

In my OWN voice

Nancy Lewis Hill
Benefiting from minimally invasive gynecologic surgery performed by Megan Loring, MD

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Nancy Lewis Hill, a health coach who lives in Nashua, New Hampshire, put up with her increasingly long, heavy periods—that is, until she became anemic. At that point, her primary care physician, Sarah Zifcak, MD, suggested that she see Megan Loring, MD, a gynecologic surgeon at Emerson who specializes in minimally invasive procedures. Dr. Loring told Ms. Lewis Hill she had adenomyosis, a disorder where endometrial tissue is present within the uterine muscle. She had never heard of the condition, which occurs in approximately 20 percent of women. The important thing is that Ms. Lewis Hill received the treatment she needed, and it was a lot easier than she ever anticipated.

“I always had normal menstrual periods. I had two children, and I continued to have periods into my fifties—the same as my sister. But when I turned 50, my periods became a bit heavier.

“I dealt with it, thinking it was normal; I figured I was just heading into menopause. But it gradually got worse, to where I was getting my period every three weeks; I couldn’t tell if I was on schedule or off schedule. My life became limited because I never knew when I would need to get to the bathroom. I enjoy hiking, but I couldn’t hike anymore, and I couldn’t go to the gym.

“At age 53, I found out I was anemic, which was due to the blood loss. I was definitely tired; afternoon naps had become a regular thing. Dr. Zifcak and I discussed the possible cause of my problem—most likely fibroids. She recommended that I have a transvaginal ultrasound and referred me to see Dr. Loring.

“I didn’t know where this was going, but I was afraid I would need to have a hysterectomy. My mother had endometriosis and had a hysterectomy performed the traditional way when she was in her forties. I remember she was down and out for eight weeks; it wasn’t a good experience.

“Dr. Loring put me at ease quickly. She told me that, in addition to fibroids, I had adenomyosis. I had never heard of it, so she drew me a picture, told me it is quite common, and said there were treatment options. I could take medication, have an IUD [intrauterine device] inserted or have a laparoscopic hysterectomy.

“She told me that a hysterectomy would provide a complete cure and that it wouldn’t be anything like the one my mother had. She described how she would perform it; she would leave my ovaries in place, so I wouldn’t need to



After minimally invasive surgery, Nancy Lewis Hill's energy returned, and she is hiking again.

take hormones and will go through menopause naturally. Also, it would be day surgery; I’d go home that afternoon, and there would be very little blood loss. She suggested I take my time making a decision.

“But by the time I left Dr. Loring’s office, I knew I wanted to have the hysterectomy. I was done having kids, I should have been in menopause by then, and the heavy periods were limiting my life. I wanted to get back to the gym. When I got home, I called her office to schedule the surgery.

“I had the surgery about a month later. Everything went so smoothly at Emerson; my nurse and anesthesiologist came and talked with me before the surgery and reassured me. I was home by 2:00 that afternoon and, although I was uncomfortable for three days, I didn’t have to take pain medication beyond the second day.

“Dr. Loring told me I would be very tired the second week, but I honestly wasn’t tired. I had to take iron supplements for my anemia, but haven’t needed them since my surgery. I got my energy back fairly quickly. I returned to work in three weeks, and after that I got back to walking, hiking and going to the gym. By six weeks after the surgery I felt great, and I still feel great. The whole thing was pretty fantastic.”

For more information, contact Emerson GYN Surgical Associates at 978-287-2936.

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