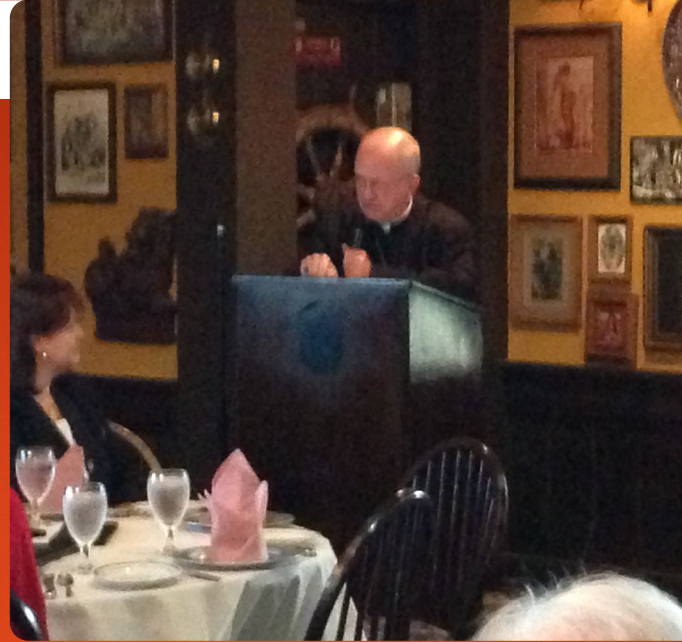




ST. Luke's Society of  
Diocese of Orange



FAITH AND REASON



Advances in Women's Health 2019

How Naprotechnology and Robotic  
Surgical Approaches work together to bring  
outstanding state of the art care to our gyn  
patients!

# WOMEN's Health —September CMA meeting

- ▶ Robotic Assisted Pelvic and Reconstructive Surgery
- ▶ And Naprotechnology diagnostic and treatment standardized techniques
- ▶ A REVOLUTION IN WOMEN'S HEALTH CARE!



# WHY NAPROTECHNOLOGY?

- ▶ FAMILY BUILDING
- ▶ RESPECT FOR THE COUPLES AND THEIR PRAYERFUL DISCERNMENT



- ▶ THERE ARE MANY OTHER FABMS!
- ▶ NAPRO IS THE MOST STANDARDIZED WITH AN AMAZING NETWORK OF FCPS, AND DOCTORS INTERNATIONALLY
- ▶ SO AS PTS MOVE SO CAN THEIR CARE to other states as they move throughout their faithfilled reproductive lives.

# WHY WOMENS HEALTH AND NAPRO IN YOUR PRACTICE

LANGUAGE AND CULTURE AND  
PRECISION IN GYNECOLOGY  
MATTER

THE RIPPLE INTO YOUR  
PRACTICE, FAMILIES AND  
COMMUNITY

THE CONTRACEPTIVE ---  
ABORTION—CONTINUUM IS  
INSIDIOUS

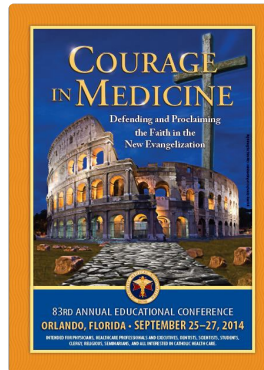


# Science in education Promotes

Research

Communication

Curiosity





## St. Paul VI Institute

SCIENCE: FAITH and REASON

- ▶ About NaProEthics
  - ▶ [Home](#) [About](#) [Comments](#) [Papers & Articles](#) [Videos](#)
  - ▶ Sr. Renée Mirkes
- ▶ Sister Renée Mirkes, OSF, PhD is a member of the Franciscan Sisters of Christian Charity, Manitowoc, WI. She serves as director of the Center for NaProEthics [the ethics division of the Saint Paul VI Institute, Omaha, NE] and was editor of its ethics publication, *The NaProEthics Forum*, from 1996 to 2002. Together with an undergraduate degree in music education and an undergraduate and master degree in vocal performance from Wisconsin

# St Pope Paul VI Institute



*Has been a place of  
HOPE and HEALING  
Internationally*



# A REvolution in Women's Health care 2019



# Revolution-Paradigm Shift

- ▶ Real Problems ... Unreal Solutions — Current Reproductive Medicine
- ▶ The artificial reproductive technologies were introduced with the birth control pill in 1960. These last 59 years of artificial reproductive technology represents *fertility control* in areas on family planning and reproductive health. It employs contraception, sterilization, abortion, and in vitro fertilization (abortive). Artificial reproductive technologies are now considered the only option for couples with reproductive and gynecological health problems and concerns. Physicians have stopped looking for the causes of the conditions and treatment is aimed only at the treatment of the symptoms.

# Think Differently-Catholic Culture...



- ▶ Ask your patients
- ▶ Refer differently
- ▶ Often patients can be very tired of the OBs overworked schedule and lack of expertise outside BCPs....
- ▶ Most often, their good Gyn Dr. Is doing the best as they have been trained on the national level by ACOG who has a very secular abortive agenda...
- ▶ Oftentimes, the Dr. Is constrained by economic realities that are very complex...he can lose his job, fail to make payroll, lose referrals if he doesn't rx BCP much use the words of NFP, FABMs, Napro, alternatives to IVF, etc etc...
- ▶ Not to mention possible sued by the pt for a variety of infractions like wrongful birth for one.....if the contraception fail....



## What does a Napro consult look like?

The best part of a  
Napro consult is that  
it is about the PT and  
the COUPLE first....

Why are they there?

What are they  
expecting?

- ▶ Real Problems ... Real Solutions — Saint Paul VI Institute
- ▶ The Institute networked a natural system of fertility regulation — the Creighton Model FertilityCare™ System (CrMS) — with a women's health science — NaProTechnology. These provide effective, morally acceptable, and sexually healthy options for women and couples. The CrMS and NaProTechnology enable couples to reconnect love and life in the area of fertility regulation and in reproductive and gynecologic health.

# What does a Napro consult look like?

The best part of a Napro consult is that it is about the PT and the COUPLE first....

As doctors and medical professionals we take care of people!

Why are they there?

What are they expecting?

- ▶ Real Problems ... Real Solutions — Saint Paul VI Institute
- ▶ WE WELCOME THEM—as they are...we discuss their femininity with gyn issues and with fertility and achieving (as well as avoiding) issues, we discuss their femininity and masculinity as a person
- ▶ Their spiritual motherhood and fatherhood—biologic, adoptive, vocational aspirations and goals.
- ▶ Do they have a spiritual director?

# What does a Napro consult look like?

The best part of a Napro consult is that it is about the PT and the COUPLE first....

As doctors and medical professionals we take care of people!

Why are they there?

What are they expecting?

- ▶ Real Problems ... Real Solutions — Saint Paul VI Institute
- ▶ Notice that even though Napro is faithful to the Magisterium that Catholic per se....hasn't really been mentioned yet.
- ▶ The gyn pts and fertility couples are free to choose...their care
- ▶ But with Naprotechnology-they now have a choice

**THAT IS WHY EACH OF US MUST KNOW THE WORD NAPRO AND PASS IT ON TO THOSE AROUND US WHO ASK...**

**OR ARE CURIOUS...**

**AS ST. JOHN PAUL II ASKED US "TO NOT BE AFRAID"**

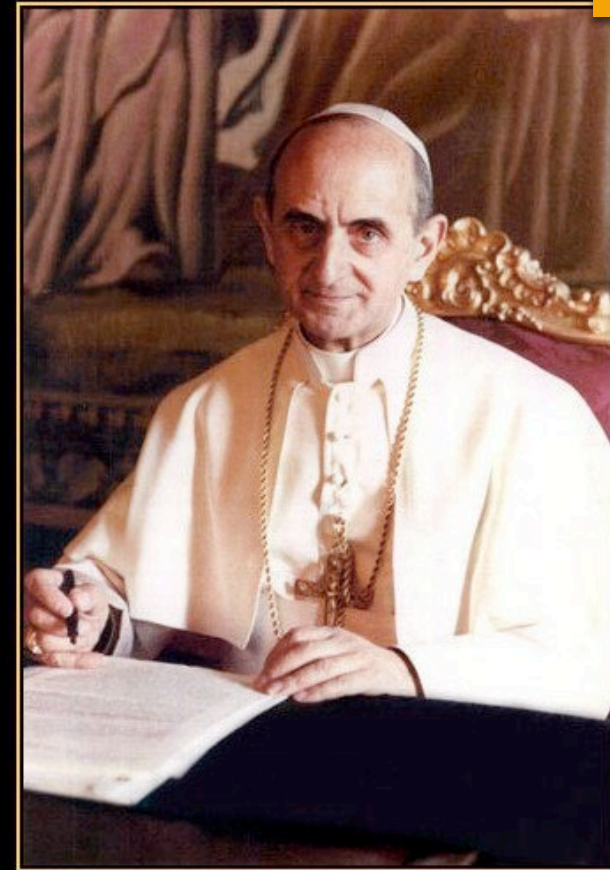


► In his 1968 encyclical "Humanae Vitae," Pope Paul VI waxed prophetic of the consequences of artificial contraception -- the same contraception that the current federal administration wants to force Catholic institutions to provide in health care plans. This mandate includes drugs that produce abortions, as well as sterilization procedures.

► Here's what Pope Paul VI wrote about artificial birth control more than 40 years ago:

"Careful consideration should be given to the danger of this power passing into the hands of those public authorities who care little for the precepts of the moral law. Who will blame a government which in its attempt to resolve the problems affecting an entire country resorts to the same measures as are regarded as lawful by married people in the solution of a particular family difficulty? Who will prevent public authorities from favoring those contraceptive methods which they consider more effective? Should they regard this as necessary, they may even impose their use on everyone."

Eerie, right?

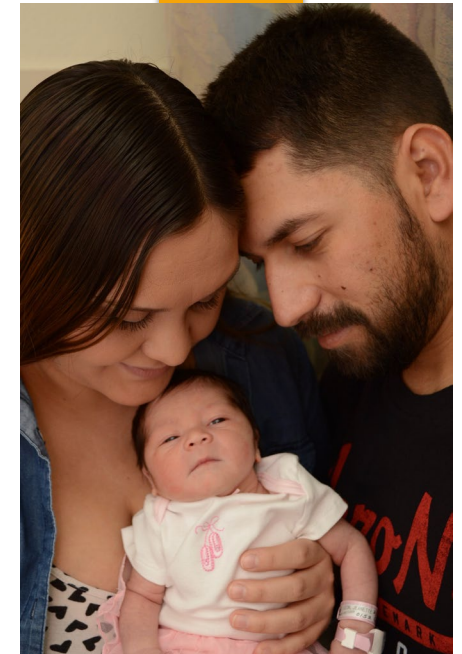


**HUMANAE VITAE NO. 17**

I TOLD YOU SO.

WHAT DO YOU SEE? WHY DOES IT MATTER?

?RPL,PTL WHICH CAN BE TREATED METICULOUSLY AND CAREFULLY WITH THE COUPLE UNDERSTANDING THEIR SITUATION.....



By standardization ....

By Networking.....

WHAT DO YOU SEE? WHY DOES IT MATTER?

?RPL,PTL WHICH CAN BE TREATED METICULOUSLY AND CAREFULLY WITH THE COUPLE UNDERSTANDING THEIR SITUATION.....



By standardization ....and networking with FCPs

This patient may have been told she couldn't conceive ...with careful evaluation with labs and US..

She can have clomid and progesterone and prevent miscarriage and possibly even PRETERM LABOR once she's pregnant...



# WHAT ARE FABMS?

NOT EXACTLY OLD NFP.....

[https://www.factsaboutfertility.org/  
about/](https://www.factsaboutfertility.org/about/)

- ▶ [https://www.factsaboutfertility.org/about  
/](https://www.factsaboutfertility.org/about/)



<https://www.insightfertility.com/our-team>



THANKS TO DR. HILGERS, THE NEW FELLOWS SUCH AS DR. STIGEN IN FALLBROOK AND DR. HOLMES IN CLOVIS—THERE IS A GREAT NETWORK AND EXCHANGE OF IDEAS IN THIS GROWING AREA....



## What does your patient need?

You know your patients!

Sometimes they have had  
no Ultrasounds;

No labs;

Sometimes this has gone  
on for years---

We can do better!

- ▶ Oral contraceptives, which are potentially abortifacient, provide only symptomatic treatment when prescribed for women's health problems, and they do not affect the underlying causes. The birth control pill is used to "treat" menstrual cramps, recurrent ovarian cysts, abnormal bleeding, premenstrual syndrome, acne, irregular cycles, and endometriosis. Abortion is used to "treat" high-risk pregnancies. In vitro fertilization is used to "treat" infertility and miscarriages. These unreal solutions to real problems are all abortive approaches.

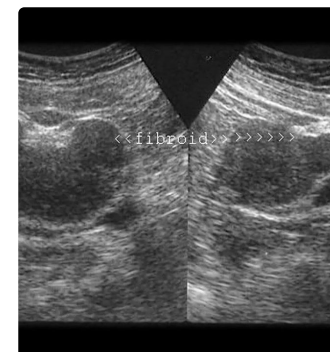
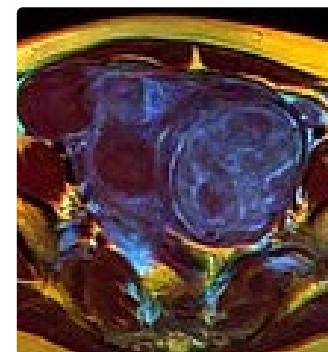
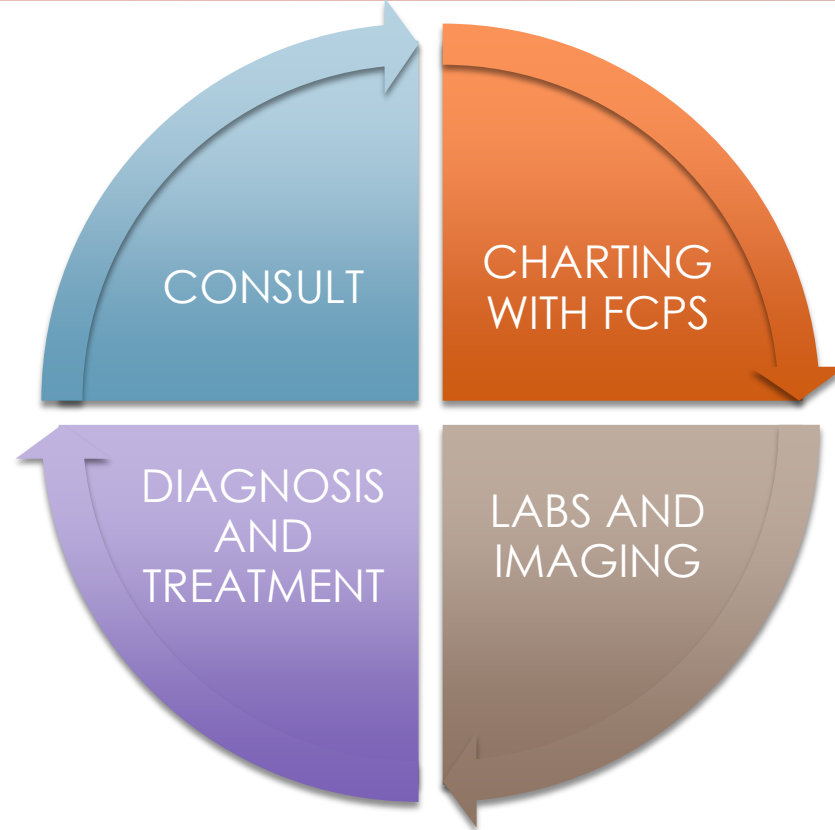


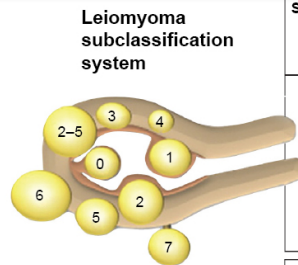
## OUR OFFICE!!!

### ST Moscati's Center

For NaProtechnology and  
Robotic Assisted  
Approaches to  
Reproductive health

<https://www.insightfertility.com/our-team>





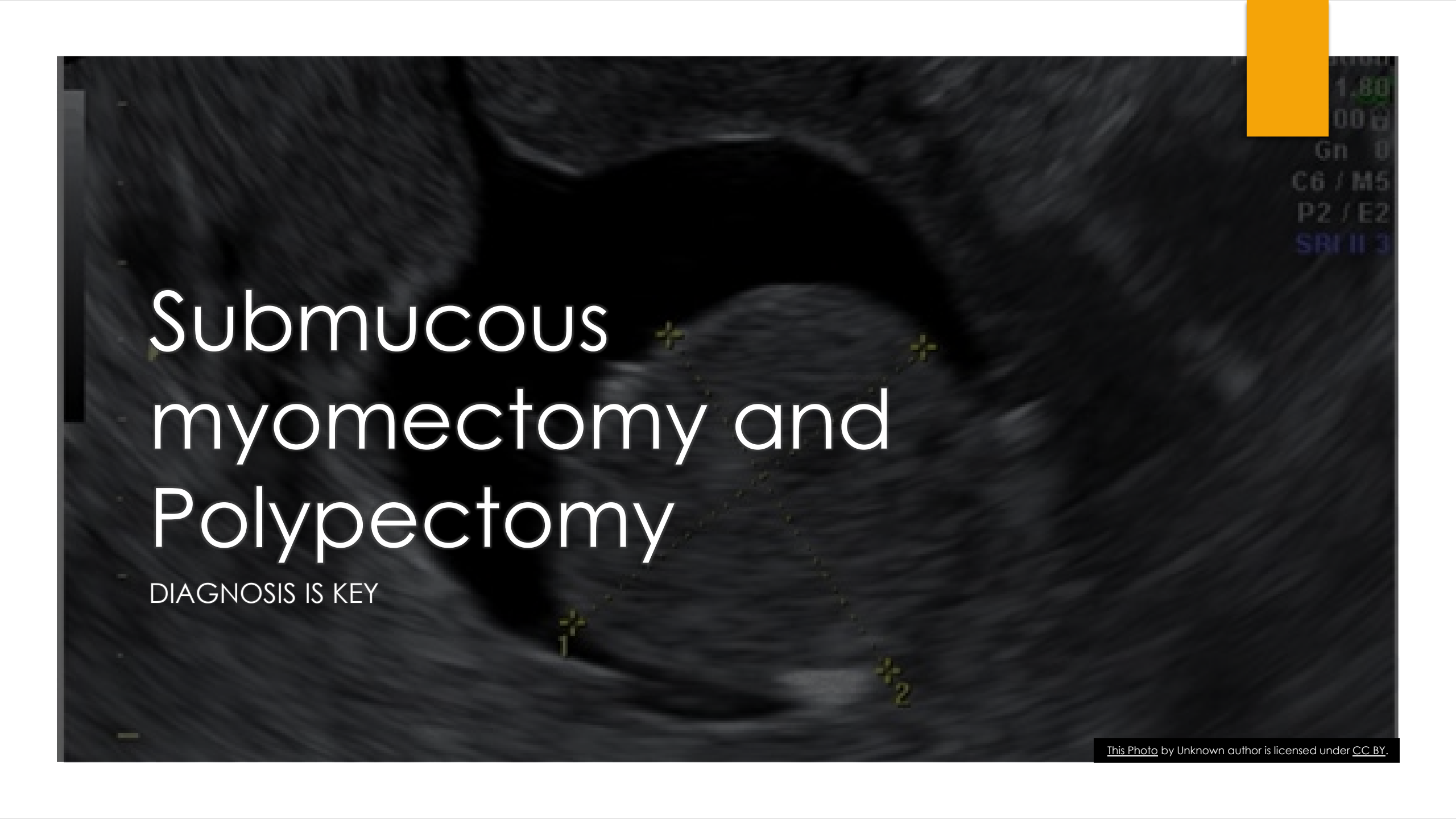
SM – Submucosal	0	Pedunculated intracavitary
	1	<50% intramural
	2	≥50% intramural
	3	Contacts endometrium; 100% intramural
O – Other	4	Intramural
	5	Subserosal ≥50% intramural
	6	Subserosal <50% intramural
	7	Subserosal pedunculated
	8	Other (specify eg. cervical, parasitic)
Two numbers are listed separated by a hyphen. By convention, the first refers to the relationship with the endometrium, while the second refers to the relationship to the serosa. One example is given below		
Hybrid leiomyomas (impact both endometrium and serosa)	2–5	Submucosal and subserosal, each with less than half the diameter in the endometrial and peritoneal cavities, respectively

**Figure 1** FIGO leiomyoma subclassification system.  
**Note:** Reprinted from *Int J Gynaecol Obstet*. Vol 113(1). Munro MG, Critchley HO, Broder MS, Fraser IS, FIGO Working Group on Menstrual Disorders. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age. Pages 3–13. Copyright 2011, with permission from Elsevier.<sup>1</sup>  
**Abbreviation:** FIGO, International Federation of Gynecology and Obstetrics.

# Submucous Myomectomy

DIAGNOSIS IS KEY

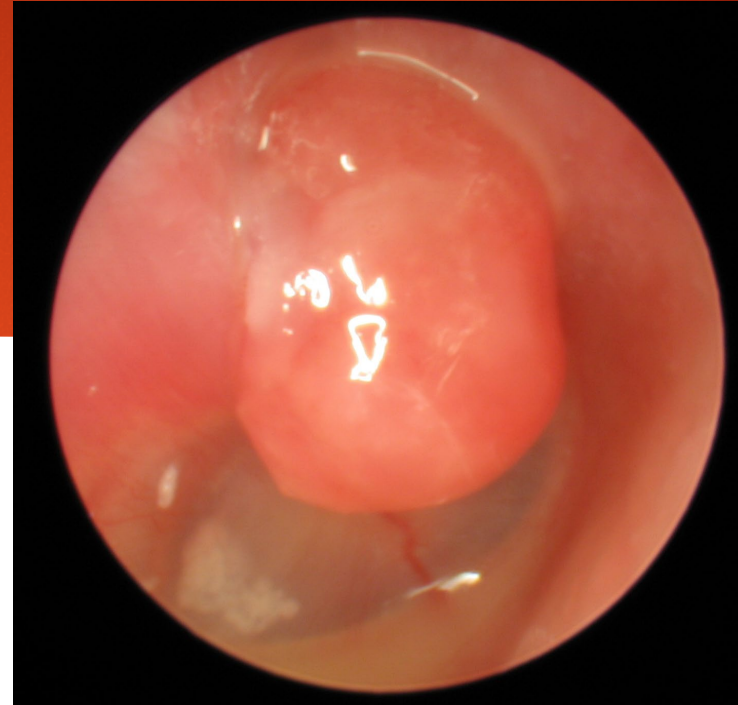


A longitudinal B-mode ultrasound image of a uterus. A large, dark, anechoic region represents the uterine cavity. A bright, echogenic, polypoid lesion is visible protruding into the cavity from the lower uterine segment. The lesion is marked with several green crosshairs. The surrounding myometrium shows a typical striated texture. In the top right corner, there is a yellow rectangular overlay and some technical data. The main title 'Submucous myomectomy and Polypectomy' is written in large white font over the left side of the image.




























































# Submucous myomectomy and Polypectomy

DIAGNOSIS IS KEY

# Submucous Polypectomy



This Photo by Unknown author is licensed under [CC BY-SA](#).

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35																																																																																																																																																																																																																																																																																																																																																																
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<https://www.youtube.com/watch?v=vtdFgwaXNmc>

# What is the impact?

On your family

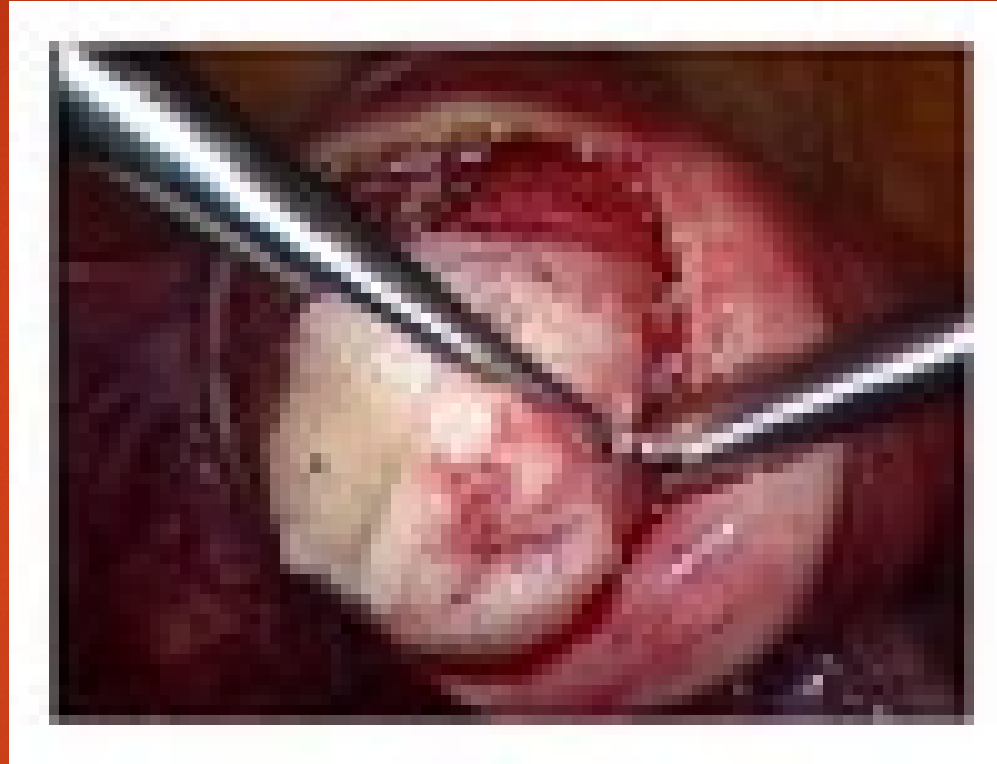
In your practice

In our catholic culture and community

- ▶ ROBOTIC assisted surgery is very precise
- ▶ Postop pain is short and pts can return to normal activities within about a week...compare this to open myomectomy and scarring and recurrence
- ▶ Robotic surgery is 3-d--- this is a profound paradigm shift in the surgical approach to
  - ▶ **Pelvic adhesive disease**
  - ▶ **Endometriosis**
  - ▶ **fibroids**



<https://www.youtube.com/watch?v=d5oNTIv6ASo&t=1158s>



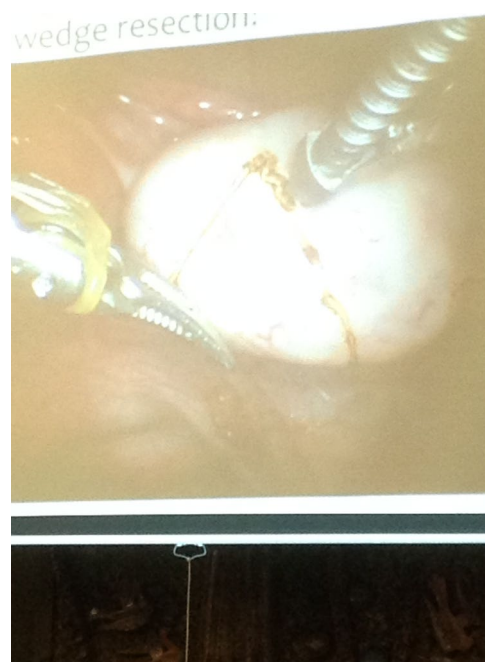
# Robotic Myomectomy

# PCOD

Abnormal ovulation



Heavy menses



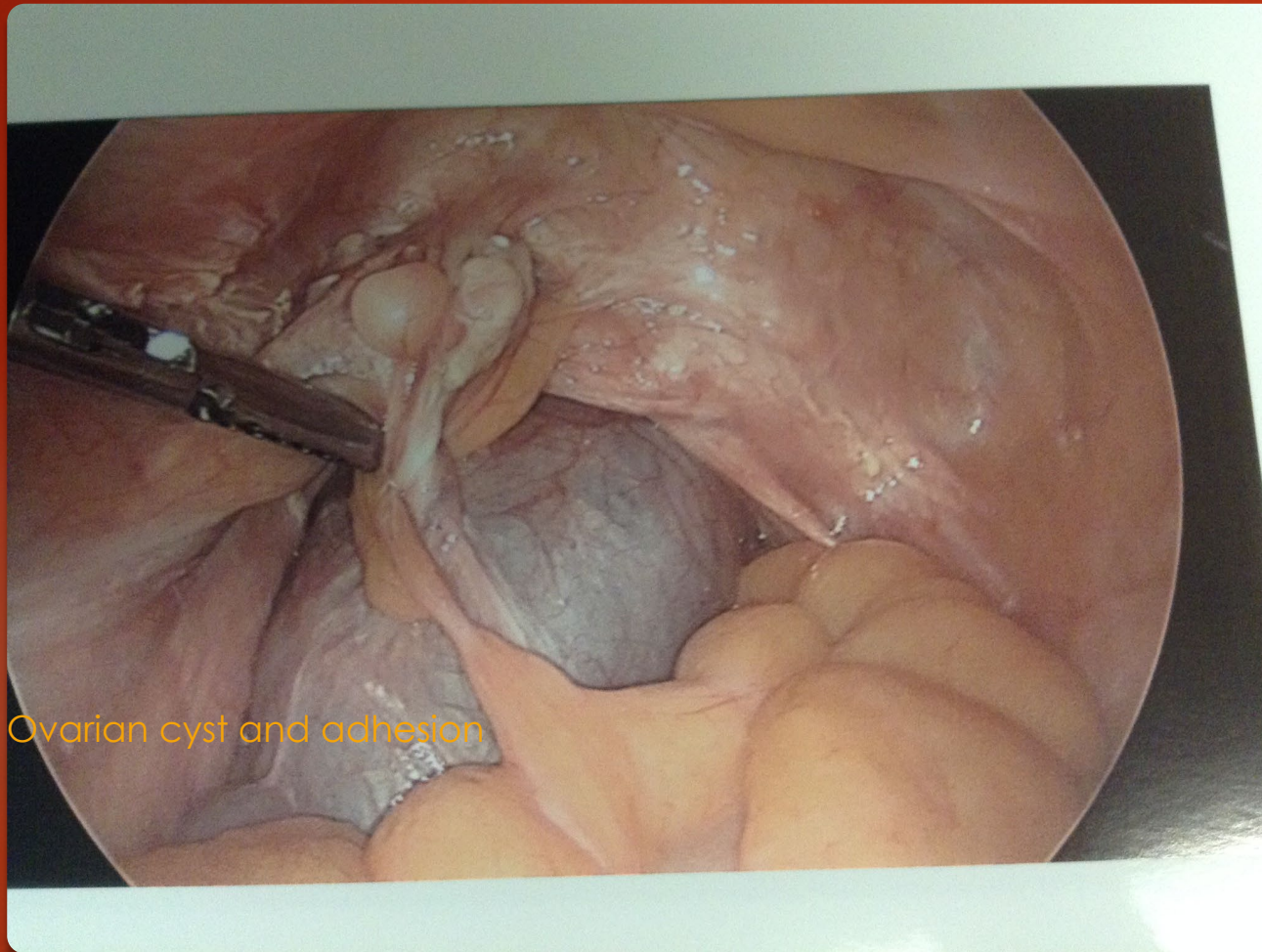
Future hyperplasia  
and other medical  
problems

AODM and HTN

# Why does this matter?

- ▶ Who are these Patients?
- ▶ In your Office-----> Irregular bleeding, undiagnosed in regular ob's office
- ▶ In your family and office----->RECURRENT MISCARRIAGE
- ▶ Ask them; make it easy on yourself; always have a pamphlet; text me 7143573202





Ovarian cyst and adhesion

Pelvic  
Adhesive  
Disease-  
cannot often  
be seen on  
imaging  
studies





# Thank You

[SOMEONE@EXAMPLE.COM](mailto:SOMEONE@EXAMPLE.COM)