

More Than Fibroids Podcast

With Sateria Venable

<https://rss.com/podcasts/thefibroidfoundation>

S02 - E01: Care During Covid with Dr. Linda Bradley

Transcript (auto-generated by RSS.com)

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The Beautiful Uterus is an uplifting podcast covering all aspects of women's menstrual

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health. Here you'll learn from experts in the field of menstrual care. The information

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provided here is not meant to be used for self-diagnosis or to replace treatment by

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a licensed holistic or medical professional. To view our full disclaimer, please visit

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fibroidfoundation.org.

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Hello, I'm Sateria Venable, founder and CEO of the Fibroid Foundation. In this episode,

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we'll talk about fibroid care during the pandemic with Dr. Linda Bradley of the Cleveland Clinic.

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Dr. Bradley, thank you so much for being a guest on our podcast today.

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Well, thank you for asking me. This is the highlight of my day, and I'm glad we can make

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this happen.

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Thank you. We appreciate that. I have been following you for quite some time. You're

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a member of our advisory board, and I saw that in a recent article that you wrote for AGL,

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the American Association of Gynecologic Laparoscopists, where you're medical director, you quoted

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Google CEO who said, and I'm paraphrasing, that we should approach this time with calm

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and responsibility. I think that's great advice. Would you expand on that thought?

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Yeah, I think right now with the pandemic, it's led us to have a sensation, sometimes

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a fear and flight. And this pandemic and this virus will be with us for a long time. So

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I think it's time for us as an individual and collectively as women and as a society

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to begin to pivot. And what do I mean? Pivoting around understanding what's important in your

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life, what things you should do and should not do, a time to have self-reflection of

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including all the good things in your life with good friends, reconnecting with family,

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getting your house, so to speak, emotional house, your spiritual house, your physical

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house in order so that you can move forward, being a responsible citizen, taking care of

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yourself. There's no we in this right now. It's about me or about you taking care of

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yourself because you know, as women, we take care of so many things. So I think this time

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where many of us may be fortunate to work from home, and even if we can't, that we start

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doing things to have self-reflection, self-care, eating healthier, cooking more often. And

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these things, I think we now have the calmness in our life because we're not on the go, go,

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go where we can settle down and begin to just self-reflect. So I look at this as a time

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as much as I don't like it, that people are dying and are ill and our hospitals and ERs

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are very, very busy. It is a time for all of us to sit back and collect our thoughts,

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be kind and pivot in a direction that will make us emotionally, physically, and spiritually

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more healthy.

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That's fantastic. I think that that's phenomenal advice. Wow. It's women's, it's Women's Health

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Week and many women are home now due to the pandemic and unable to see their physicians

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in person. Surgeries have been postponed and there's concern about caring for themselves

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at this time. Are there self-care steps that women can take at home now?

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Yes. And I'd first like to say hospitals are not closed. Hospitals are safe environments

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to be in. I don't think you're going to find hospitals cleaner than they are now. Everybody's

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adhering to hand washing. We're doing social distancing in hospitals. So while I'm going

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to give some tips about things that women and families can do at home, please, please,

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please do not delay seeking care for things that aren't getting better on your own. I

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do think that there's a big myth that you don't want to go to the hospital, but that's

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the furthest from the truth. And I'd like to just preface this by saying we're finding

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fewer people showing up to the hospital with heart attacks and stroke and sometimes some

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other critical illnesses. And sometimes, unfortunately, people have lost their life because they

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fail to go in with some sentinel signs of chest pain, discomfort, headaches, other kinds

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of things that may have led them to be seen at an emergency room to get the care, to take

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care of a problem. It's important for our listeners to know that almost all hospitals

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and many private practice offices have again pivoted quickly to what we call virtual visits.

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The Cleveland Clinic, three months ago, six months ago, only 5% of our interactions with

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patients were virtual, whether we use video or the old fashioned telephone. Right now,

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with the coronavirus, we are up to 70 to 75% of our visits being done virtually. I do want

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to say that there are people who don't have smartphones, but we have had a telephone for

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eons and you can still talk with your physician about a problem. So I'd say no matter where

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you live, to see if that's an option for you. And that would allow you to, or your family,

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to get an answer to a question, to delve into a problem with your physician, to then know

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can this be managed at home or things that you can do, or no, do you really need to come

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in right away to be seen. So while we don't want people to go to the ER because they stubbed

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their toe, put some ice on it, put your foot up, take a couple of Tylenol, that's different

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than something that's very, very significant and impacting your quality of life and doesn't

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get better quickly on its own. So I would like to just say that. So the pandemic did

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not close hospitals, okay? Just be responsible and you can always call to see if you should

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go in. That's much needed advice. And you did ask, are there self-care steps that women

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can take at home in reference to fibroids or in reference to anything in particular?

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In reference to fibroids specifically, or endometriosis, if you care to expand on that,

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since I know you have a specialty area in many areas of women's health.

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Okay. So I think the first self-care step would be journaling for certain symptoms,

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whether it's keeping track of a period, the length of the period, the amount. An important

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quality also for self-care is looking at the impact of pain or discomfort or heavy menstrual

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bleeding on what's going on. But I think one of the self-care steps is to be really intuitive

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and to say, okay, when did something start? I love my patients, but it's amazing that

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women cannot tell me when their period started, how many days did they have breakthrough

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bleeding, when did it occur? So be a detective and write down things and then take the clues

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that your body are giving you, pain, discomfort, is it affecting appetite, work, sexual activity,

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exercise, even if you're exercising at home. So first deliberate about what's going on.

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And then secondly, many of the symptoms, both with endometriosis and fibroid pain have to

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do with cramping and discomfort that's often due to prostaglandin, which is a chemical

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that's made that can lead to feelings of labor like pains or contractions. So we could talk

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later about what are some of the methods and things that we can do to decrease prostaglandin

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levels that lead to pain or discomfort. And then we can also later, of course, talk about

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things for heavy periods, food, diet, vitamin supplements and the like that people may need.

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That is so helpful. And it's also really critical because I think a lot of people misinterpreted

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in some instances the access to medical centers in this current time of the coronavirus. And

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so I'm so glad and thank you for clarifying that, as you said, hospitals are still open

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and that we really need to be vigilant about our health care and make smart decisions.

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That's really great feedback.

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And the other thing I like, could I just add one thing? Because when we look at hospitals,

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hospitals have multiple layers to it now. And some hospitals will have in the community,

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at least our hospital, urgent care centers. So that would be versus just emergency rooms.

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We think of true emergency rooms of where you go if you have a gunshot, where you go

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if you have a car accident, where you go if you fell down and you think you have a broken

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hip or a broken knee or something. The urgent care tend to take problems that may be less

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acute a problem, but less acute. So that also might be another avenue. When you check with

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your insurance company, some will even prefer that you call first and then go into an urgent

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care for some things that might be treated with a different fashion or in a different

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fashion.

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Okay. That too is good advice. Okay. And so my next question was going to be how can pain

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and cramping be eased, but you mentioned prostaglandin. So does that play a component in the pain

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and cramping?

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Yeah, I think the medical term for painful periods is called dysmenorrhea. And it's thought

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to be due to compounds in the body that are released called prostaglandins. I often tell

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patients if they've had children or heard of, you know, stories of childbirth that the

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highest levels of prostaglandins occur during labor. And that's what causes the pain of

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labor. There's some early work where doctors are using potential medication that's called

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an antiprostaglandin. So it lowers the prostaglandin levels in women that are in early labor. There's

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some great studies that have collected the blood in a cup that's placed in the vagina

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from women with very heavy periods. And in specific, since we're talking about dysmenorrhea

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pain, women with bad cramping, and they find when they analyze the blood levels of prostaglandin,

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it's very high. So there are things that women might do to ease pain. And so the antiprostaglandins

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that are on the market overall collectively, we call them NSAIDs or nonsteroidals. Brand

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names might be ibuprofen, Advilolive, Motrin, Anaprox, Naprosyn. Some of these things can

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be purchased over the counter. You have to be careful and not overdose on any of these

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because it could lead to kidney and liver problems. So I would say to someone, read

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the label and take the medicine as prescribed. Other things that are just comforting, the

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old fashioned hot water bottle or heating pad. So we could look at things like that.

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There have been studies that have shown that exercise may help alleviate cramping. Yoga

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may help with menstrual cramping. And I would say, while we're not doing this now, I've

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made referrals to have patients to be seen by acupuncturists to help relieve painful

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periods through relaxing the nervous system. So there are studies and especially a lot

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in the Asian culture, Chinese culture, with using acupuncture for a lot of different things.

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Peppermint, chamomile tea can also be helpful. So that would, you know, if you're going

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out to the store, we can try that. Increasing the amount of magnesium in the diet can be

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helpful. So I think, you know, there are some people that say that some essential oils like

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lavender, sage, marjoram may be helpful, but just self-massaging this on the abdomen can

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be helpful. And even some have said that having great sex, achieving an orgasm, whether with

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sex or self-pleasure, can also lead to what we call better and higher levels of the good

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endorphins in our brain that may make things better. So what we find is that there are

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many things. Some have said that even diets, what we eat can affect how we feel. Improving

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or increasing the amount of fresh fruit. Many vegetables, I always tell my patients to eat

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from the rainbow. Your plate should have every color of the rainbow. And if it's only brown

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and white, you know, bread and meat and gravy, that's not good. So you want to have all the

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colors of the rainbow when you're going to choose foods, whether it's fruits and vegetables,

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that may be helpful. And then if you need the help of a physician, we could talk about,

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depending on pregnancy desires and all of that, that even if someone is not having vaginal

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sex or concerned about pregnancy, that progestin IUDs are phenomenal. Low dose birth control

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pills with patients can be helpful. And then finally, sometimes, you know, you have to

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be seen by a physician to look at what are the structural causes. Could you have fibroids?

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Could you have endometriosis? Could you have adenomyosis? So there are many, many different

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causes that can lead to painful periods or heavy periods. And working with a physician

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or healthcare provider with a physical exam, imaging may be necessary. But until you get

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an office appointment, doing some of the things that we talked about may help. And, you know,

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so I would always encourage patients to try some of these things. But if they're really

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not getting better, especially when we call the QOLs, the quality of life factors, keep

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you from going to work, leave work early, embarrassed because of the amount of bleeding,

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poor sleep, poor quality of life. When those quality of light, missing work, skipping out

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on sporting things or travel, when your quality of life is really compromised, I definitely

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say you need to see a healthcare provider to really work and find out what are the causes

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of the problem, whether we're talking about bleeding or we're talking about very painful

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periods. So we have to put the picture together. I would tell my patients, put the puzzle together,

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the history, the physical examination, the imaging, what's worked, what hasn't worked

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to know how we can create a solution.

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I always love to hear you say put the puzzle together because I think that really paints

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a picture for everyone of how it needs to be a collaborative effort and how there are

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many different pieces that contribute to an overall wellness plan. And I also appreciate

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you sharing not only things that women can do right now, but things that they can plan

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to do and interactions they can plan to have with their physicians moving forward and looking

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at things like acupuncture or magnesium, which can be very helpful for relaxing those muscles,

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which you don't hear that often, but is tremendously beneficial that I too personally have found.

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And I think that sexual health is overall health and that too is important and something

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that needs to be, attention needs to be given there as well. So that was a fantastic answer

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that I think that I hope that our listeners will really, really be able to benefit from

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that feedback you provided.

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So anemia, that's a huge topic. I know for me as a patient, it was something that just

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was not familiar. It took me as a non-medical professional, took me a while to understand

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what anemia was and what the ramifications were of being anemic and having a low hemoglobin

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level. Can you describe anemia and what are some ways to monitor and manage anemia with

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your physician?

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Yeah, I think that's an important factor. One of the things, the most common cause in

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the US for anemia would be loss of blood. And in women, the most common source of loss

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of blood is heavy, heavy periods. Or if someone is pregnant every nine to 12 months and you

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lose blood, but you know, just the delivery, it would be loss of blood. Other sources would

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be more obvious if you're vomiting up blood, you can lose blood from colon cancer. Luckily,

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it's rare in young women, but change in the size, caliber, color of the stool, strong

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family history of colon cancer. So anemia is a sign of many things. Not getting enough

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iron, people that are anorexic or bulimia, not eating well, having other chronic diseases

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may also present with anemia. But when it's coupled with usually with blood loss, that's

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excessive, that doesn't allow a normal diet to replenish the iron stores, women can suffer.

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What are the symptoms that you want to be on the lookout and patients don't have to

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have every symptom. It can be a couple of things, excessive fatigue, tiredness over

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your usual and customary level of tiredness, walking up a flight of stairs, running for

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a bus, feeling winded or short of breath, feeling like your heart is just beating fast,

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we call that palpitations can be a symptom. Loss of hair, maybe you didn't get a relaxer

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or didn't have a permanent or color in your hair and your hair is just shedding. A favorite

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question I love to ask my patients, have they had any unusual cravings, cravings for ice,

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starch, dirt. Some of my patients have eaten toilet paper, eaten the pink rollers, we call

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that PICA, P-I-C-A, unusual food cravings. And that's actually when you look that up,

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we don't know why that happens, a real pathophysiologic reason, but I ask patients about that color.

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Even my patients that are the most beautiful brown-hued women can just look pale and pasty.

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So not just white women, you look at someone and say, oh my God, you look pale, your hand

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looking extremely pale. If you pull your eyelid down to just look at it, instead of that nice

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rosy color, it's just a very pale yellow-white color, excessive sleep. Those are just some

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of the common symptoms that we think about. And one of the problems is a lot of doctors

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when women have heavy periods, which is the number one culprit of anemia, some women have

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just gotten so used to having heavy periods that when we ask them, are your periods heavy,

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they'll tell the patient no, because the last two, three, four years, they've just dealt

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with torrential periods and they don't know any different. So how many pads, how many

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00:21:22,680 --> 00:21:27,980

tampons, how often are you changing? It is not normal to have to get up at nighttime

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00:21:27,980 --> 00:21:34,120

to change. It is not normal to have to double pad, take extra clothing, to be afraid to

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00:21:34,120 --> 00:21:39,760

sit or stand for a long time, feeling that you're going to bleed through things. Those

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00:21:39,760 --> 00:21:46,940

things are just not normal, even though women reconfigure their lives to make life during

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00:21:46,940 --> 00:21:56,400

their periods manageable. So those symptoms, I think, which should be looked at and reassessed,

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00:21:56,400 --> 00:22:02,480

your breathing rate, how you're feeling with exercise, have you stopped exercising, those

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00:22:02,480 --> 00:22:08,980

kinds of things are extremely important. Sometimes people get so anemic, it's rare that they

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00:22:08,980 --> 00:22:14,980

go into congestive heart failure. Their heart gets weak, they can start having swelling

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00:22:14,980 --> 00:22:21,720

or demob, their lower extremities or feet and legs. So it's hard to say, again, we ask

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00:22:21,720 --> 00:22:26,560

a lot of questions, but those would be the things that I would think of patients, to

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00:22:26,560 --> 00:22:31,800

think that the patients need to know about when putting together all of their GYN complaints,

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00:22:31,800 --> 00:22:38,800

their sense of wellbeing. Is it there or is it not, or is it now compromised?

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00:22:38,800 --> 00:22:47,480

That's incredibly helpful. Is there a normal hemoglobin range for women to be in?

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00:22:47,480 --> 00:22:54,640

Normally we like the blood count hemoglobin of about 11 and a half to, usually for women,

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00:22:54,640 --> 00:23:01,480

13, 14 would be tops. And when you get below a hemoglobin of eight for some women, then

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00:23:01,480 --> 00:23:07,760

some of the symptoms become more prevalent. But I've had patients with hemoglobin of

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00:23:07,760 --> 00:23:15,640

10 that still feel crappy, you know what I'm saying? So there is a range. Sometimes women

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00:23:15,640 --> 00:23:21,920

who smoke have a higher hemoglobin. So we have to look at not just the number, but also

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00:23:21,920 --> 00:23:27,400

evaluate the patient's symptoms. And I think it's important to note how you're

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00:23:27,400 --> 00:23:33,280

actually physically feeling, because anytime that you drop a point or two in your hemoglobin

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00:23:33,280 --> 00:23:39,920

level, I've found you do feel worse. And so regardless of the number, paying attention

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00:23:39,920 --> 00:23:44,040

to how you feel is really, really important. Okay.

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00:23:44,040 --> 00:23:51,640

And the other thing that happens, some patients, for instance, will have a regular, meaning

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00:23:51,640 --> 00:23:57,960

predictable period. Patients can tell when the period is going to stop and end, and it's

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00:23:57,960 --> 00:24:06,200

excessively heavy. And they may feel their worst during and a few days after their period.

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00:24:06,200 --> 00:24:12,920

But then they've got 15, 18 days to recover. And in America, most of us eat fortified foods.

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00:24:12,920 --> 00:24:19,960

There's extra iron in our foods. Or some may take an iron toll or extra vitamin C that

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00:24:19,960 --> 00:24:26,120

helps to absorb iron from our food sources. So sometimes I have found that women right

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00:24:26,120 --> 00:24:32,560

after their period, still the worst. And we sometimes will do a blood count right then.

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00:24:32,560 --> 00:24:36,760

Because if you wait two weeks, going into their third week, you can recover that. So

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00:24:36,760 --> 00:24:42,480

an acute blood loss, we can pick up with a blood count. And sometimes the number, if

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00:24:42,480 --> 00:24:46,040

you say, oh, my period, I'm just, you know, it was the beginning of the month. Now you're

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00:24:46,040 --> 00:24:51,120

seeing the patient at the end of the month, and you check a blood count, it indeed may

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00:24:51,120 --> 00:24:58,560

be normal. So kind of have to put everything together, as we mentioned before.

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00:24:58,560 --> 00:25:05,760

That's very important. Okay. I've often heard you speak about patients prioritizing their

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00:25:05,760 --> 00:25:10,960

treatment goals with their physician. And I think your advice is incredibly helpful,

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00:25:10,960 --> 00:25:16,480

the way you advise patients to rank their concerns or treatment goals. Would you speak

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00:25:16,480 --> 00:25:21,520

about your recommendations for shared decision making and prioritization?

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00:25:21,520 --> 00:25:31,440

Yeah, those, I think this is a new tenet or facet in medicine, taking the patient's opinion

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00:25:31,440 --> 00:25:39,000

into consideration for any treatment. And I think the important thing is for the patient

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00:25:39,000 --> 00:25:48,640

to tell her story, to know her story, and to be able to elaborate that to her physician.

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00:25:48,640 --> 00:25:54,640

And so when I see my patients, I do try to let them tell their story. And also, like

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00:25:54,640 --> 00:25:59,240

we've talked, look at their quality of life. As you know, fibroids, let's just stick with

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00:25:59,240 --> 00:26:05,760

that for a moment. But also like endometriosis, they can have so many different symptoms.

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00:26:05,760 --> 00:26:11,280

Can you know, the normal uterus is the size of a lemon, but it can get the size of a turkey.

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00:26:11,280 --> 00:26:16,400

It can be the size of an orange or the size of a pineapple. So when we look at fibroids,

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00:26:16,400 --> 00:26:22,200

I mean, there are many symptoms and they're not siloed. For some patients, that growth

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00:26:22,200 --> 00:26:28,840

of the uterus can make them look and feel pregnant. And that pressure, the mass effect,

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00:26:28,840 --> 00:26:34,960

as we call it, can push on the bladder, where patients are voiding a lot. I had a patient

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00:26:34,960 --> 00:26:40,200

call me yesterday, she's urinating 30 times a day. I mean, that's from a big fibroid.

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00:26:40,200 --> 00:26:45,920

It's not that she's diabetic. It's not from a bladder infection. Some patients, the fibroid

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00:26:45,920 --> 00:26:51,520

pushes so much pressure on the abdominal organs that they have constipation. Patients don't

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00:26:51,520 --> 00:26:56,340

go to the bathroom for three days to seven days. Some patients can't urinate at all.

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00:26:56,340 --> 00:27:00,180

They get urinary retention and they have to go to the emergency room and put a catheter

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00:27:00,180 --> 00:27:06,840

in. That's a symptom. Some people bleed like Niagara Falls. Some patients have severe pain.

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00:27:06,840 --> 00:27:11,680

Some patients have recurrent miscarriages. Some patients have the cosmetic effects of

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00:27:11,680 --> 00:27:18,800

looking pregnant. So there's so many domains for fibroid related symptoms. And luckily,

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00:27:18,800 --> 00:27:24,000

there are many treatments that we can do. So I will ask my patients, tell me your story.

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00:27:24,000 --> 00:27:30,800

And then I ask them to, I say, rank R-A-N-K, rank order. What do you want me to fix first?

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00:27:30,800 --> 00:27:35,380

What bothers you the most? What things could you, if we didn't do anything about, could

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00:27:35,380 --> 00:27:42,080

you live with? And so it's through that lens of what the patient wants. Some people want

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00:27:42,080 --> 00:27:48,120

everything fixed. And so, you know, it depends if it's heavy bleeding, you know, the size,

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00:27:48,120 --> 00:27:53,140

the number, the location of the fibroids makes a difference. There are many medications that

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00:27:53,140 --> 00:28:00,320

we can just use that are non-hormonal during a menstrual cycle and new medications that

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00:28:00,320 --> 00:28:08,220

are coming down the pike for heavy menstrual bleeding. So pregnancy, a desire for pregnancy

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00:28:08,220 --> 00:28:15,300

or children versus no children, the desire for a cure, meaning I don't want to deal with

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00:28:15,300 --> 00:28:20,200

it again, puts us in the realm potentially of hysterectomy. And for some patients, that

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00:28:20,200 --> 00:28:25,240

is the right decision for them, but it's never the right decision when somebody tells me

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00:28:25,240 --> 00:28:31,360

that they want to have children or keep the options open. Sometimes it's not surgery,

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00:28:31,360 --> 00:28:39,100

but procedures like uterine artery embolization or MRI guided ultrasound or the assessor procedure

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00:28:39,100 --> 00:28:45,640

for treatment of fibroids. So I think we have to sort of see what's available, what's the

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00:28:45,640 --> 00:28:53,520

training for physicians, what's available at hospitals or institutions. So we kind of

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00:28:53,520 --> 00:29:00,200

have those discussions. And for some patients, it is not a 15 or 20 minute visit that all

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00:29:00,200 --> 00:29:07,240

the answers can be given. And sometimes I ask patients to go home, think about things,

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00:29:07,240 --> 00:29:12,920

journal a little bit better, think about critically, what do you want? And then here's some reading

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00:29:12,920 --> 00:29:19,760

materials and then come back and talk about it. I definitely, this is my own bias and

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00:29:19,760 --> 00:29:25,240

my own practice and my own style as a physician, because there's an art, there's a science

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00:29:25,240 --> 00:29:31,000

to medicine and there's an art to medicine. I will never ever have a patient leaving my

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00:29:31,000 --> 00:29:37,080

office for the first time meeting them, signing up for a hysterectomy or signing up for major

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00:29:37,080 --> 00:29:44,880

surgery unless it is so emergent that we have no time to think about options. So I think

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00:29:44,880 --> 00:29:50,160

patients by meeting a physician, knowing the style of the practice, what's available with

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00:29:50,160 --> 00:29:58,640

that physician, does that physician have partners in their group that do specialty surgery if

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00:29:58,640 --> 00:30:06,160

that's needed? What kind of inter-office referrals can be made or institutional relationships

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00:30:06,160 --> 00:30:12,280

with interventional radiologists may be there? So I think it's extremely important to have

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00:30:12,280 --> 00:30:19,480

a great confidence in your physician, a great ability to share your concerns, to not feel

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00:30:19,480 --> 00:30:26,280

rushed, and to be able to come back with questions and to think about the options. Because sometimes

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00:30:26,280 --> 00:30:33,760

it's a lot of information to digest at one time. And the good news is I tell my patients,

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00:30:33,760 --> 00:30:40,040

I'm not saving anybody's life. Okay? Most of the time fibroids are not cancerous. But

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00:30:40,040 --> 00:30:45,880

what I, my job and our job as gynecologists is to make and improve the quality of your

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00:30:45,880 --> 00:30:52,960

life and to stay within the parameters that fit your personal belief system about your

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00:30:52,960 --> 00:31:01,320

body, how you want to be treated, what you are willing to try, and to then work together

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00:31:01,320 --> 00:31:10,200

collectively. So that's how my style of practice is and has almost always has been. And I think

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00:31:10,200 --> 00:31:17,800

it works well with the patient and that she gets to be heard. And we can go over things

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00:31:17,800 --> 00:31:26,720

and determine what are the options based on her individual problems that she wants fixed.

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00:31:26,720 --> 00:31:33,720

So that's what I would say. It's so important for our listeners to hear

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00:31:33,720 --> 00:31:39,920

that because oftentimes women are diagnosed with fibroids having never heard of fibroids

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00:31:39,920 --> 00:31:48,000

before. And so they immediately feel a lot of pressure to understand what's happening

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00:31:48,000 --> 00:31:54,040

and understand a lot of terms and understand treatment options. And so I greatly appreciate

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00:31:54,040 --> 00:32:02,520

you walking through how your, you know, a patient should approach interacting with their

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00:32:02,520 --> 00:32:06,840

physician, with their physician's office, and just kind of taking a step back and looking

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00:32:06,840 --> 00:32:12,460

at things from the perspective of quality of life and mapping out a plan for treatment.

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00:32:12,460 --> 00:32:18,080

That is so incredibly important. And I think that it will help many women in our community.

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00:32:18,080 --> 00:32:24,320

And the other thing I would really add, let me just add one more thing. The other thing

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00:32:24,320 --> 00:32:30,560

is that it's a little overwhelming when we look at the prevalence of a disease or the

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00:32:30,560 --> 00:32:39,040

prevalence of fibroids. And we could say anywhere from 50% of women to 80% of women have fibroids.

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00:32:39,040 --> 00:32:46,720

So there are a group of women that are asymptomatic. They have fibroids and there's no symptom

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00:32:46,720 --> 00:32:51,800

that we've reviewed that bothers the patient. And there are times that patients or new patients

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00:32:51,800 --> 00:32:56,760

to me, you know, I sit and talk with them, ask all these different questions about their

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00:32:56,760 --> 00:33:03,160

health and sexuality, and everything's fine. There's every, I'm perfect, my periods, I

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00:33:03,160 --> 00:33:09,040

have no problem, no pain, blah, blah, blah. And then I go to examine them and instead

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00:33:09,040 --> 00:33:14,680

of their uterus being the size of a lemon, it's the size of a cantaloupe. Okay. But it

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00:33:14,680 --> 00:33:20,360

is not bothering the patient. Okay. And so one of the things I really do want to say,

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00:33:20,360 --> 00:33:24,920

because many treatments are going to happen in the future, we have to be very careful

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00:33:24,920 --> 00:33:30,440

about thinking that we can tinker with and fix everything. My own personal belief is

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00:33:30,440 --> 00:33:36,400

that if the fibroids are present and not a problem, we don't need to do anything but

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00:33:36,400 --> 00:33:43,480

follow it. And I tell my patients, if it's not bothering you, there's nothing I can do

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00:33:43,480 --> 00:33:49,400

to make things better. You know, I cannot fix what's not broken. So if someone comes

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00:33:49,400 --> 00:33:57,000

in and no problem, nothing identified on the history, and I do an exam and I feel something

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00:33:57,000 --> 00:34:01,320

that feels like a size of a cantaloupe or something. Yeah, the first thing, even though

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00:34:01,320 --> 00:34:04,720

there's no symptoms, there are other things that can mimic this. I have to make sure she

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00:34:04,720 --> 00:34:10,680

doesn't have an ovarian mass or an ovarian cyst. So I think imaging like an ultrasound,

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00:34:10,680 --> 00:34:18,840

sometimes MRI, to be determined by the physician visit. But when I find an asymptomatic patient

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00:34:18,840 --> 00:34:25,080

and I confirm that this growth that I felt is a fibroid, we just follow it. And that

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00:34:25,080 --> 00:34:30,960

might mean seeing the patient in six months, sometimes a year, letting the patients know

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00:34:30,960 --> 00:34:36,960

what symptoms there could be in the future to again journal if there's a difference to

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00:34:36,960 --> 00:34:42,560

come back. But I'm really, really, I see a number of women that have gone in that have

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00:34:42,560 --> 00:34:48,640

completely zero symptoms and are told that they need surgery, whether it's taking out

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00:34:48,640 --> 00:34:54,640

a fibroid or taking out taking out a fibroid is called myomectomy. Even if it can be done

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00:34:54,640 --> 00:34:59,960

with a robot or a laparoscope or a minimally invasive technique, or minimally invasive

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00:34:59,960 --> 00:35:07,640

hysterectomy, it is still surgery. And so I would urge and caution all women, if those

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00:35:07,640 --> 00:35:16,400

fibroids are not bothering you, do not be talked in to medical therapy, or to surgical

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00:35:16,400 --> 00:35:25,800

therapy. But instead, it is watchful waiting. And because I think we can overdo treatment,

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00:35:25,800 --> 00:35:31,880

we can overdo treatments that are not needed. And again, we cannot fix what's not broken

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00:35:31,880 --> 00:35:37,200

and we cannot, you know, my patients, I love them all. Well, Dr. Bradley, tell me are they

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00:35:37,200 --> 00:35:40,640

going to grow, they're going to get bigger, they're going to cause the problem. And I'll

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00:35:40,640 --> 00:35:45,400

look right at them. And I say, you know, I don't have the crystal ball. I'm here for

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00:35:45,400 --> 00:35:54,680

you if they change, if it becomes a problem. But we should not just with a blanket statement,

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00:35:54,680 --> 00:36:00,320

treat all of these women when there is nothing wrong with them. There's lots of people walking

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00:36:00,320 --> 00:36:07,120

around the world in different cultures with fibroids that aren't bothering them. So as

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00:36:07,120 --> 00:36:12,680

new treatments come down the pike, do not be misled into saying that all we've got a

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00:36:12,680 --> 00:36:19,280

cure for treating something to make them smaller, be on a medication for life to potentially

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00:36:19,280 --> 00:36:27,000

present prevent a problem. I don't think so. You know, we don't take off, do double

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00:36:27,000 --> 00:36:31,480

mastectomies for the fear of breast cancer when we know that one out of eight to one

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00:36:31,480 --> 00:36:36,960

out of 10 women may develop breast cancer by the time that they're 90 years old. You

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00:36:36,960 --> 00:36:42,760

know, we don't automatically take out your tonsils like we used to and take out the appendix

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00:36:42,760 --> 00:36:48,080

like we used to. There are a lot of things that require watchful waiting. And I think

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00:36:48,080 --> 00:36:58,600

we can potentially be overly enthusiastic in recommending treatments to women who have

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00:36:58,600 --> 00:37:05,200

no symptoms. And we don't know if they will ever have a symptom. So I just would say be

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00:37:05,200 --> 00:37:12,720

careful. I feel like I want to take a megaphone and just broadcast what you said because it's

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00:37:12,720 --> 00:37:20,120

so critical that women understand that because it's, um, surgeries, unnecessary surgeries

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00:37:20,120 --> 00:37:28,360

are recommended far too frequently still. And so, and the other, so right. Go ahead.

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00:37:28,360 --> 00:37:33,040

I'm so sorry. I'm so glad that you know, it's okay. I'm so glad that you, you said that

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00:37:33,040 --> 00:37:38,640

it's one of the reasons where I always love speaking with you because you provide the

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00:37:38,640 --> 00:37:45,840

real life, very ethically based recommendations that I think that our community will really

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00:37:45,840 --> 00:37:52,320

benefit from. Right. I had a question about, let me just, just mention one other quick

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00:37:52,320 --> 00:37:58,440

thing as it relates to this. The other word that I wish that we could get rid of in our

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00:37:58,440 --> 00:38:08,800

lexicon as gynecologist and as physicians is the word tumors, T U M. Oh, I'm sorry. T U

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00:38:08,800 --> 00:38:15,320

M O R S. Okay. Because when we hear the word tumor, we think of what? Cancer. These are

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00:38:15,320 --> 00:38:22,880

fibroids. These are Lyo myoma. Okay. Do they have the potential of ever being a cancer?

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00:38:22,880 --> 00:38:30,040

Worst case scenario, one out of 300, more likely one out of a thousand. So it is very

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00:38:30,040 --> 00:38:35,440

rare in my career, more than 25 years at the hospital. I've had three patients with cancer

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00:38:35,440 --> 00:38:42,400

within a fibroid. Does it ever happen? Yes, but it's rare. So when doctors and healthcare

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00:38:42,400 --> 00:38:48,440

providers use the word, Oh, you have a, I have a tumor in your pelvis. Everybody gets

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00:38:48,440 --> 00:38:54,360

freaked out. They're nervous. They're afraid. This is a word we need to throw away as it

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00:38:54,360 --> 00:39:01,560

relates the fibroids. Okay. So you have most likely ma'am, a benign growth of the uterus

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00:39:01,560 --> 00:39:08,120

that lots of people have, and we have many treatments for it that can prevent extubate

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00:39:08,120 --> 00:39:13,520

of surgery if you do not wish to have your uterus removed. So I do think that we have

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00:39:13,520 --> 00:39:24,960

to be very cautious about that word because that will, that will lead to fear of cancer.

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00:39:24,960 --> 00:39:30,800

I do not want to minimize that there are small numbers of women that have what are called

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00:39:30,800 --> 00:39:38,080

Lyo myoma sarcomas and a very astute patient and physician will be able to often pick up

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00:39:38,080 --> 00:39:45,960

on these symptoms to work to that merit further evaluation or imaging or biopsies. So I just

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00:39:45,960 --> 00:39:52,920

want to mention that because we can really frighten women by using that language. And

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00:39:52,920 --> 00:40:00,920

so I like to erase that to make it go away and to remove it from our, our language as

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00:40:00,920 --> 00:40:08,720

it relates to you don't fibroids. Thanks for making that very important point.

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00:40:08,720 --> 00:40:14,160

I'm glad that you, uh, you added that that is critical because there is some fear when

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00:40:14,160 --> 00:40:19,680

women hear the word tumor. And so we should refer to it as fibroids and you'd earn fibroids

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00:40:19,680 --> 00:40:29,840

as agreed, agreed, agreed. Okay. Okay. I had, I had a question on the Corona virus, but

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00:40:29,840 --> 00:40:35,480

I think that you really answered that really well in our opening when we were talking about

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00:40:35,480 --> 00:40:42,680

accessing care during this time. So I'm going to skip over that one. Um, I wanted to, um,

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00:40:42,680 --> 00:40:49,080

learn more about, uh, your work at Cleveland clinic and do you treat patients virtually

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00:40:49,080 --> 00:40:54,120

at a Cleveland clinic and our surgeries being scheduled at this time?

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00:40:54,120 --> 00:41:02,080

Okay. Um, yes, we were very fortunate that we have a very progressive institution, uh,

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00:41:02,080 --> 00:41:07,160

as it relates to virtual visits and believe it or not next week, uh, we will be officially

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00:41:07,160 --> 00:41:15,640

starting, um, to take appointments that patients can call and schedule and, um, we'll have

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00:41:15,640 --> 00:41:21,960

an icon on our, our, our, um, scheduling page. And we click a button, looks like a little

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00:41:21,960 --> 00:41:27,280

camera and we can be connected to patients who have that ability. They want to see the

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00:41:27,280 --> 00:41:35,120

physician, um, to do video conferencing. And we also talk to patients by phone in this

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00:41:35,120 --> 00:41:43,200

era of COVID since, uh, it started, I, all of us have had to cancel sort of routine visits.

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00:41:43,200 --> 00:41:47,680

Right now I'm seeing patients two days a week in the office because there's some certain

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00:41:47,680 --> 00:41:56,960

patients whose histories have to be clarified by, uh, an, an examination. And so, um, yes,

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00:41:56,960 --> 00:42:03,160

we are seeing patients, uh, if, uh, there are some acute problems with abdominal pain.

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00:42:03,160 --> 00:42:08,760

Um, I saw a patient who had unprotected sex. She called for a virtual visit. Well, I can't

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00:42:08,760 --> 00:42:14,320

do a culture for gonorrhea and chlamydia and trichomonas and things like that by phone.

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00:42:14,320 --> 00:42:19,820

We have to see her in the office. If there's somebody that has had, uh, unfortunately been

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00:42:19,820 --> 00:42:25,240

raped or something with domestic violence, we have to see and document. So yes, the hospital

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00:42:25,240 --> 00:42:32,680

is open. Each practice will be different. We are now doing surgery and we never fully

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00:42:32,680 --> 00:42:39,740

stop surgery. What we like is the terminology was an essential or non-essential surgery.

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00:42:39,740 --> 00:42:44,300

We really didn't like the word elective. Elective surgery. People often thought of it as being

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00:42:44,300 --> 00:42:50,040

plastic surgery, facelift tummy tuck, tummy tuck, or, you know, breast augmentation or

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00:42:50,040 --> 00:42:56,200

something, but, you know, essential versus non-essential surgery and, uh, essential surgery

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00:42:56,200 --> 00:43:01,000

are things that are affecting quality of life. Uh, things that if you don't take care of

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00:43:01,000 --> 00:43:06,480

it could be, that could be worse. Um, uh, cases that you're not sure if there could

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00:43:06,480 --> 00:43:12,440

be a malignancy, uh, in cases that aren't getting better with medical therapy. The good

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00:43:12,440 --> 00:43:18,280

news is that as the COVID pandemic, it's not gone away. It will not go away for a while,

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00:43:18,280 --> 00:43:24,080

but we're getting more protective equipment. Uh, all of our patients now, I did five surgeries

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00:43:24,080 --> 00:43:29,800

last Friday. Every single one of them had COVID testing before. Why is that important?

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00:43:29,800 --> 00:43:36,080

Uh, protect the patient. It protects us. We know, do we need to use all of this, um,

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00:43:36,080 --> 00:43:41,440

PPEs and the operating room because that takes away potentially the equipment that might

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00:43:41,440 --> 00:43:46,480

be needed for people that really need it in an ICU. At the Cleveland Clinic, we're now

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re able to re sterilize almost 4,000 PPE masks per day. So we have more equipment.

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We can, um, potentially put patients on hold if this surge comes back again. So the answer

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is doctors will look at a situation and determine if it's essential. And there are four criteria

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00:44:08,400 --> 00:44:13,200

that I just mentioned, or is, uh, or is this something that needs to be done, but could

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00:44:13,200 --> 00:44:19,200

wait a month to three months. And so, um, during this time that our hospitals had less

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00:44:19,200 --> 00:44:25,200

surgery, I have continued to operate on women who met those criteria because I, as a doctor

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wanted to be a good steward when equipment was low to be able to, um, to have that equipment

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00:44:33,400 --> 00:44:39,800

for patients in the ICU as well as for the doctors and nurses that care for them. So

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00:44:39,800 --> 00:44:45,120

I think across the country, we are now lifting the bands, but we also know that we may have

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00:44:45,120 --> 00:44:51,920

to clamp down again if this pandemic, uh, and the numbers in any community or hospital

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00:44:51,920 --> 00:44:59,120

in particular where you live may need the beds and need, um, the equipment, uh, to serve

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00:44:59,120 --> 00:45:09,680

the patients with acute COVID related illnesses. And then finally, yeah. And finally we are

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00:45:09,680 --> 00:45:18,080

able to offer virtual visits at least to start with for patients. Uh, it'll never fully replace

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00:45:18,080 --> 00:45:23,940

a hands on visit, but if someone, again, I've had many calls, women who have never seen

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00:45:23,940 --> 00:45:29,640

heavy bleeding, they don't have an ultrasound, so I can order their blood count, their iron

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00:45:29,640 --> 00:45:35,000

levels, their thyroid levels, just to make sure, you know, in terms of why they may be

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00:45:35,000 --> 00:45:40,480

bleeding heavily, I could start a medication on them. I can tell them, um, if they had

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00:45:40,480 --> 00:45:45,920

an ultrasound to get the records sent to me, maybe in the interim we would do another ultrasound

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00:45:45,920 --> 00:45:52,120

or if I know their uterus is quite large from a previous scan that we might get an MRI so

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00:45:52,120 --> 00:45:57,040

that when they do come in to see me like this week, everybody that I saw has had what we

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00:45:57,040 --> 00:46:02,040

call a distant visit or a tele-visit, but everything was there that I needed to have.

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00:46:02,040 --> 00:46:08,120

My note is done. It's an official, um, visit and then we put it together. Exam, breast

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00:46:08,120 --> 00:46:14,520

exam, pap smear, go over results, um, and things like that. So, um, I think this is

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00:46:14,520 --> 00:46:19,760

a new way of business and I actually as a physician like it and it makes it more available

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00:46:19,760 --> 00:46:25,360

to our patients and this can be done, um, anywhere. With COVID right now, the good news

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00:46:25,360 --> 00:46:30,160

and I hope that the advocacy will continue to work, we can talk to patients anywhere

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in the country because a lot of the, um, licensing issues have been currently lifted. So, you

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00:46:37,920 --> 00:46:42,800

know, before I'm just kind of licensed to practice in the state of Ohio, so to speak,

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and maybe one other state with some reciprocity, but now, um, for our whole institution, whether

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00:46:48,760 --> 00:46:56,480

it's cardiac care, gynecologic care, geriatric care, psychiatric care, that we can now provide

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00:46:56,480 --> 00:47:02,560

this through a virtual format, um, through our hospital. And I think this is a win-win

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00:47:02,560 --> 00:47:09,800

and a good outcome. Um, unfortunately it had to come by way of a COVID, um, or coronavirus

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00:47:09,800 --> 00:47:16,600

pandemic, but I think I'd like to say that we are hoping as physicians that this new

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00:47:16,600 --> 00:47:23,520

paradigm of practice, uh, virtually, it won't suffice the hands-on doctor-patient relationship,

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00:47:23,520 --> 00:47:31,600

but it can enhance it. And, um, um, I've enjoyed taking advantage of what we can do now.

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That's wonderful. And, um, your, your reference in that answer to, uh, adjusting to changing

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times really is a great segue into my last question, which is I really loved your quote

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in your recent article about this time during the shelter in place of being a gift of great

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pause. And I too am focused on the silver linings that we can find during challenging

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00:47:58,680 --> 00:48:04,280

times. Would you speak on the, the gift of great pause that you wrote about?

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00:48:04,280 --> 00:48:12,240

Yeah, I, I wrote this article for our AHA news scope magazine. And I think in life,

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in life gives you lemons make lemonade. I'll speak for myself and personalize it. I think

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00:48:18,560 --> 00:48:25,240

I was just overly extended and said yes to everything. And I think the gift of the great

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00:48:25,240 --> 00:48:31,200

pause is let us put some breaks in our life to slow down, to reconnect with friends and

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00:48:31,200 --> 00:48:39,240

family, to exercise, to be silly and watch lots of television or to clean your house,

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00:48:39,240 --> 00:48:46,640

uh, you know, be virtually. So the pause is allowing us to just look at things. As I mentioned,

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I have gone to work many days in the spring to summer and not realize that the leaves

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00:48:52,440 --> 00:48:58,120

had blossomed, that the, I'm sorry, that the flowers have blossomed and that the leaves

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00:48:58,120 --> 00:49:03,800

have come out on the trees because you don't know how you've gotten from one place to another.

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00:49:03,800 --> 00:49:09,560

But this just allows us, there's not much you can do. I've enjoyed nature, um, where

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00:49:09,560 --> 00:49:15,320

I live, there are tons of Metro parks. So we walk, uh, biking now when the weather's

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00:49:15,320 --> 00:49:23,200

good, uh, reconnecting with friends, um, cooking, uh, doing things that I just never had time

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00:49:23,200 --> 00:49:28,880

to do. So the pause, instead of making it a complaint or saying what we lost, what we

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00:49:28,880 --> 00:49:40,080

can't do, I think the small, uh, gifts of just quiet and solitude and reflection and

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00:49:40,080 --> 00:49:49,400

re, um, re-emerging after this as a stronger American or a stronger human being is going

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00:49:49,400 --> 00:49:55,920

to be there because we've had time to reflect. And, um, I have had more time now to connect

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00:49:55,920 --> 00:50:01,720

with people I've not talked with. I jokingly say I've learned Zoom skills, but things I

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00:50:01,720 --> 00:50:06,880

didn't know, need to know how to do. And, and, um, so I just think, you know, sometimes

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00:50:06,880 --> 00:50:12,880

we have to have gratitude. We can certainly complain. And I'm also, again, I'm very fortunately,

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00:50:12,880 --> 00:50:21,600

fortunate that I have income, um, that I haven't lost my job. So the pause may really affect

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00:50:21,600 --> 00:50:27,360

our essential workers differently who really have to show up every day, uh, catch public

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00:50:27,360 --> 00:50:34,080

transportation. But I also know that this pause in my life has made me see people that

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00:50:34,080 --> 00:50:43,200

I may not have thanked as often, smiled at as much as before, um, appreciated their gifts,

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00:50:43,200 --> 00:50:49,680

the grocery, grocery person, the person that's, um, picking up the garbage from my home. So

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00:50:49,680 --> 00:50:55,680

I think it's been an eye opener that all of us are essential right now. And some of us

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00:50:55,680 --> 00:51:01,400

more than others. And the important thing to me after this pause is that whatever didn't

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00:51:01,400 --> 00:51:07,240

work in your life or wasn't working well, that we just don't go back out of habit and

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00:51:07,240 --> 00:51:14,480

resume those activities. And also to look at the people that have really kept this country

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00:51:14,480 --> 00:51:22,280

going who never get credit, who never get a thank you, who never get, um, you know,

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00:51:22,280 --> 00:51:28,120

pots and pans, um, that are being drummed upon at seven o'clock. We have to really,

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00:51:28,120 --> 00:51:36,040

we're all one humanity. And I hope that I will carry that because I got away from that.

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00:51:36,040 --> 00:51:42,040

And, um, I'm embarrassed to say that I don't think I said thank you enough to people who

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00:51:42,040 --> 00:51:48,360

really make all of our lives better and have allowed us to keep doing what we can do for

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00:51:48,360 --> 00:51:55,200

all of our families. And we need to appreciate everyone because we're all essential. And,

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00:51:55,200 --> 00:52:02,360

um, and I also think, um, just lots of things that are going on right now and that we can

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00:52:02,360 --> 00:52:08,840

support small businesses when, when things come back, uh, and that we are our sisters

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00:52:08,840 --> 00:52:16,440

and brothers keepers. I think that that's a perfect way to end our broadcast. And I

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00:52:16,440 --> 00:52:21,440

couldn't agree more. And I thank you so much, Dr. Bradley. And I'm sure that our listeners

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00:52:21,440 --> 00:52:27,520

will find this incredibly helpful. We're so grateful to have you on the show today.

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00:52:27,520 --> 00:52:32,960

And thank you. Um, we're also very grateful to have you as a member of our advisory board.

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00:52:32,960 --> 00:52:39,160

Please remember everyone that you may, uh, reach out to Dr. Bradley's office at Cleveland

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00:52:39,160 --> 00:52:45,360

the Cleveland Clinic. You can find their website online and we'll provide a link attached to our podcast

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00:52:45,360 --> 00:53:10,380

podcast link.

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The Beautiful Uterus is an uplifting podcast covering all aspects of women's menstrual

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00:00:08,800 --> 00:00:14,440

health. Here you'll learn from experts in the field of menstrual care. The information

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00:00:14,440 --> 00:00:19,680

provided here is not meant to be used for self-diagnosis or to replace treatment by

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a licensed holistic or medical professional. To view our full disclaimer, please visit

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00:00:25,680 --> 00:00:26,680

fibroidfoundation.org.

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00:00:26,680 --> 00:00:35,920

Hello, I'm Sateria Venable, founder and CEO of the Fibroid Foundation. In this episode,

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00:00:35,920 --> 00:00:42,480

we'll talk about fibroid care during the pandemic with Dr. Linda Bradley of the Cleveland Clinic.

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00:00:42,480 --> 00:00:51,280

Dr. Bradley, thank you so much for being a guest on our podcast today.

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00:00:51,280 --> 00:00:55,080

Well, thank you for asking me. This is the highlight of my day, and I'm glad we can make

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00:00:55,080 --> 00:00:57,960

this happen.

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00:00:57,960 --> 00:01:04,080

Thank you. We appreciate that. I have been following you for quite some time. You're

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a member of our advisory board, and I saw that in a recent article that you wrote for AGL,

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00:01:11,560 --> 00:01:17,600

the American Association of Gynecologic Laparoscopists, where you're medical director, you quoted

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00:01:17,600 --> 00:01:24,520

Google CEO who said, and I'm paraphrasing, that we should approach this time with calm

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00:01:24,520 --> 00:01:30,480

and responsibility. I think that's great advice. Would you expand on that thought?

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00:01:30,480 --> 00:01:36,720

Yeah, I think right now with the pandemic, it's led us to have a sensation, sometimes

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00:01:36,720 --> 00:01:44,280

a fear and flight. And this pandemic and this virus will be with us for a long time. So

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00:01:44,280 --> 00:01:49,920

I think it's time for us as an individual and collectively as women and as a society

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00:01:49,920 --> 00:01:57,760

to begin to pivot. And what do I mean? Pivoting around understanding what's important in your

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00:01:57,760 --> 00:02:03,840

life, what things you should do and should not do, a time to have self-reflection of

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00:02:03,840 --> 00:02:11,360

including all the good things in your life with good friends, reconnecting with family,

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00:02:11,360 --> 00:02:15,680

getting your house, so to speak, emotional house, your spiritual house, your physical

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00:02:15,680 --> 00:02:24,120

house in order so that you can move forward, being a responsible citizen, taking care of

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00:02:24,120 --> 00:02:31,600

yourself. There's no we in this right now. It's about me or about you taking care of

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00:02:31,600 --> 00:02:37,560

yourself because you know, as women, we take care of so many things. So I think this time

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00:02:37,560 --> 00:02:43,480

where many of us may be fortunate to work from home, and even if we can't, that we start

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00:02:43,480 --> 00:02:51,840

doing things to have self-reflection, self-care, eating healthier, cooking more often. And

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00:02:51,840 --> 00:02:56,760

these things, I think we now have the calmness in our life because we're not on the go, go,

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00:02:56,760 --> 00:03:03,200

go where we can settle down and begin to just self-reflect. So I look at this as a time

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00:03:03,200 --> 00:03:08,880

as much as I don't like it, that people are dying and are ill and our hospitals and ERs

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00:03:08,880 --> 00:03:15,960

are very, very busy. It is a time for all of us to sit back and collect our thoughts,

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00:03:15,960 --> 00:03:22,880

be kind and pivot in a direction that will make us emotionally, physically, and spiritually

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00:03:22,880 --> 00:03:23,880

more healthy.

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00:03:23,880 --> 00:03:33,800

That's fantastic. I think that that's phenomenal advice. Wow. It's women's, it's Women's Health

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00:03:33,800 --> 00:03:39,400

Week and many women are home now due to the pandemic and unable to see their physicians

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00:03:39,400 --> 00:03:45,000

in person. Surgeries have been postponed and there's concern about caring for themselves

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00:03:45,000 --> 00:03:50,720

at this time. Are there self-care steps that women can take at home now?

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00:03:50,720 --> 00:03:58,640

Yes. And I'd first like to say hospitals are not closed. Hospitals are safe environments

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00:03:58,640 --> 00:04:03,720

to be in. I don't think you're going to find hospitals cleaner than they are now. Everybody's

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00:04:03,720 --> 00:04:09,800

adhering to hand washing. We're doing social distancing in hospitals. So while I'm going

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00:04:09,800 --> 00:04:16,400

to give some tips about things that women and families can do at home, please, please,

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00:04:16,400 --> 00:04:22,840

please do not delay seeking care for things that aren't getting better on your own. I

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00:04:22,840 --> 00:04:26,800

do think that there's a big myth that you don't want to go to the hospital, but that's

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00:04:26,800 --> 00:04:32,640

the furthest from the truth. And I'd like to just preface this by saying we're finding

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fewer people showing up to the hospital with heart attacks and stroke and sometimes some

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00:04:38,400 --> 00:04:44,760

other critical illnesses. And sometimes, unfortunately, people have lost their life because they

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00:04:44,760 --> 00:04:51,000

fail to go in with some sentinel signs of chest pain, discomfort, headaches, other kinds

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00:04:51,000 --> 00:04:57,360

of things that may have led them to be seen at an emergency room to get the care, to take

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00:04:57,360 --> 00:05:03,680

care of a problem. It's important for our listeners to know that almost all hospitals

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00:05:03,680 --> 00:05:11,400

and many private practice offices have again pivoted quickly to what we call virtual visits.

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00:05:11,400 --> 00:05:19,320

The Cleveland Clinic, three months ago, six months ago, only 5% of our interactions with

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00:05:19,320 --> 00:05:24,780

patients were virtual, whether we use video or the old fashioned telephone. Right now,

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00:05:24,780 --> 00:05:32,760

with the coronavirus, we are up to 70 to 75% of our visits being done virtually. I do want

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00:05:32,760 --> 00:05:39,440

to say that there are people who don't have smartphones, but we have had a telephone for

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00:05:39,440 --> 00:05:45,080

eons and you can still talk with your physician about a problem. So I'd say no matter where

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00:05:45,080 --> 00:05:55,200

you live, to see if that's an option for you. And that would allow you to, or your family,

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00:05:55,200 --> 00:06:00,960

to get an answer to a question, to delve into a problem with your physician, to then know

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00:06:00,960 --> 00:06:06,080

can this be managed at home or things that you can do, or no, do you really need to come

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00:06:06,080 --> 00:06:12,560

in right away to be seen. So while we don't want people to go to the ER because they stubbed

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00:06:12,560 --> 00:06:17,800

their toe, put some ice on it, put your foot up, take a couple of Tylenol, that's different

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00:06:17,800 --> 00:06:23,120

than something that's very, very significant and impacting your quality of life and doesn't

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00:06:23,120 --> 00:06:28,920

get better quickly on its own. So I would like to just say that. So the pandemic did

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00:06:28,920 --> 00:06:39,200

not close hospitals, okay? Just be responsible and you can always call to see if you should

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00:06:39,200 --> 00:06:48,760

go in. That's much needed advice. And you did ask, are there self-care steps that women

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00:06:48,760 --> 00:06:55,960

can take at home in reference to fibroids or in reference to anything in particular?

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00:06:55,960 --> 00:07:02,560

In reference to fibroids specifically, or endometriosis, if you care to expand on that,

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00:07:02,560 --> 00:07:09,440

since I know you have a specialty area in many areas of women's health.

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00:07:09,440 --> 00:07:16,080

Okay. So I think the first self-care step would be journaling for certain symptoms,

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00:07:16,080 --> 00:07:21,800

whether it's keeping track of a period, the length of the period, the amount. An important

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00:07:21,800 --> 00:07:28,160

quality also for self-care is looking at the impact of pain or discomfort or heavy menstrual

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00:07:28,160 --> 00:07:34,600

bleeding on what's going on. But I think one of the self-care steps is to be really intuitive

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00:07:34,600 --> 00:07:39,520

and to say, okay, when did something start? I love my patients, but it's amazing that

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00:07:39,520 --> 00:07:44,320

women cannot tell me when their period started, how many days did they have breakthrough

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00:07:44,320 --> 00:07:50,920

bleeding, when did it occur? So be a detective and write down things and then take the clues

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00:07:50,920 --> 00:07:58,680

that your body are giving you, pain, discomfort, is it affecting appetite, work, sexual activity,

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00:07:58,680 --> 00:08:04,840

exercise, even if you're exercising at home. So first deliberate about what's going on.

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00:08:04,840 --> 00:08:12,120

And then secondly, many of the symptoms, both with endometriosis and fibroid pain have to

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00:08:12,120 --> 00:08:19,240

do with cramping and discomfort that's often due to prostaglandin, which is a chemical

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00:08:19,240 --> 00:08:25,320

that's made that can lead to feelings of labor like pains or contractions. So we could talk

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00:08:25,320 --> 00:08:30,600

later about what are some of the methods and things that we can do to decrease prostaglandin

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00:08:30,600 --> 00:08:35,000

levels that lead to pain or discomfort. And then we can also later, of course, talk about

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00:08:35,000 --> 00:08:43,920

things for heavy periods, food, diet, vitamin supplements and the like that people may need.

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00:08:43,920 --> 00:08:51,840

That is so helpful. And it's also really critical because I think a lot of people misinterpreted

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00:08:51,840 --> 00:09:01,000

in some instances the access to medical centers in this current time of the coronavirus. And

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00:09:01,000 --> 00:09:07,680

so I'm so glad and thank you for clarifying that, as you said, hospitals are still open

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00:09:07,680 --> 00:09:12,320

and that we really need to be vigilant about our health care and make smart decisions.

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00:09:12,320 --> 00:09:14,160

That's really great feedback.

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00:09:14,160 --> 00:09:22,080

And the other thing I like, could I just add one thing? Because when we look at hospitals,

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00:09:22,080 --> 00:09:28,080

hospitals have multiple layers to it now. And some hospitals will have in the community,

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00:09:28,080 --> 00:09:36,380

at least our hospital, urgent care centers. So that would be versus just emergency rooms.

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00:09:36,380 --> 00:09:40,560

We think of true emergency rooms of where you go if you have a gunshot, where you go

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00:09:40,560 --> 00:09:45,360

if you have a car accident, where you go if you fell down and you think you have a broken

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00:09:45,360 --> 00:09:53,360

hip or a broken knee or something. The urgent care tend to take problems that may be less

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00:09:53,360 --> 00:10:00,320

acute a problem, but less acute. So that also might be another avenue. When you check with

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00:10:00,320 --> 00:10:06,620

your insurance company, some will even prefer that you call first and then go into an urgent

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00:10:06,620 --> 00:10:12,920

care for some things that might be treated with a different fashion or in a different

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00:10:12,920 --> 00:10:13,920
fashion.

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00:10:13,920 --> 00:10:21,360

Okay. That too is good advice. Okay. And so my next question was going to be how can pain

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00:10:21,360 --> 00:10:29,160

and cramping be eased, but you mentioned prostaglandin. So does that play a component in the pain

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00:10:29,160 --> 00:10:30,640

and cramping?

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00:10:30,640 --> 00:10:40,040

Yeah, I think the medical term for painful periods is called dysmenorrhea. And it's thought

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00:10:40,040 --> 00:10:46,680

to be due to compounds in the body that are released called prostaglandins. I often tell

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00:10:46,680 --> 00:10:51,480

patients if they've had children or heard of, you know, stories of childbirth that the

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00:10:51,480 --> 00:10:57,040

highest levels of prostaglandins occur during labor. And that's what causes the pain of

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00:10:57,040 --> 00:11:03,920

labor. There's some early work where doctors are using potential medication that's called

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00:11:03,920 --> 00:11:11,320

an antiprostaglandin. So it lowers the prostaglandin levels in women that are in early labor. There's

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00:11:11,320 --> 00:11:16,920

some great studies that have collected the blood in a cup that's placed in the vagina

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00:11:16,920 --> 00:11:22,400

from women with very heavy periods. And in specific, since we're talking about dysmenorrhea

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00:11:22,400 --> 00:11:29,560

pain, women with bad cramping, and they find when they analyze the blood levels of prostaglandin,

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00:11:29,560 --> 00:11:37,240

it's very high. So there are things that women might do to ease pain. And so the antiprostaglandins

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00:11:37,240 --> 00:11:43,920

that are on the market overall collectively, we call them NSAIDs or nonsteroidals. Brand

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00:11:43,920 --> 00:11:51,600

names might be ibuprofen, Advilolive, Motrin, Anaprox, Naprosyn. Some of these things can

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00:11:51,600 --> 00:11:57,280

be purchased over the counter. You have to be careful and not overdose on any of these

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00:11:57,280 --> 00:12:04,040

because it could lead to kidney and liver problems. So I would say to someone, read

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00:12:04,040 --> 00:12:10,360

the label and take the medicine as prescribed. Other things that are just comforting, the

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00:12:10,360 --> 00:12:18,080

old fashioned hot water bottle or heating pad. So we could look at things like that.

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00:12:18,080 --> 00:12:26,360

There have been studies that have shown that exercise may help alleviate cramping. Yoga

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00:12:26,360 --> 00:12:35,680

may help with menstrual cramping. And I would say, while we're not doing this now, I've

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00:12:35,680 --> 00:12:43,520

made referrals to have patients to be seen by acupuncturists to help relieve painful

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00:12:43,520 --> 00:12:48,640

periods through relaxing the nervous system. So there are studies and especially a lot

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00:12:48,640 --> 00:12:55,400

in the Asian culture, Chinese culture, with using acupuncture for a lot of different things.

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00:12:55,400 --> 00:13:00,440

Peppermint, chamomile tea can also be helpful. So that would, you know, if you're going

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00:13:00,440 --> 00:13:06,800

out to the store, we can try that. Increasing the amount of magnesium in the diet can be

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00:13:06,800 --> 00:13:16,080

helpful. So I think, you know, there are some people that say that some essential oils like

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00:13:16,080 --> 00:13:27,200

lavender, sage, marjoram may be helpful, but just self-massaging this on the abdomen can

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00:13:27,200 --> 00:13:34,120

be helpful. And even some have said that having great sex, achieving an orgasm, whether with

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00:13:34,120 --> 00:13:42,800

sex or self-pleasure, can also lead to what we call better and higher levels of the good

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00:13:42,800 --> 00:13:51,080

endorphins in our brain that may make things better. So what we find is that there are

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00:13:51,080 --> 00:14:00,360

many things. Some have said that even diets, what we eat can affect how we feel. Improving

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00:14:00,360 --> 00:14:05,920

or increasing the amount of fresh fruit. Many vegetables, I always tell my patients to eat

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00:14:05,920 --> 00:14:11,200

from the rainbow. Your plate should have every color of the rainbow. And if it's only brown

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00:14:11,200 --> 00:14:16,720

and white, you know, bread and meat and gravy, that's not good. So you want to have all the

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00:14:16,720 --> 00:14:23,520

colors of the rainbow when you're going to choose foods, whether it's fruits and vegetables,

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00:14:23,520 --> 00:14:29,320

that may be helpful. And then if you need the help of a physician, we could talk about,

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00:14:29,320 --> 00:14:35,120

depending on pregnancy desires and all of that, that even if someone is not having vaginal

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00:14:35,120 --> 00:14:43,040

sex or concerned about pregnancy, that progestin IUDs are phenomenal. Low dose birth control

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00:14:43,040 --> 00:14:52,240

pills with patients can be helpful. And then finally, sometimes, you know, you have to

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00:14:52,240 --> 00:14:57,560

be seen by a physician to look at what are the structural causes. Could you have fibroids?

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00:14:57,560 --> 00:15:04,320

Could you have endometriosis? Could you have adenomyosis? So there are many, many different

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00:15:04,320 --> 00:15:12,160

causes that can lead to painful periods or heavy periods. And working with a physician

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00:15:12,160 --> 00:15:19,400

or healthcare provider with a physical exam, imaging may be necessary. But until you get

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00:15:19,400 --> 00:15:27,200

an office appointment, doing some of the things that we talked about may help. And, you know,

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00:15:27,200 --> 00:15:31,920

so I would always encourage patients to try some of these things. But if they're really

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00:15:31,920 --> 00:15:39,240

not getting better, especially when we call the QOLs, the quality of life factors, keep

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00:15:39,240 --> 00:15:47,080

you from going to work, leave work early, embarrassed because of the amount of bleeding,

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00:15:47,080 --> 00:15:53,320

poor sleep, poor quality of life. When those quality of life, missing work, skipping out

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00:15:53,320 --> 00:16:01,480

on sporting things or travel, when your quality of life is really compromised, I definitely

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00:16:01,480 --> 00:16:08,400

say you need to see a healthcare provider to really work and find out what are the causes

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00:16:08,400 --> 00:16:14,680

of the problem, whether we're talking about bleeding or we're talking about very painful

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00:16:14,680 --> 00:16:20,240

periods. So we have to put the picture together. I would tell my patients, put the puzzle together,

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00:16:20,240 --> 00:16:26,600

the history, the physical examination, the imaging, what's worked, what hasn't worked

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00:16:26,600 --> 00:16:30,880

to know how we can create a solution.

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00:16:30,880 --> 00:16:36,920

I always love to hear you say put the puzzle together because I think that really paints

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00:16:36,920 --> 00:16:41,720

a picture for everyone of how it needs to be a collaborative effort and how there are

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00:16:41,720 --> 00:16:47,440

many different pieces that contribute to an overall wellness plan. And I also appreciate

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00:16:47,440 --> 00:16:53,120

you sharing not only things that women can do right now, but things that they can plan

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00:16:53,120 --> 00:16:58,520

to do and interactions they can plan to have with their physicians moving forward and looking

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00:16:58,520 --> 00:17:05,240

at things like acupuncture or magnesium, which can be very helpful for relaxing those muscles,

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00:17:05,240 --> 00:17:12,360

which you don't hear that often, but is tremendously beneficial that I too personally have found.

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00:17:12,360 --> 00:17:20,000

And I think that sexual health is overall health and that too is important and something

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00:17:20,000 --> 00:17:27,520

that needs to be, attention needs to be given there as well. So that was a fantastic answer

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00:17:27,520 --> 00:17:33,720

that I think that I hope that our listeners will really, really be able to benefit from

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00:17:33,720 --> 00:17:36,960

that feedback you provided.

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00:17:36,960 --> 00:17:43,080

So anemia, that's a huge topic. I know for me as a patient, it was something that just

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00:17:43,080 --> 00:17:48,400

was not familiar. It took me as a non-medical professional, took me a while to understand

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00:17:48,400 --> 00:17:55,920

what anemia was and what the ramifications were of being anemic and having a low hemoglobin

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00:17:55,920 --> 00:18:04,040

level. Can you describe anemia and what are some ways to monitor and manage anemia with

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00:18:04,040 --> 00:18:05,520

your physician?

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00:18:05,520 --> 00:18:13,120

Yeah, I think that's an important factor. One of the things, the most common cause in

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00:18:13,120 --> 00:18:19,240

the US for anemia would be loss of blood. And in women, the most common source of loss

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00:18:19,240 --> 00:18:27,000

of blood is heavy, heavy periods. Or if someone is pregnant every nine to 12 months and you

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00:18:27,000 --> 00:18:33,160

lose blood, but you know, just the delivery, it would be loss of blood. Other sources would

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00:18:33,160 --> 00:18:40,200

be more obvious if you're vomiting up blood, you can lose blood from colon cancer. Luckily,

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00:18:40,200 --> 00:18:46,200

it's rare in young women, but change in the size, caliber, color of the stool, strong

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00:18:46,200 --> 00:18:54,880

family history of colon cancer. So anemia is a sign of many things. Not getting enough

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00:18:54,880 --> 00:19:02,440

iron, people that are anorexic or bulimia, not eating well, having other chronic diseases

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00:19:02,440 --> 00:19:08,400

may also present with anemia. But when it's coupled with usually with blood loss, that's

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00:19:08,400 --> 00:19:16,560

excessive, that doesn't allow a normal diet to replenish the iron stores, women can suffer.

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00:19:16,560 --> 00:19:19,760

What are the symptoms that you want to be on the lookout and patients don't have to

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00:19:19,760 --> 00:19:25,680

have every symptom. It can be a couple of things, excessive fatigue, tiredness over

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00:19:25,680 --> 00:19:31,680

your usual and customary level of tiredness, walking up a flight of stairs, running for

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00:19:31,680 --> 00:19:40,400

a bus, feeling winded or short of breath, feeling like your heart is just beating fast,

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00:19:40,400 --> 00:19:45,720

we call that palpitations can be a symptom. Loss of hair, maybe you didn't get a relaxer

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00:19:45,720 --> 00:19:52,000

or didn't have a permanent or color in your hair and your hair is just shedding. A favorite

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00:19:52,000 --> 00:19:58,880

question I love to ask my patients, have they had any unusual cravings, cravings for ice,

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00:19:58,880 --> 00:20:05,760

starch, dirt. Some of my patients have eaten toilet paper, eaten the pink rollers, we call

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00:20:05,760 --> 00:20:16,400

that PICA, P-I-C-A, unusual food cravings. And that's actually when you look that up,

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00:20:16,400 --> 00:20:25,200

we don't know why that happens, a real pathophysiologic reason, but I ask patients about that color.

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00:20:25,200 --> 00:20:32,280

Even my patients that are the most beautiful brown-hued women can just look pale and pasty.

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00:20:32,280 --> 00:20:37,160

So not just white women, you look at someone and say, oh my God, you look pale, your hand

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00:20:37,160 --> 00:20:43,800

looking extremely pale. If you pull your eyelid down to just look at it, instead of that nice

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00:20:43,800 --> 00:20:55,000

rosy color, it's just a very pale yellow-white color, excessive sleep. Those are just some

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00:20:55,000 --> 00:21:01,840

of the common symptoms that we think about. And one of the problems is a lot of doctors

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00:21:01,840 --> 00:21:07,080

when women have heavy periods, which is the number one culprit of anemia, some women have

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00:21:07,080 --> 00:21:12,520

just gotten so used to having heavy periods that when we ask them, are your periods heavy,

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00:21:12,520 --> 00:21:17,000

they'll tell the patient no, because the last two, three, four years, they've just dealt

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00:21:17,000 --> 00:21:22,680

with torrential periods and they don't know any different. So how many pads, how many

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00:21:22,680 --> 00:21:27,980

tampons, how often are you changing? It is not normal to have to get up at nighttime

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00:21:27,980 --> 00:21:34,120

to change. It is not normal to have to double pad, take extra clothing, to be afraid to

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00:21:34,120 --> 00:21:39,760

sit or stand for a long time, feeling that you're going to bleed through things. Those

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00:21:39,760 --> 00:21:46,940

things are just not normal, even though women reconfigure their lives to make life during

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00:21:46,940 --> 00:21:56,400

their periods manageable. So those symptoms, I think, which should be looked at and reassessed,

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00:21:56,400 --> 00:22:02,480

your breathing rate, how you're feeling with exercise, have you stopped exercising, those

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00:22:02,480 --> 00:22:08,980

kinds of things are extremely important. Sometimes people get so anemic, it's rare that they

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00:22:08,980 --> 00:22:14,980

go into congestive heart failure. Their heart gets weak, they can start having swelling

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00:22:14,980 --> 00:22:21,720

or demob, their lower extremities or feet and legs. So it's hard to say, again, we ask

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00:22:21,720 --> 00:22:26,560

a lot of questions, but those would be the things that I would think of patients, to

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00:22:26,560 --> 00:22:31,800

think that the patients need to know about when putting together all of their GYN complaints,

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00:22:31,800 --> 00:22:38,800

their sense of wellbeing. Is it there or is it not, or is it now compromised?

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00:22:38,800 --> 00:22:47,480

That's incredibly helpful. Is there a normal hemoglobin range for women to be in?

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00:22:47,480 --> 00:22:54,640

Normally we like the blood count hemoglobin of about 11 and a half to, usually for women,

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00:22:54,640 --> 00:23:01,480

13, 14 would be tops. And when you get below a hemoglobin of eight for some women, then

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00:23:01,480 --> 00:23:07,760

some of the symptoms become more prevalent. But I've had patients with hemoglobin of

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00:23:07,760 --> 00:23:15,640

10 that still feel crappy, you know what I'm saying? So there is a range. Sometimes women

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00:23:15,640 --> 00:23:21,920

who smoke have a higher hemoglobin. So we have to look at not just the number, but also

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00:23:21,920 --> 00:23:27,400

evaluate the patient's symptoms. And I think it's important to note how you're

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00:23:27,400 --> 00:23:33,280

actually physically feeling, because anytime that you drop a point or two in your hemoglobin

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00:23:33,280 --> 00:23:39,920

level, I've found you do feel worse. And so regardless of the number, paying attention

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00:23:39,920 --> 00:23:44,040

to how you feel is really, really important. Okay.

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00:23:44,040 --> 00:23:51,640

And the other thing that happens, some patients, for instance, will have a regular, meaning

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00:23:51,640 --> 00:23:57,960

predictable period. Patients can tell when the period is going to stop and end, and it's

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00:23:57,960 --> 00:24:06,200

excessively heavy. And they may feel their worst during and a few days after their period.

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00:24:06,200 --> 00:24:12,920

But then they've got 15, 18 days to recover. And in America, most of us eat fortified foods.

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00:24:12,920 --> 00:24:19,960

There's extra iron in our foods. Or some may take an iron pill or extra vitamin C that

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00:24:19,960 --> 00:24:26,120

helps to absorb iron from our food sources. So sometimes I have found that women right

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00:24:26,120 --> 00:24:32,560

after their period, still the worst. And we sometimes will do a blood count right then.

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00:24:32,560 --> 00:24:36,760

Because if you wait two weeks, going into their third week, you can recover that. So

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00:24:36,760 --> 00:24:42,480

an acute blood loss, we can pick up with a blood count. And sometimes the number, if

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00:24:42,480 --> 00:24:46,040

you say, oh, my period, I'm just, you know, it was the beginning of the month. Now you're

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00:24:46,040 --> 00:24:51,120

seeing the patient at the end of the month, and you check a blood count, it indeed may

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00:24:51,120 --> 00:24:58,560

be normal. So kind of have to put everything together, as we mentioned before.

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00:24:58,560 --> 00:25:05,760

That's very important. Okay. I've often heard you speak about patients prioritizing their

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00:25:05,760 --> 00:25:10,960

treatment goals with their physician. And I think your advice is incredibly helpful,

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00:25:10,960 --> 00:25:16,480

the way you advise patients to rank their concerns or treatment goals. Would you speak

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00:25:16,480 --> 00:25:21,520

about your recommendations for shared decision making and prioritization?

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00:25:21,520 --> 00:25:31,440

Yeah, those, I think this is a new tenet or facet in medicine, taking the patient's opinion

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00:25:31,440 --> 00:25:39,000

into consideration for any treatment. And I think the important thing is for the patient

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00:25:39,000 --> 00:25:48,640

to tell her story, to know her story, and to be able to elaborate that to her physician.

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00:25:48,640 --> 00:25:54,640

And so when I see my patients, I do try to let them tell their story. And also, like

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00:25:54,640 --> 00:25:59,240

we've talked, look at their quality of life. As you know, fibroids, let's just stick with

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00:25:59,240 --> 00:26:05,760

that for a moment. But also like endometriosis, they can have so many different symptoms.

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00:26:05,760 --> 00:26:11,280

Can you know, the normal uterus is the size of a lemon, but it can get the size of a turkey.

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00:26:11,280 --> 00:26:16,400

It can be the size of an orange or the size of a pineapple. So when we look at fibroids,

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00:26:16,400 --> 00:26:22,200

I mean, there are many symptoms and they're not siloed. For some patients, that growth

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00:26:22,200 --> 00:26:28,840

of the uterus can make them look and feel pregnant. And that pressure, the mass effect,

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00:26:28,840 --> 00:26:34,960

as we call it, can push on the bladder, where patients are voiding a lot. I had a patient

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00:26:34,960 --> 00:26:40,200

call me yesterday, she's urinating 30 times a day. I mean, that's from a big fibroid.

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00:26:40,200 --> 00:26:45,920

It's not that she's diabetic. It's not from a bladder infection. Some patients, the fibroid

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00:26:45,920 --> 00:26:51,520

pushes so much pressure on the abdominal organs that they have constipation. Patients don't

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00:26:51,520 --> 00:26:56,340

go to the bathroom for three days to seven days. Some patients can't urinate at all.

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00:26:56,340 --> 00:27:00,180

They get urinary retention and they have to go to the emergency room and put a catheter

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00:27:00,180 --> 00:27:06,840

in. That's a symptom. Some people bleed like Niagara Falls. Some patients have severe pain.

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00:27:06,840 --> 00:27:11,680

Some patients have recurrent miscarriages. Some patients have the cosmetic effects of

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00:27:11,680 --> 00:27:18,800

looking pregnant. So there's so many domains for fibroid related symptoms. And luckily,

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00:27:18,800 --> 00:27:24,000

there are many treatments that we can do. So I will ask my patients, tell me your story.

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00:27:24,000 --> 00:27:30,800

And then I ask them to, I say, rank R-A-N-K, rank order. What do you want me to fix first?

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00:27:30,800 --> 00:27:35,380

What bothers you the most? What things could you, if we didn't do anything about, could

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00:27:35,380 --> 00:27:42,080

you live with? And so it's through that lens of what the patient wants. Some people want

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00:27:42,080 --> 00:27:48,120

everything fixed. And so, you know, it depends if it's heavy bleeding, you know, the size,

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00:27:48,120 --> 00:27:53,140

the number, the location of the fibroids makes a difference. There are many medications that

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00:27:53,140 --> 00:28:00,320

we can just use that are non-hormonal during a menstrual cycle and new medications that

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00:28:00,320 --> 00:28:08,220

are coming down the pike for heavy menstrual bleeding. So pregnancy, a desire for pregnancy

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00:28:08,220 --> 00:28:15,300

or children versus no children, the desire for a cure, meaning I don't want to deal with

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00:28:15,300 --> 00:28:20,200

it again, puts us in the realm potentially of hysterectomy. And for some patients, that

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00:28:20,200 --> 00:28:25,240

is the right decision for them, but it's never the right decision when somebody tells me

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00:28:25,240 --> 00:28:31,360

that they want to have children or keep the options open. Sometimes it's not surgery,

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00:28:31,360 --> 00:28:39,100

but procedures like uterine artery embolization or MRI guided ultrasound or the assessor procedure

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00:28:39,100 --> 00:28:45,640

for treatment of fibroids. So I think we have to sort of see what's available, what's the

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00:28:45,640 --> 00:28:53,520

training for physicians, what's available at hospitals or institutions. So we kind of

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00:28:53,520 --> 00:29:00,200

have those discussions. And for some patients, it is not a 15 or 20 minute visit that all

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00:29:00,200 --> 00:29:07,240

the answers can be given. And sometimes I ask patients to go home, think about things,

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00:29:07,240 --> 00:29:12,920

journal a little bit better, think about critically, what do you want? And then here's some reading

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00:29:12,920 --> 00:29:19,760

materials and then come back and talk about it. I definitely, this is my own bias and

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00:29:19,760 --> 00:29:25,240

my own practice and my own style as a physician, because there's an art, there's a science

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00:29:25,240 --> 00:29:31,000

to medicine and there's an art to medicine. I will never ever have a patient leaving my

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00:29:31,000 --> 00:29:37,080

office for the first time meeting them, signing up for a hysterectomy or signing up for major

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00:29:37,080 --> 00:29:44,880

surgery unless it is so emergent that we have no time to think about options. So I think

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00:29:44,880 --> 00:29:50,160

patients by meeting a physician, knowing the style of the practice, what's available with

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00:29:50,160 --> 00:29:58,640

that physician, does that physician have partners in their group that do specialty surgery if

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00:29:58,640 --> 00:30:06,160

that's needed? What kind of inter-office referrals can be made or institutional relationships

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00:30:06,160 --> 00:30:12,280

with interventional radiologists may be there? So I think it's extremely important to have

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00:30:12,280 --> 00:30:19,480

a great confidence in your physician, a great ability to share your concerns, to not feel

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00:30:19,480 --> 00:30:26,280

rushed, and to be able to come back with questions and to think about the options. Because sometimes

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00:30:26,280 --> 00:30:33,760

it's a lot of information to digest at one time. And the good news is I tell my patients,

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00:30:33,760 --> 00:30:40,040

I'm not saving anybody's life. Okay? Most of the time fibroids are not cancerous. But

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00:30:40,040 --> 00:30:45,880

what I, my job and our job as gynecologists is to make and improve the quality of your

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00:30:45,880 --> 00:30:52,960

life and to stay within the parameters that fit your personal belief system about your

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00:30:52,960 --> 00:31:01,320

body, how you want to be treated, what you are willing to try, and to then work together

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00:31:01,320 --> 00:31:10,200

collectively. So that's how my style of practice is and has almost always has been. And I think

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00:31:10,200 --> 00:31:17,800

it works well with the patient and that she gets to be heard. And we can go over things

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00:31:17,800 --> 00:31:26,720

and determine what are the options based on her individual problems that she wants fixed.

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00:31:26,720 --> 00:31:33,720

So that's what I would say. It's so important for our listeners to hear

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00:31:33,720 --> 00:31:39,920

that because oftentimes women are diagnosed with fibroids having never heard of fibroids

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00:31:39,920 --> 00:31:48,000

before. And so they immediately feel a lot of pressure to understand what's happening

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00:31:48,000 --> 00:31:54,040

and understand a lot of terms and understand treatment options. And so I greatly appreciate

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00:31:54,040 --> 00:32:02,520

you walking through how your, you know, a patient should approach interacting with their

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00:32:02,520 --> 00:32:06,840

physician, with their physician's office, and just kind of taking a step back and looking

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00:32:06,840 --> 00:32:12,460

at things from the perspective of quality of life and mapping out a plan for treatment.

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00:32:12,460 --> 00:32:18,080

That is so incredibly important. And I think that it will help many women in our community.

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00:32:18,080 --> 00:32:24,320

And the other thing I would really add, let me just add one more thing. The other thing

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00:32:24,320 --> 00:32:30,560

is that it's a little overwhelming when we look at the prevalence of a disease or the

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00:32:30,560 --> 00:32:39,040

prevalence of fibroids. And we could say anywhere from 50% of women to 80% of women have fibroids.

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00:32:39,040 --> 00:32:46,720

So there are a group of women that are asymptomatic. They have fibroids and there's no symptom

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00:32:46,720 --> 00:32:51,800

that we've reviewed that bothers the patient. And there are times that patients or new patients

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00:32:51,800 --> 00:32:56,760

to me, you know, I sit and talk with them, ask all these different questions about their

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00:32:56,760 --> 00:33:03,160

health and sexuality, and everything's fine. There's every, I'm perfect, my periods, I

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00:33:03,160 --> 00:33:09,040

have no problem, no pain, blah, blah, blah. And then I go to examine them and instead

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00:33:09,040 --> 00:33:14,680

of their uterus being the size of a lemon, it's the size of a cantaloupe. Okay. But it

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00:33:14,680 --> 00:33:20,360

is not bothering the patient. Okay. And so one of the things I really do want to say,

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00:33:20,360 --> 00:33:24,920

because many treatments are going to happen in the future, we have to be very careful

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00:33:24,920 --> 00:33:30,440

about thinking that we can tinker with and fix everything. My own personal belief is

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00:33:30,440 --> 00:33:36,400

that if the fibroids are present and not a problem, we don't need to do anything but

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00:33:36,400 --> 00:33:43,480

follow it. And I tell my patients, if it's not bothering you, there's nothing I can do

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00:33:43,480 --> 00:33:49,400

to make things better. You know, I cannot fix what's not broken. So if someone comes

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00:33:49,400 --> 00:33:57,000

in and no problem, nothing identified on the history, and I do an exam and I feel something

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00:33:57,000 --> 00:34:01,320

that feels like a size of a cantaloupe or something. Yeah, the first thing, even though

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00:34:01,320 --> 00:34:04,720

there's no symptoms, there are other things that can mimic this. I have to make sure she

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00:34:04,720 --> 00:34:10,680

doesn't have an ovarian mass or an ovarian cyst. So I think imaging like an ultrasound,

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00:34:10,680 --> 00:34:18,840

sometimes MRI, to be determined by the physician visit. But when I find an asymptomatic patient

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00:34:18,840 --> 00:34:25,080

and I confirm that this growth that I felt is a fibroid, we just follow it. And that

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00:34:25,080 --> 00:34:30,960

might mean seeing the patient in six months, sometimes a year, letting the patients know

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00:34:30,960 --> 00:34:36,960

what symptoms there could be in the future to again journal if there's a difference to

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00:34:36,960 --> 00:34:42,560

come back. But I'm really, really, I see a number of women that have gone in that have

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00:34:42,560 --> 00:34:48,640

completely zero symptoms and are told that they need surgery, whether it's taking out

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00:34:48,640 --> 00:34:54,640

a fibroid or taking out a fibroid is called myomectomy. Even if it can be done

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00:34:54,640 --> 00:34:59,960

with a robot or a laparoscope or a minimally invasive technique, or minimally invasive

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00:34:59,960 --> 00:35:07,640

hysterectomy, it is still surgery. And so I would urge and caution all women, if those

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00:35:07,640 --> 00:35:16,400

fibroids are not bothering you, do not be talked in to medical therapy, or to surgical

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00:35:16,400 --> 00:35:25,800

therapy. But instead, it is watchful waiting. And because I think we can overdo treatment,

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00:35:25,800 --> 00:35:31,880

we can overdo treatments that are not needed. And again, we cannot fix what's not broken

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00:35:31,880 --> 00:35:37,200

and we cannot, you know, my patients, I love them all. Well, Dr. Bradley, tell me are they

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00:35:37,200 --> 00:35:40,640

going to grow, they're going to get bigger, they're going to cause the problem. And I'll

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00:35:40,640 --> 00:35:45,400

look right at them. And I say, you know, I don't have the crystal ball. I'm here for

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00:35:45,400 --> 00:35:54,680

you if they change, if it becomes a problem. But we should not just with a blanket statement,

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00:35:54,680 --> 00:36:00,320

treat all of these women when there is nothing wrong with them. There's lots of people walking

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00:36:00,320 --> 00:36:07,120

around the world in different cultures with fibroids that aren't bothering them. So as

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00:36:07,120 --> 00:36:12,680

new treatments come down the pike, do not be misled into saying that all we've got a

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00:36:12,680 --> 00:36:19,280

cure for treating something to make them smaller, be on a medication for life to potentially

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00:36:19,280 --> 00:36:27,000

present prevent a problem. I don't think so. You know, we don't take off, do double

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00:36:27,000 --> 00:36:31,480

mastectomies for the fear of breast cancer when we know that one out of eight to one

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00:36:31,480 --> 00:36:36,960

out of 10 women may develop breast cancer by the time that they're 90 years old. You

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00:36:36,960 --> 00:36:42,760

know, we don't automatically take out your tonsils like we used to and take out the appendix

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00:36:42,760 --> 00:36:48,080

like we used to. There are a lot of things that require watchful waiting. And I think

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00:36:48,080 --> 00:36:58,600

we can potentially be overly enthusiastic in recommending treatments to women who have

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00:36:58,600 --> 00:37:05,200

no symptoms. And we don't know if they will ever have a symptom. So I just would say be

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00:37:05,200 --> 00:37:12,720

careful. I feel like I want to take a megaphone and just broadcast what you said because it's

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00:37:12,720 --> 00:37:20,120

so critical that women understand that because it's, um, surgeries, unnecessary surgeries

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00:37:20,120 --> 00:37:28,360

are recommended far too frequently still. And so, and the other, so right. Go ahead.

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00:37:28,360 --> 00:37:33,040

I'm so sorry. I'm so glad that you know, it's okay. I'm so glad that you, you said that

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00:37:33,040 --> 00:37:38,640

it's one of the reasons where I always love speaking with you because you provide the

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00:37:38,640 --> 00:37:45,840

real life, very ethically based recommendations that I think that our community will really

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00:37:45,840 --> 00:37:52,320

benefit from. Right. I had a question about, let me just, just mention one other quick

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00:37:52,320 --> 00:37:58,440

thing as it relates to this. The other word that I wish that we could get rid of in our

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00:37:58,440 --> 00:38:08,800

lexicon as gynecologist and as physicians is the word tumors, T U M. Oh, I'm sorry. T U

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00:38:08,800 --> 00:38:15,320

M O R S. Okay. Because when we hear the word tumor, we think of what? Cancer. These are

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00:38:15,320 --> 00:38:22,880

fibroids. These are Lyo myoma. Okay. Do they have the potential of ever being a cancer?

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00:38:22,880 --> 00:38:30,040

Worst case scenario, one out of 300, more likely one out of a thousand. So it is very

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00:38:30,040 --> 00:38:35,440

rare in my career, more than 25 years at the hospital. I've had three patients with cancer

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00:38:35,440 --> 00:38:42,400

within a fibroid. Does it ever happen? Yes, but it's rare. So when doctors and healthcare

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00:38:42,400 --> 00:38:48,440

providers use the word, Oh, you have a, I have a tumor in your pelvis. Everybody gets

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00:38:48,440 --> 00:38:54,360

freaked out. They're nervous. They're afraid. This is a word we need to throw away as it

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00:38:54,360 --> 00:39:01,560

relates the fibroids. Okay. So you have most likely ma'am, a benign growth of the uterus

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00:39:01,560 --> 00:39:08,120

that lots of people have, and we have many treatments for it that can prevent extubate

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00:39:08,120 --> 00:39:13,520

of surgery if you do not wish to have your uterus removed. So I do think that we have

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00:39:13,520 --> 00:39:24,960

to be very cautious about that word because that will, that will lead to fear of cancer.

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00:39:24,960 --> 00:39:30,800

I do not want to minimize that there are small numbers of women that have what are called

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00:39:30,800 --> 00:39:38,080

Lyo myoma sarcomas and a very astute patient and physician will be able to often pick up

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00:39:38,080 --> 00:39:45,960

on these symptoms to work to that merit further evaluation or imaging or biopsies. So I just

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00:39:45,960 --> 00:39:52,920

want to mention that because we can really frighten women by using that language. And

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00:39:52,920 --> 00:40:00,920

so I like to erase that to make it go away and to remove it from our, our language as

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00:40:00,920 --> 00:40:08,720

it relates to you don't fibroids. Thanks for making that very important point.

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00:40:08,720 --> 00:40:14,160

I'm glad that you, uh, you added that that is critical because there is some fear when

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00:40:14,160 --> 00:40:19,680

women hear the word tumor. And so we should refer to it as fibroids and you'd earn fibroids

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00:40:19,680 --> 00:40:29,840

as agreed, agreed, agreed. Okay. Okay. I had, I had a question on the Corona virus, but

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00:40:29,840 --> 00:40:35,480

I think that you really answered that really well in our opening when we were talking about

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00:40:35,480 --> 00:40:42,680

accessing care during this time. So I'm going to skip over that one. Um, I wanted to, um,

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00:40:42,680 --> 00:40:49,080

learn more about, uh, your work at Cleveland clinic and do you treat patients virtually

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00:40:49,080 --> 00:40:54,120

at a Cleveland clinic and our surgeries being scheduled at this time?

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00:40:54,120 --> 00:41:02,080

Okay. Um, yes, we were very fortunate that we have a very progressive institution, uh,

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00:41:02,080 --> 00:41:07,160

as it relates to virtual visits and believe it or not next week, uh, we will be officially

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00:41:07,160 --> 00:41:15,640

starting, um, to take appointments that patients can call and schedule and, um, we'll have

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00:41:15,640 --> 00:41:21,960

an icon on our, our, our, um, scheduling page. And we click a button, looks like a little

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00:41:21,960 --> 00:41:27,280

camera and we can be connected to patients who have that ability. They want to see the

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00:41:27,280 --> 00:41:35,120

physician, um, to do video conferencing. And we also talk to patients by phone in this

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00:41:35,120 --> 00:41:43,200

era of COVID since, uh, it started, I, all of us have had to cancel sort of routine visits.

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00:41:43,200 --> 00:41:47,680

Right now I'm seeing patients two days a week in the office because there's some certain

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00:41:47,680 --> 00:41:56,960

patients whose histories have to be clarified by, uh, an, an examination. And so, um, yes,

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00:41:56,960 --> 00:42:03,160

we are seeing patients, uh, if, uh, there are some acute problems with abdominal pain.

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00:42:03,160 --> 00:42:08,760

Um, I saw a patient who had unprotected sex. She called for a virtual visit. Well, I can't

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00:42:08,760 --> 00:42:14,320

do a culture for gonorrhea and chlamydia and trichomonas and things like that by phone.

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00:42:14,320 --> 00:42:19,820

We have to see her in the office. If there's somebody that has had, uh, unfortunately been

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00:42:19,820 --> 00:42:25,240

raped or something with domestic violence, we have to see and document. So yes, the hospital

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00:42:25,240 --> 00:42:32,680

is open. Each practice will be different. We are now doing surgery and we never fully

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00:42:32,680 --> 00:42:39,740

stop surgery. What we like is the terminology was an essential or non-essential surgery.

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00:42:39,740 --> 00:42:44,300

We really didn't like the word elective. Elective surgery. People often thought of it as being

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00:42:44,300 --> 00:42:50,040

plastic surgery, facelift tummy tuck, tummy tuck, or, you know, breast augmentation or

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00:42:50,040 --> 00:42:56,200

something, but, you know, essential versus non-essential surgery and, uh, essential surgery

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00:42:56,200 --> 00:43:01,000

are things that are affecting quality of life. Uh, things that if you don't take care of

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00:43:01,000 --> 00:43:06,480

it could be, that could be worse. Um, uh, cases that you're not sure if there could

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00:43:06,480 --> 00:43:12,440

be a malignancy, uh, in cases that aren't getting better with medical therapy. The good

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00:43:12,440 --> 00:43:18,280

news is that as the COVID pandemic, it's not gone away. It will not go away for a while,

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00:43:18,280 --> 00:43:24,080

but we're getting more protective equipment. Uh, all of our patients now, I did five surgeries

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00:43:24,080 --> 00:43:29,800

last Friday. Every single one of them had COVID testing before. Why is that important?

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00:43:29,800 --> 00:43:36,080

Uh, protect the patient. It protects us. We know, do we need to use all of this, um,

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00:43:36,080 --> 00:43:41,440

PPEs and the operating room because that takes away potentially the equipment that might

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00:43:41,440 --> 00:43:46,480

be needed for people that really need it in an ICU. At the Cleveland Clinic, we're now

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00:43:46,480 --> 00:43:53,800

re able to re sterilize almost 4,000 PPE masks per day. So we have more equipment.

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00:43:53,800 --> 00:44:00,780

We can, um, potentially put patients on hold if this surge comes back again. So the answer

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00:44:00,780 --> 00:44:08,400

is doctors will look at a situation and determine if it's essential. And there are four criteria

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00:44:08,400 --> 00:44:13,200

that I just mentioned, or is, uh, or is this something that needs to be done, but could

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00:44:13,200 --> 00:44:19,200

wait a month to three months. And so, um, during this time that our hospitals had less

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00:44:19,200 --> 00:44:25,200

surgery, I have continued to operate on women who met those criteria because I, as a doctor

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00:44:25,200 --> 00:44:33,400

wanted to be a good steward when equipment was low to be able to, um, to have that equipment

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00:44:33,400 --> 00:44:39,800

for patients in the ICU as well as for the doctors and nurses that care for them. So

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00:44:39,800 --> 00:44:45,120

I think across the country, we are now lifting the bands, but we also know that we may have

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00:44:45,120 --> 00:44:51,920

to clamp down again if this pandemic, uh, and the numbers in any community or hospital

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00:44:51,920 --> 00:44:59,120

in particular where you live may need the beds and need, um, the equipment, uh, to serve

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00:44:59,120 --> 00:45:09,680

the patients with acute COVID related illnesses. And then finally, yeah. And finally we are

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00:45:09,680 --> 00:45:18,080

able to offer virtual visits at least to start with for patients. Uh, it'll never fully replace

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00:45:18,080 --> 00:45:23,940

a hands on visit, but if someone, again, I've had many calls, women who have never seen

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00:45:23,940 --> 00:45:29,640

heavy bleeding, they don't have an ultrasound, so I can order their blood count, their iron

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00:45:29,640 --> 00:45:35,000

levels, their thyroid levels, just to make sure, you know, in terms of why they may be

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00:45:35,000 --> 00:45:40,480

bleeding heavily, I could start a medication on them. I can tell them, um, if they had

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00:45:40,480 --> 00:45:45,920

an ultrasound to get the records sent to me, maybe in the interim we would do another ultrasound

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00:45:45,920 --> 00:45:52,120

or if I know their uterus is quite large from a previous scan that we might get an MRI so

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00:45:52,120 --> 00:45:57,040

that when they do come in to see me like this week, everybody that I saw has had what we

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00:45:57,040 --> 00:46:02,040

call a distant visit or a tele-visit, but everything was there that I needed to have.

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00:46:02,040 --> 00:46:08,120

My note is done. It's an official, um, visit and then we put it together. Exam, breast

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00:46:08,120 --> 00:46:14,520

exam, pap smear, go over results, um, and things like that. So, um, I think this is

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00:46:14,520 --> 00:46:19,760

a new way of business and I actually as a physician like it and it makes it more available

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00:46:19,760 --> 00:46:25,360

to our patients and this can be done, um, anywhere. With COVID right now, the good news

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00:46:25,360 --> 00:46:30,160

and I hope that the advocacy will continue to work, we can talk to patients anywhere

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00:46:30,160 --> 00:46:37,920

in the country because a lot of the, um, licensing issues have been currently lifted. So, you

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00:46:37,920 --> 00:46:42,800

know, before I'm just kind of licensed to practice in the state of Ohio, so to speak,

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00:46:42,800 --> 00:46:48,760

and maybe one other state with some reciprocity, but now, um, for our whole institution, whether

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00:46:48,760 --> 00:46:56,480

it's cardiac care, gynecologic care, geriatric care, psychiatric care, that we can now provide

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00:46:56,480 --> 00:47:02,560

this through a virtual format, um, through our hospital. And I think this is a win-win

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00:47:02,560 --> 00:47:09,800

and a good outcome. Um, unfortunately it had to come by way of a COVID, um, or coronavirus

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00:47:09,800 --> 00:47:16,600

pandemic, but I think I'd like to say that we are hoping as physicians that this new

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00:47:16,600 --> 00:47:23,520

paradigm of practice, uh, virtually, it won't suffice the hands-on doctor-patient relationship,

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00:47:23,520 --> 00:47:31,600

but it can enhance it. And, um, um, I've enjoyed taking advantage of what we can do now.

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00:47:31,600 --> 00:47:39,280

That's wonderful. And, um, your, your reference in that answer to, uh, adjusting to changing

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00:47:39,280 --> 00:47:45,800

times really is a great segue into my last question, which is I really loved your quote

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00:47:45,800 --> 00:47:52,120

in your recent article about this time during the shelter in place of being a gift of great

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00:47:52,120 --> 00:47:58,680

pause. And I too am focused on the silver linings that we can find during challenging

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00:47:58,680 --> 00:48:04,280

times. Would you speak on the, the gift of great pause that you wrote about?

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00:48:04,280 --> 00:48:12,240

Yeah, I, I wrote this article for our AHA news scope magazine. And I think in life,

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00:48:12,240 --> 00:48:18,560

in life gives you lemons make lemonade. I'll speak for myself and personalize it. I think

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00:48:18,560 --> 00:48:25,240

I was just overly extended and said yes to everything. And I think the gift of the great

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00:48:25,240 --> 00:48:31,200

pause is let us put some breaks in our life to slow down, to reconnect with friends and

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00:48:31,200 --> 00:48:39,240

family, to exercise, to be silly and watch lots of television or to clean your house,

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00:48:39,240 --> 00:48:46,640

uh, you know, be virtually. So the pause is allowing us to just look at things. As I mentioned,

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00:48:46,640 --> 00:48:52,440

I have gone to work many days in the spring to summer and not realize that the leaves

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00:48:52,440 --> 00:48:58,120

had blossomed, that the, I'm sorry, that the flowers have blossomed and that the leaves

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00:48:58,120 --> 00:49:03,800

have come out on the trees because you don't know how you've gotten from one place to another.

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00:49:03,800 --> 00:49:09,560

But this just allows us, there's not much you can do. I've enjoyed nature, um, where

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00:49:09,560 --> 00:49:15,320

I live, there are tons of Metro parks. So we walk, uh, biking now when the weather's

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00:49:15,320 --> 00:49:23,200

good, uh, reconnecting with friends, um, cooking, uh, doing things that I just never had time

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00:49:23,200 --> 00:49:28,880

to do. So the pause, instead of making it a complaint or saying what we lost, what we

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00:49:28,880 --> 00:49:40,080

can't do, I think the small, uh, gifts of just quiet and solitude and reflection and

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00:49:40,080 --> 00:49:49,400

re, um, re-emerging after this as a stronger American or a stronger human being is going

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00:49:49,400 --> 00:49:55,920

to be there because we've had time to reflect. And, um, I have had more time now to connect

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00:49:55,920 --> 00:50:01,720

with people I've not talked with. I jokingly say I've learned Zoom skills, but things I

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00:50:01,720 --> 00:50:06,880

didn't know, need to know how to do. And, and, um, so I just think, you know, sometimes

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00:50:06,880 --> 00:50:12,880

we have to have gratitude. We can certainly complain. And I'm also, again, I'm very fortunately,

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00:50:12,880 --> 00:50:21,600

fortunate that I have income, um, that I haven't lost my job. So the pause may really affect

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00:50:21,600 --> 00:50:27,360

our essential workers differently who really have to show up every day, uh, catch public

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00:50:27,360 --> 00:50:34,080

transportation. But I also know that this pause in my life has made me see people that

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00:50:34,080 --> 00:50:43,200

I may not have thanked as often, smiled at as much as before, um, appreciated their gifts,

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00:50:43,200 --> 00:50:49,680

the grocery, grocery person, the person that's, um, picking up the garbage from my home. So

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00:50:49,680 --> 00:50:55,680

I think it's been an eye opener that all of us are essential right now. And some of us

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00:50:55,680 --> 00:51:01,400

more than others. And the important thing to me after this pause is that whatever didn't

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00:51:01,400 --> 00:51:07,240

work in your life or wasn't working well, that we just don't go back out of habit and

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00:51:07,240 --> 00:51:14,480

resume those activities. And also to look at the people that have really kept this country

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00:51:14,480 --> 00:51:22,280

going who never get credit, who never get a thank you, who never get, um, you know,

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00:51:22,280 --> 00:51:28,120

pots and pans, um, that are being drummed upon at seven o'clock. We have to really,

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00:51:28,120 --> 00:51:36,040

we're all one humanity. And I hope that I will carry that because I got away from that.

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00:51:36,040 --> 00:51:42,040

And, um, I'm embarrassed to say that I don't think I said thank you enough to people who

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00:51:42,040 --> 00:51:48,360

really make all of our lives better and have allowed us to keep doing what we can do for

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00:51:48,360 --> 00:51:55,200

all of our families. And we need to appreciate everyone because we're all essential. And,

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00:51:55,200 --> 00:52:02,360

um, and I also think, um, just lots of things that are going on right now and that we can

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00:52:02,360 --> 00:52:08,840

support small businesses when, when things come back, uh, and that we are our sisters

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00:52:08,840 --> 00:52:16,440

and brothers keepers. I think that that's a perfect way to end our broadcast. And I

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00:52:16,440 --> 00:52:21,440

couldn't agree more. And I thank you so much, Dr. Bradley. And I'm sure that our listeners

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00:52:21,440 --> 00:52:27,520

will find this incredibly helpful. We're so grateful to have you on the show today.

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00:52:27,520 --> 00:52:32,960

And thank you. Um, we're also very grateful to have you as a member of our advisory board.

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00:52:32,960 --> 00:52:39,160

Please remember everyone that you may, uh, reach out to Dr. Bradley's office at Cleveland

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00:52:39,160 --> 00:52:45,360

the Cleveland Clinic. You can find their website online and we'll provide a link attached to our podcast

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00:52:45,360 --> 00:53:10,380

podcast link.