



DEAR READERS

Welcome to Issue No. 9 of our Piano Newsletter in which we always update our readers with CMC's continuous achievements.

We are proud to announce that this year as well CMC has won many awards including:
One of the "30 Most Architecturally Impressive Hospitals in the World" by OnlineMastersInPublicHealth.com.

CMC ranked #8 in 30 Most Technologically Advanced Hospitals in the World in June 2014.

At the Hospital Build Exhibition in Dubai, CMC won the "Best Hospital Management Service Strategy" Award, and was highly commended for the "Best Hospital Design Award", "Best Physical Environment Award", "Best Healing Environment Award" and "Best Laboratory Design Award".

CMC has been officially recognized by the American Heart Association (AHA) to be one the AHA International Training Centers from August 2014 till August 2016. AHA is the oldest, largest voluntary organization devoted to fighting cardiovascular diseases and stroke. AHA is a professional body approved by JCIA for all the lifesaving CPR and first aid training.

This issue is rich in many other interesting topics about the latest technologies and also many Patient educational topics. Enjoy reading.

Mounes Kalaawi, MD, MBA
Chief Executive Officer

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مركز كليمنصو الطبي
CLEMENCEAU MEDICAL CENTER

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Uterine Fibroids



Karim Nawfal, MD

Dr. Nawfal did his residency training in Obstetrics and Gynecology at the American University of Beirut Medical Center [Lebanon], and then pursued his Fellowship training in Minimally Invasive laparoscopic and Robotic Gynecologic Surgery at Henry Ford Health System [USA].

Dr. Nawfal is a certified expert robotic surgeon, has performed over 300 Robotic surgeries during his training using the Intuitive DaVinci Robot Platform. He is a proctor and has trained multiple surgeons on the system. He recently moved back to Lebanon and started the first Robotic Gynecologic surgery program in Lebanon.

Dr. Nawfal is also specialized in advanced laparoscopy and single port laparoscopic surgery. He is a member of the American Association of Gynecologic Laparoscopists (AAGL) and the Society of Laparoendoscopic surgeons (SLS), and has published in several international medical journals on both laparoscopic and robotic surgery.

What are fibroids?

Fibroids are muscular tumors that grow in the wall of the uterus (Womb). Another term for fibroids is "leiomyoma" or "myoma".

They are almost always benign (not cancerous) and can grow as a single or multiple tumors. They can be as small as an apple seed or bigger than a grapefruit.

Why should women know about fibroids?

About 20% to 50% of women develop fibroids by the time they reach age 50 and are most common in women in their 40s.

What are the symptoms of fibroids?

Most fibroids do not cause any symptoms, but some women can have:

- Heavy bleeding or painful periods
- Feeling of fullness in the pelvic area (lower stomach area)
- Enlargement of the lower abdomen
- Frequent urination
- Pain during sex
- Lower back pain
- Complications during pregnancy and labor
- Reproductive problems, such as infertility

Who gets fibroids?

There are factors that can increase a woman's risk of developing fibroids.

• Age:

Fibroids become more common as women age, especially during the 30s and 40s through menopause. After menopause, fibroids usually shrink.

• Family history:

Having a family member with fibroids increases your risk. If a woman's mother had fibroids, her risk of having them is about three times higher than average.

• Ethnic origin:

African-American women are more likely to develop fibroids than white women.

• Obesity:

Women who are overweight are at higher risk of having fibroids.

• Eating habits:

Eating a lot of red meat (e.g., beef) might be linked to a higher risk of fibroids.

Where can fibroids grow?

Most fibroids grow in the wall of the uterus. We divide them into three groups based on where they grow:

- Sub-mucosal fibroids grow into the uterine cavity.
- Intramural fibroids grow within the wall of the uterus.
- Sub-serosal fibroids grow on the outside of the uterus.

Some fibroids grow on stalks that grow out from the surface of the uterus or into the cavity of the uterus. These are called pedunculated fibroids.

What causes fibroids?

No one knows for sure what causes fibroids. More than one factor could play a role. These factors could be:

- Hormonal (affected by estrogen and progesterone)
- Genetic (runs in families)

We do know that they are under hormonal control. They grow rapidly during pregnancy, when hormone levels are high. They shrink when anti-hormone medication is used or once a woman reaches menopause.

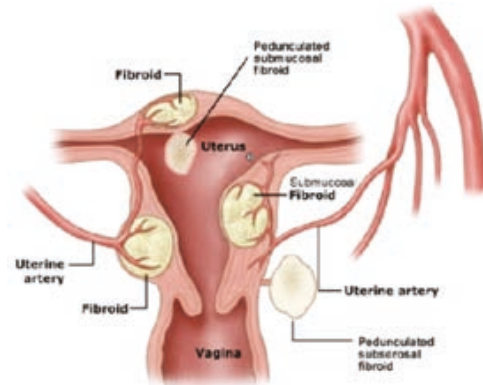
Can fibroids turn into cancer?

Fibroids are almost always benign (not cancerous). Rarely (less than 1 in 1,000) will a cancerous fibroid occur. This is called leiomyosarcoma. Having fibroids does not increase the risk of developing a cancerous fibroid. Having fibroids also does not increase a woman's chances of getting other forms of cancer in the uterus.

How are fibroids treated?

The type of treatment depends on certain factors:

- Whether or not you are having symptoms from the fibroids
- If you might want to become pregnant in the future
- The size and location of the fibroids
- Your age and how close to menopause you might be



Types of treatments:

Medications

If you have fibroids and have mild symptoms, we may prescribe medications.

Surgery

If you have fibroids with moderate or severe symptoms, surgery may be the best way to treat them. The options are:

Hysteroscopic Myomectomy

Done for the fibroids inside the uterine cavity (sub-mucosal) as an outpatient procedure and without any incisions in the abdomen.

Robotic or Laparoscopic Myomectomy

For fibroids that are inside the uterine muscle wall (Intramural or sub-serosal). This surgery removes fibroids without taking out the healthy tissue of the uterus. It is done with very small abdominal incisions and the patient can go home the next day.

Hysterectomy

Surgery to remove the uterus is done when a woman's fibroids are large, if she has heavy bleeding, near or past menopause, or does not want children.

Uterine Artery Embolization (UAE)

Performed by the Interventional radiologist. This blocks the blood supply to the fibroid, causing it to shrink.

The best candidates for UAE are women who:

- Have fibroids that are causing symptoms
- Don't want to have a hysterectomy
- Don't want to have children in the future