

Jeffrey M. Blake, M.D., Inc.

Gynecology and Women's Health Specialist

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**State-of-the-Art, Compassionate
Healthcare for Women**

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A Practice Offering Specialized, State-of-the-Art Healthcare for Today's Woman



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hen it comes to a woman's options for healthcare and treatment, there has never been a better time than the present. Technological and diagnostic advances now give women



Dr. Jeffrey Blake & Marilyn Frazier, N.P.

more choices with easier treatments, faster recoveries, increased safety and higher success rates. Our practice is proud to offer most of the currently available state-of-the-art therapies, many of which are still of limited availability in larger cities. Our goal has always been to stay ahead of the curve through continued training and education

in order to provide our patients with the best options for care.

Got Periods?

For years women have been made to feel that having a heavy period was just "part of being a woman". Obviously, it was a man (not me) who said that. When you're done having kids, having a monthly flow has no purpose, and when it's heavy and effects your day-to-day activities, it only adds insult to injury. Endometrial ablation has been an option for treating heavy flow for years, and now it can be performed *in office* with minimal discomfort. The **HerOption® cryoablation** procedure has an excellent success rate (up to 60% will not have any bleeding after 6 months) and less risks than the other techniques. Insurance companies cover these well (they see the financial advantage of keeping you out of the hospital) and there is little to no recovery. So why are you putting up with your periods? Ask us for more info (your friends are welcome, too) and check out: www.HerOption.com

When It's Time to Go

So you want/need a hysterectomy, but don't want an ugly scar or 8 weeks off work? Then you may be a candidate for a minimally invasive Laparoscopic Hysterectomy. By performing the surgery through 3 or 4 small, band-aid sized incisions, most patients leave the hospital the same or next day, and return to work in 1-2 weeks (and sometimes less). Most (95%) of hysterectomies can be performed by this approach, however, less than 5% of gynecologists do this surgery (so if they can't do it, they won't offer it). The cervix can be left in-place (**Laparoscopic Supracervical Hysterectomy**) or removed (**Total Laparoscopic Hysterectomy**), and the ovaries left or removed, all based on the particular situation and patient desires. We have been performing Laparoscopic Hysterectomies for 5+ years, and are still the only practice in the area offering this advanced surgical approach. All patients have the right to have their surgery performed the way they want it performed. We are always happy to consult with patients who want to know their options. Check out the website: Hysterectomyoptions.com

Gotta Go, 'Gotta Go

Many women (and men, but we're not talking about them) suffer from overactive bladder (frequency, urgency, multiple night time visits to the bathroom) and even urine loss. Most of these problems likely occur due to inflammation of the bladder lining (**Interstitial Cystitis**) and typically are underdiagnosed and undertreated ("part of being a woman" thing again...). There are many medications and therapies to improve the situation. We identify and treat, by far, the most cases of Interstitial Cystitis (IC) in the area, and are proud of our success rates. IC may also cause constant pelvic pain, painful intercourse, and more painful periods. Check out: ichelp.org and ic-network.org

When medication fails, another option for treatment is the **InterStim®** implant; an implantable nerve stimulator which results in a 90% cure rate in refractory cases of over-active bladder, bladder spasms, and urinary reten-

tion. We are the only practice in the area offering this novel device. (Interestingly, the InterStim also helps with chronic constipation, stool loss, and pelvic muscle pain and spasm). Check out: Interstim.com

When You Can't Help Yourself

Losing your urine is no laughing matter (unless you are laughing when it happens, then I guess it is...). By utilizing multiple modalities, most urinary incontinence is treatable. By treating over-active bladder (see previous), and/or restoring pelvic floor strength with the help of physical therapy (70% success rate), most women will be able to remain dry. In the other cases, surgical repair (i.e. bladder "tuck", "lift" or suspension) will be necessary. We offer the newest sling procedure known as transvaginal taping, which is performed through one small vaginal incision as an outpatient with little post-op pain and a 90% success rate. We utilize the **MiniArc® (AMS AmericanMedicalSystems.com)** system which can be placed in 10-20 minutes under sedation and allows return to nearly normal activities the next day. These are permanent implants with an expected permanent repair (that is, no going back to the O.R. in 5 years for a re-do). In addition, we are now performing **urodynamics** in the office. This bladder function testing takes the guess-work out of incontinence diagnosis, and helps assure that the correct treatment is performed for the specific problem. **Losing urine after child-birth or as you get older is not normal** (despite what *they* say), and is not something that you should feel has to be tolerated. And its cure is a lot easier than it used to be. So stop buying Depends and give us a call. Check out: whathappeningdownthere.com

The Gravity Effect

There's something down there that is not supposed to be there, but you don't quite know what it is. Welcome to the world of gravity and aging tissues. It might be your bladder, your rectum, your uterus, or any combination of the three. Symptoms of prolapse include pressure or pain in the vagina, difficulty passing stool, and/or urinary

difficulties such as incontinence or problems emptying the bladder (again, not normal). If it needs fixed, it needs to be fixed right. Different pelvic floor problems require different types of repair (site specific repair). Again, technology is our friend, and we now have more and better options, with higher success rates, lower failure rates (i.e. fewer returns to the O.R.) and better restoration of anatomy. By utilizing mesh or graft materials, we can strengthen the tissues more than if we used the existing weaker tissues to repair the defect. By using the **Elevate® (AMS)** systems, the strength, quality and resilience of the repair is better than ever. And yes, we are one of only several offices in the area offering this relatively new approach.

Pelvic floor repair using the laparoscope offers many advantages for some specific problems. As expected, recovering is quicker, with less pain and fewer scars. We are one of very few practices in Indiana that offer **Laparoscopic Sacral-Colpopexy** (and it's a fun word to say), the gold-standard in repairing dropped vaginas after hysterectomy (I'm sorry, but there is just no easier way to say it).

When It Shouldn't Hurt

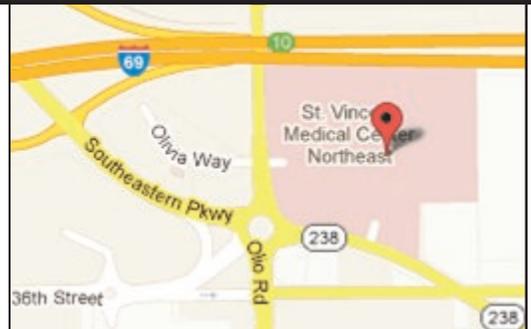
Many doctors don't like dealing with patients who have pain—then there's me. I like fixing things, and I love it when I can make someone better. Painful periods, chronic pelvic pain, and painful intercourse can be very complex conditions, and usually will require several different modalities for treatment. **Endometriosis** is a very common female problem and responds best to aggressive therapy. Excising the endometriosis at laparoscopy (versus simply burning the implants) typically will give better results (less than 1/3 of gynecologists take this more difficult approach). The muscles of the pelvis can spasm and cause severe pain (**myofascial syndrome**). Physical therapy and intramuscular steroid injections are very beneficial. Of course bladder (**interstitial cystitis** again) and bowel problems can also play a part; painful intercourse frequently results from **vulvodynia** or **vestibulitis**. Only a handful of gynecologists in Indiana are comfortable treating

this frustrating and difficult disease. We have successfully treated patients from all over Indiana. Check out the National Vulvodynia website: www.NVA.org

We take pride in the fact that we stay ahead of the “curve” when it comes to treating female problems. Please do not hesitate to give us a call for your female needs. We are happy to accept new patients, referrals and second opinions at any time. Thank you for your confidence, support and the referrals of your friends and family which is the best compliment of all.

Dr. Blake and Marilyn Frazier see patients at the Exit 210/ St. Vincent's location each Thursday, as well as at the Anderson location throughout the week. Appointments can be made at either location by calling **765-646-8569**. Directions can be found on our website: www.drjeffblake.com

Fishers: St. Vincent Medical Center Exit 210/I-69



Anderson: St. Vincent Anderson Regional Hospital

