller branches to get out to the leaves. The fibroids are the leaves of the tree and I know what size those small peripheral branches are.

And I can plug up their blood supply. So the big trunk and the main branches of the uterus stay open. So the uterus is alive, but all the fibroids start to die.

And as they die, they soften and shrink. And as the softening and shrinking go on, a woman's symptoms go away. So it's a 30 minute procedure. We take the catheter out, we put a little tiny dissolvable collagen on the way out to seal the little needle hole on the way in, and it's covered by the pad of a regular Band-Aid.

They spend three, maybe four hours at our center recovering, and then they get discharged home. as I say, literally with a bandaid at the top of their right leg, with a recovery at home that's pretty simple compared to surgery.

Who Is a Candidate for UFE

I mean, they're in bed or couch that day, but the next day they're up and walking around at the computer, back in the office within a matter of a few days, four days, five days.

I tell patients plan on a week, but most of our patients are working well before a week, usually a matter of four or five days. Wow, that was really interesting.

I didn't realize that initially it was used as a bridge to hysterectomy. So that was really neat to learn that. Yeah. A lot of things in medicine are discovered by accident.

So you mentioned that it will shrink all of the fibroids. Are there any patients based on the location of their fibroids or other factors that are not candidates for uterine fibroid embolization?

Almost every patient that's been told they need surgery for their fibroids is a candidate for UFE. It's very rare that they're not a candidate. There are some.

It's unusual. Sometimes we need to do what's called a combined approach where we involve the gynecologist to help us. They may have a lot of fibroids in the uterine muscle.

That's the most common location for fibroids. But occasionally, in unusual circumstances, the patient will have a fibroid sitting in the cavity of her uterus.

And if we embolize a patient that has an intracavitary fibroid, that fibroid is going to come out. Now, if it's small, like a centimeter or two centimeters, We won't worry about it because it'll break up and the woman probably won't even notice it coming out.

But if it's like three and a half centimeters and larger, that's something that we really don't want the woman to have to pass because if it does come out whole, that would cause a significant amount of pain.

It's kind of like labor birthing a small you know, stone, if you will, through the cervix into the vagina. So what we do under that circumstance is this combined approach where we embolize the patient, just like we do everybody else, only in this particular woman.

In advance, we've already set up this removal of this one intracavitary fibroid. And it's really easy to remove for the gynecologist because the fibroid is dead.

And it comes out very easily. And we time it three weeks after the UFE, which is really the sweet spot, because you can't do it same day, next day. The fibroid is still hard as a rock, and it's much harder to remove.

And you can't wait too long, you know, six weeks, seven weeks, eight weeks, because too many of those patients will, their bodies will try to, you know, abort the fibroid.

It's what you're trying to avoid. Three weeks after the UFE is a good spot for them to take it out. And it comes out very easily. Fascinating. So can you please, Dr.

Lipman, take us through the process? First of all, how are patients finding you? And if someone, how does someone get in touch with you? And then can you take us through the consultation?

Consultation, Imaging, and Treatment Options

And then what are the steps until they get to their procedure? And then what's the follow-up care? Well, patients will find us in a whole host of different ways.

We will get patients that are referred from gynecologists. We will get patients that are referred from by primary care physicians. Nurses are now starting their own practices and we'll get referrals from any number of healthcare providers.

That's one way we'll find patients. Other patients will find us Because of our work in the community or our work, we took care of their mom or their sister or their aunt or a relative, a family member, a friend, a coworker.

And people can come to us directly. They don't need a gynecologist referral. We'll get asked that all the time. Now, if they have a certain insurance plan, an HMO plan requires a referral from a primary care physician or a gynecologist, but a PPO plan or other plan like that, patients can just call the office and come in for a consultation to talk about the treatment options, including UFE.

Once a patient is coming in for a consult, we usually also obtain an MRI examination of the pelvis. A lot of these women, their fibroids have been confirmed or diagnosed based on pelvic ultrasound, but pelvic ultrasound is a very low resolution imaging tool.

It's great to confirm the fact that they have fibroids, but it doesn't show the fibroids in the uterus and the tissues around the uterus to really any great detail.

The MRI is like high definition television. You see everything to really superb detail. And a lot of times we find things that they never saw on ultrasound.

And so it's really important to get the MRI and basically try to make that fit with what the symptoms of the patient are describing. So For instance, a patient we saw not long ago had a big fibroid in the periphery of her uterus.

It's called a subcerosal fibroid. Those are the fibroids that are on the outer part of the uterus, nowhere near the lining of the uterus. They're out in the suburbs, if you will, where the lining is downtown.

And she was having horrible Menorrhagia, very heavy menstrual periods. And as I mentioned, fibroids are the number one reason why women have heavy periods.

But she had this solitary fibroid that couldn't possibly be causing her heavy bleeding. And she came in and wanted the UFE procedure because she heard how great it was.

and how minimally invasive it is. But I had to tell her, you've got a fibroid, a big one. You've got the most common symptom from fibroids, but it doesn't fit.

And so we got a special ultrasound study called a saline sonohistogram, which showed very small endometrial polyps, these little tiny growths along the lining of her uterus.

And the gynecologist removed them a week later. We have to put the puzzle together. It's got to fit. They have to have fibroids, they have to have symptoms, and they have to fit.

And if so, we go through the treatment options. We'll talk about medical treatment options, whether it's hormonal therapies or whether it's a non-steroidal anti-inflammatory medicine.

We'll talk about the surgical options, whether it's a myomectomy, cutting a woman open surgically, removing some of the fibroid tumors, or hysterectomy, removing the uterus, whether all but the cervix, the entire uterus, or even everything in the pelvis essentially.

So we'll go through the different treatment options from medical to UFE to surgery. And then the woman will decide based on the risks and benefits of each of these procedures, which one she wants.

Well, thank you so much, Dr. Lipman. That was really thorough and a very clear description of how all this works and how it can be beneficial to patients.

For people watching that want to learn more, want to get connected, what is the best way for people to reach out to you? Well, fortunately with the internet, it's a pretty easy task.

Our website is probably the easiest way. Our website is atlii.com. It stands for Atlanta Interventional Institute. That's the parent company of Atlanta Fibroid Center.

So there's lots of information on fibroids and on the UFE procedure. I have an Instagram page, which is dr underscore my last name. So it's dr underscore L I P M A N.

And we're almost to that 10,000 followers. So hopefully after this broadcast, a number of your viewership will put me over the top. That would be great.

Um, we have a YouTube channel. If, if somebody goes to YouTube and then the search bar types in Atlanta fibroid center, Atlanta fibroid center. There are hundreds of videos on fibroids, on UFE, and they can even watch me do a UFE procedure.

It's one of the more common frequently watch videos and it's not gory because there's no surgery.

How to Reach Atlanta Fibroid Center

It's a very simple, easy 35 to 40 minute video. I go step by step exactly what I'm doing each step of the way so that a patient can see the entire process of undergoing a UFE.

It's very simple. As I say, it's a 30 minute procedure. They sleep through it and then there's several hours of recovery afterwards and they go home with a band-aid.

and even have children after. And this UFE procedure is covered by all insurance. It's not an insurance issue. And as I say, I've been doing this UFE procedure here almost 30 years now.

It's one of the biggest medical breakthroughs for women. You just got to know about it, unfortunately, because a lot

of women aren't hearing about it from their doctor.

And that's unfortunately sad. Wow well thank you so much Dr. Lipman for joining the coalition right on time for Fibroid Awareness Month. I appreciate the opportunity to come on particularly during Fibroid Awareness Month and try to increase the conversation because sometimes and I know some families feel that they can't talk about periods.

Men don't want to know about periods but Men usually have women in their lives and they need to know about periods and talk to each other about this. And there needs to be more discussion, mother, daughter, sisters to each other, because this is important information.

And if you can avoid the second most common surgery done in the United States with a simple 30 minute procedure, why wouldn't you do it? Wow. Well, thank you so much, Dr.

Lipman. You know, I agree that communication, conversations, dialogue around health are so important. So you're a perfect guest to join The Coalition, because that's what the show is all about.

I want to thank you again. And you have an open invitation to come back to The Coalition another time. Thanks very much. I appreciate you having me. Sure thing.

Well, everybody, thank you so much for tuning in to another impactful episode of The Coalition. Very special thank you to Dr. John Lippman, founder of Atlanta Fibroid Center for joining the show right on time for Fibroid Awareness Month.

You can connect with Dr. John Lippman and the Atlanta Fibroid Center on their website or on social media. You can stay connected with me at www.drshonnybellrig.com.

Make sure you share this episode with friends and family to raise awareness for Fibroid Awareness Month. I'll see y'all next time.