

Women's Health: Cloaked in Controversy

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Obstetrics and gynecology as a speciality has made significant advances over the past decade, changing the practices of both general practitioners and specialists.

What new procedures have come to the fore?

Laparoscopy

Gynecology has been at the forefront of minimally invasive surgery, such as laparoscopy. For years, laparoscopy has allowed gynecologists to diagnose diseases. Over time, the procedure has allowed us to do more invasive surgery, as well (including radical cancer surgery), through 10 mm slits in the abdominal wall. This procedure results in quick recovery for patients.

Hysteroscopy

Along with laparoscopy, we also do hysteroscopy, which allows us to enter the uterus itself and remove fibroids, polyps, scarring, and septums, as well as to accurately diagnose disease. This easy outpatient procedure has now replaced the dilatation and curettage technique and, in many cases, has allowed us to avoid more invasive surgery (such as hysterectomy).

Table 1
Gynecologic procedures and what they are used for

Procedure	Functions
Laparoscopy	Minimally invasive surgery Invasive surgery, such as radical cancer surgery
Hysteroscopy	Allows physicians to enter the uterus and remove fibroids, polyps, scarring, and septums Allows a more accurate diagnosis of disease
Pap smear	Used to detect cervical cancer Has lead to DNA typing and testing, with more effective and earlier treatment

Pap: Papanicolaou
DNA: Deoxyribonucleic acid

The Pap

The Papanicolaou (Pap) smear has evolved over time, and we are now certain that most cases of cervical cancer are actually sexually transmitted from human papillomavirus. This has led to deoxyribonucleic acid typing and testing of early abnormal Paps, with more effective and earlier treatment.

Table 1 summarizes these procedures.

What about menopause management?

We have come full circle in terms of menopause management. Ten years ago hormone replacement therapy (HRT) was the “thing to do.” It kept patients younger, free from menopausal symptoms and it was also believed to be beneficial for the heart and brain. Soon, breast cancer statistics were beginning to reflect an increase with HRT, but it wasn't until the Heart and Estrogen/progestin Replacement Study (HERS) and the Women's Health Initiative (WHI) study that we felt completely betrayed by HRT. Today, women can't come off their hormones fast enough, and although so many questions about HRT remain unanswered, the search for herbal remedies and non-hormonal approaches to menopause appear to be at the forefront of our minds.

Have there been advances in reproductive medicine?

Progress in reproductive medicine has been astounding. Surrogates, egg donations, and freezing embryos are becoming routine in many circles. However, the steady rise of twin pregnancies (and those of higher order) and the increasing age of

women having children are leaving many unanswered questions about future populations.

What is new in obstetrics?

Despite the many changes in obstetrics, the rate of cerebral palsy in Canada has remained untouched. That being said, two major Canadian studies have changed the practice of obstetrics: the Post-term trial and the Breech trial. There will be a twin study in the next year that will hopefully answer questions about the management of high-risk pregnancies (*i.e.*, twins in labour). The rates of cesarean sections also continue to rise in Canada and I predict this will continue to soar over time.

What does the future hold?

Medicine is a continually evolving field. Technology has added so much to our understanding of the human body and our ability to access it. Evidence-based medicine will continue to change the way we practise medicine, as it has in the WHI study and the HERS trial, as well as in the Post-term and Breech trials.

Who knows what will happen in the next 10 years? 

Surf your way to...

1. The Society of Obstetricians and Gynecologists of Canada:
<http://sogc.medical.org>
2. The Canadian Women's Health Network:
www.cwhn.ca

