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Restorative Reproductive Medicine: A Surgical Approach to Treating Endometriosis

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Reproductive health conditions such as endometriosis are underdiagnosed and undertreated. These conditions are very common but rarely mentioned by mainstream medicine.

What is Endometriosis?

Endometriosis develops when the cells that line the uterus are found outside of the uterus. This condition often leads to pain and infertility, but treatments can help with these symptoms and restore fertility. As endometriosis progresses, it can go beyond the surface of the uterus and can develop in and on other organs, such as the ovaries and bowels. There are many theories for how and why endometriosis develops, but none have been proven, and some of these theories have led to pervasive myths and falsehoods about the disease. For example, one myth is that removing the uterus (a hysterectomy) or shutting off periods through medically induced menopause cures endometriosis. This is not true. Neither option treats the already existing endometriosis or slows the growth of the disease. And hormonal suppression is a risk factor for more advanced disease later in life.

At least one in ten women has endometriosis in an asymptomatic population of women, but within the population of women suffering from infertility, the number is closer to 50 percent of women without pain and 80 percent of patients who have pain even with hormonal suppression.[1] According to the University of St. Louis's ten-year database, over 90 percent of women with pain and infertility have endometriosis. Unfortunately, most of these women have likely been told they have unexplained infertility.[2]

As a medical professional intimately affected by endometriosis through my wife's experience with the disease, I know that it is bad enough that women suffer from infertility, but the added burden of not knowing the cause of one's infertility adds insult to injury. My wife is the first to say, "If a woman is not getting pregnant, there should be a reason why." Indeed, a woman's body is designed to have the capacity to get pregnant.

The usual treatments that are offered—pharmaceutical Band-Aids, bypass therapy for infertility, or repeated surgeries for the rest of one's life—are not satisfactory. At my practice, the RESTORE Center for Endometriosis, we offer root-cause treatment to remove the disease and

1 Patrick Yeung Jr., Shweta Gupta, and Sam Gieg, "Endometriosis in Adolescents: A Systematic Review," *Journal of Endometriosis and Pelvic Pain Disorders* 9, no. 1 (2017), https://doi.org/10.5301/je.5000264.

2 Patrick Yeung Jr., "Characteristics of Patient Population with Endometriosis," ClinicalTrials.gov, updated September 19, 2019, https://clinicaltrials.gov/study/NCT03002870?cond=endometriosis%20database&rank=1.

thus avoid long-term pharmaceutical Band-Aids and even the need for post-operative hormonal suppression. Root-cause treatment can also lead to naturally recurring fertility.

Surgical Treatment of Endometriosis

Early in my medical career, I realized that to be skilled in this area of medicine, I could not simply perform these surgeries part time, and surgical excision of endometriosis became my exclusive focus. I have performed around four thousand of these surgeries in the past fifteen years, in addition to completing two residencies and two fellowships, one in minimally invasive gynecologic surgery and another in laser removal of endometriosis, which is my tool of choice for these surgeries.[3] My education and experience enable me to excise endometriosis where other medical professionals may not be able to do so, such as near the bowel and fallopian tubes.

Root-cause treatment leading to natural fertility or one-and-done surgery makes sense to patients. It resonates with those who suffer from chronic pain and infertility. But many medical professionals are not supportive of this approach. They do not want to be done with the patient after one surgery. The money isn't in these surgeries. It is in Big Pharma and in vitro fertilization (IVF), not in restoring natural fertility. Offering one-and-done surgery takes away from these medical professionals' businesses. These surgeries also take a lot of effort, training, and risk because they aim to remove the disease entirely, which is the definition of optimal excision of endometriosis. It's a lot easier to remove a few spots and then put a patient on long-term pharmaceutical suppression or send her off for IVF. My approach requires a very different mindset.

Most of my patients have had previous surgeries for their endometriosis, including ablation, burning the disease at the surface, or inadequate excision. The rate of repeat surgeries after ablation, which is the most common surgical method for endometriosis, is between 40–60 percent in one to two years.[4] The disease is not constantly coming back after each surgery; it is really the same disease seen over and over again since it has not been treated or has only been partially treated. With ablation of the disease, energy is used to try to destroy the implants of the disease, but nothing is removed from the body.

Comparably, complete excision seeks to treat all of the disease and prevent adhesions, which are bands of scar tissue that consist of endometrial tissue, by producing and removing the specimen of the disease from the body. Rather than burning the surface of the disease, excision cuts to the root of the disease and removes it, leaving behind only the healthy tissue. In producing the specimen, I am able to send it to the lab for pathology, which allows me to give a certain diagnosis of disease and the amount of it. My rate of repeat surgery from the ten-year database is 2.5 percent in ten years.[5] And the majority of my patients took no long-term pharmaceutical suppression post-operation, which is a common approach for patients who have frequent repeat surgeries.

One-and-done surgery is possible, and it should be the main option that medical professionals offer to patients.

But one-and-done surgery takes time. Excising endometriosis completely can take hours, and there's only one billing code if you are in network. No medical professional can survive in network by excising endometriosis. We, like all centers of endometriosis, provide these services out of network or on a cash-pay basis in order to be able to do a good job. It takes time, expertise, and risk to go after all of the disease. And in some cases, there is a lot of it. For example, I have found endometriosis in the bowel, ovaries, fallopian tubes, and diaphragm, but it has also been found in the lungs, brain, and the back of the eye.

3 "Meet Dr. Patrick Yeung Jr.," RESTORE Center for Endometriosis, accessed March 1, 2025, https://www.restoreendo.com/meet-dr-yeung.

4 Patrick Yeung, Ayesha Mohan, and Jeffrey Gavard, "The Long-Term Rate of Repeat Surgery After Optimal Excision Surgery of Endometriosis at a Single Tertiary Referral Center," preprint, Preprints.org, September 19, 2024, https://doi.org/10.20944/preprints202409.1485.v1.

5 Yeung, Mohan, and Gavard, "The Long-Term Rate."

Unfortunately, there is a bottleneck issue. There is high demand for these surgeries, but there are too few surgeons. If medical professionals commit to comprehensive root-cause treatment, as I have, that requires a lot of surgery, but it takes time to train enough surgeons to do this type of operation. The first part of my career has been focused on collecting and publishing the data on this surgical approach. The second part of my career will hopefully be focused on training others to provide this treatment.

It is incredibly validating for patients suffering from symptoms of endometriosis, including infertility, to get answers through pictures and pathology. There is so much value in being able to say to patients, "Congratulations, you're not crazy; you were sick." Most women want answers and to know that something is really wrong, and I am able to give them the answers they've been searching for, often for many years. On top of that, I am able to help patients feel better. As medical professionals, that should be the goal, and we need to begin offering our patients more than Band-Aids and circumventive technology. We need to offer them real answers and root-cause treatment.

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