



GYNAECOLOGY PLUS  
FOR BODY & WELLNESS

## EXCELLENCE IN REGENERATIVE & MINIMALLY INVASIVE GYNAECOLOGY

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Undoubtedly, the challenges surrounding this unprecedented COVID-19 pandemic has created a time of uncertainty for all of us. Though it may be difficult to see now, there is a light at the end of the tunnel.

Now more than ever, it is evident that human interaction is invaluable and irreplaceable. We have worked hard to modify our private practice to be in line with social distancing, but at the same time, continue providing excellence in patient care. So we take this opportunity to stay in contact with you. We sincerely hope you and your loved ones are safe and healthy.

Thank you for your continued support.

We hope you are keeping safe.

*Thank you once again for taking the time to read our newsletter today.*

Dr Fariba Behnia-Willison and Dr Tran Nguyen

## SPECIAL INTERESTS AT FBW GYNAECOLOGY PLUS

Pelvic Floor Disorders	Fibroids
Incontinence & Prolapse	Pelvic Pain
Endometriosis	Ovarian Cysts
Painful Intercourse	Infertility
Abnormal Labia	PCOS
Post Menopausal Bleeding	Abnormal Papsmears
Advanced Laparoscopy	Vulval Lichen Sclerosus

ACCEPTING NEW PATIENTS NOW



Dr Behnia-Willison and Dr Nguyen during an advanced laparoscopy

## Abnormal Uterine Bleeding

Abnormal uterine bleeding (AUB) is a common complaint, accounting for one-third of gynaecology appointments. AUB refers to menstrual bleeding of abnormal quantity, duration, and schedule.

Causes include polyp, adenomyosis, leiomyoma, malignancy and hyperplasia, coagulopathy and ovulatory dysfunction.

Ensuring that women do not have uterine malignancy or endometrial hyperplasia starts with a thorough history and physical examination, followed by a pelvic ultrasound and endometrial sampling in one appointment at FBW Gynaecology Plus.

Depending on the results, we may recommend medication and arrange hysteroscopy, IUD insertion, and endometrial ablation. A last resort is a hysterectomy.

The combination of AUB and pain may be associated with adenomyosis, endometriosis, and fibroids. These conditions may require long term medical management and personalised surgical intervention. Both our gynaecologists are credentialed to perform advanced laparoscopic procedures for such conditions.

## Minimally-invasive Treatment & A Holistic Approach To Pelvic Floor Dysfunction

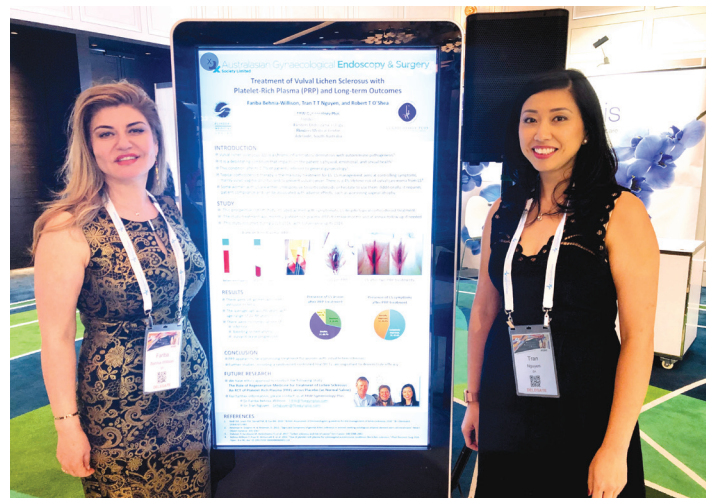
Pelvic floor dysfunction occurs more commonly during postnatal and postmenopausal periods. It is manifested by urinary urge & stress incontinence, voiding dysfunction, pelvic organ prolapse, and dyspareunia.

Our services at FBW Gynaecology Plus includes urodynamic studies, percutaneous tibial nerve stimulation (PTNS), regenerative autologous treatment (PRP), magnetic chair, and minimally invasive non-mesh pelvic floor reconstructive surgery. Treatment is personalised for the patient's condition and desired outcome.

## Will vNOTES Resurrect Vaginal Surgery?

Vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) is a new method of minimally invasive surgery and has an acceptable safety profile. This procedure avoids all abdominal scars for salpingectomy, ovarian cystectomy, oophorectomy, and hysterectomy. We have attended the inaugural workshop on vNOTES conducted by Dr Jan Baekelandt, who is a world leader in vNOTES and is recognised for implementing iNOTES education.

Recently, we conducted a qualitative study to understand the perspective of women on vNOTES. The results showed that women prefer scarless surgery and would consider this method over abdominal incision(s) for gynaecological procedures. Hence, we have arranged further collaboration with Dr Baekelandt and can offer this technique.



Dr Behnia-Willison and Dr Nguyen at AGES Conference

## Vulval Skin Conditions

Vulval pruritis can be difficult to treat. Common conditions are vulval lichen sclerosus (LS) and dermatitis. Vulval lichen sclerosus is an autoimmune skin condition that requires lifelong management and surveillance. There is a small risk of vulval malignancy if LS is left untreated. Vulval dermatitis is often related to irritants, including chemicals, urinary incontinence, sanitary pads, and more. Correcting vaginal atrophy is important and can be difficult to achieve with topical oestrogen therapy alone. In addition, some women are unable to use oestrogen treatment due to side effects or breast cancer. Hence, platelet-rich plasma (PRP) is a minimally invasive treatment that can be helpful in the treatment of vaginal atrophy and vulval lichen sclerosus. At FBW Gynaecology Plus, we are recruiting for a randomised controlled trial on vulval lichen sclerosus treatment with PRP versus normal saline treatment.

*Thank you*

FOR CONSIDERING FBW GYNAECOLOGY PLUS FOR  
YOUR PATIENTS GYNAECOLOGY NEEDS



### FOR ALL APPOINTMENTS

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