Episode 115 Transcript

Dr. Jaclyn Smeaton
Welcome to the DUTCH podcast where we dive deep into the science of hormones, wellness, and personalized healthcare. I'm Dr. Jaclyn Smeaton, Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a healthcare professional or simply looking to optimize your own wellbeing, we've got you covered. The contents of this podcast are for educational and informational purposes only.

The information is not to be interpreted as or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis or treatment. I'm so glad you're joining me for this week's episode of the DUTCH podcast. This week, we're talking about a topic that affects a lot of women and that's fibroids. Now fibroids can happen earlier in life or it can also rise in perimenopause as our progesterone starts to decline and you start to see big fluctuations in estrogen levels.

This can lead to growth in the uterus. It's a non-cancerous growth, this fibroid. It can lead to a lot of different symptoms that can really be easy to miss. Things like bloating or kind of a distended belly, heavier menstrual cycles, things like that, that women oftentimes put off. Today's guest is a real expert in this topic because she is a board certified gynecologist and a fellowship trained specialist in minimally invasive gynecological surgery. But also she suffered with fibroids herself.

It went through all the things that women go through when they get diagnosed, like, I still going to be able to have a baby? Worrying about the symptoms and even being brushed off a little bit, maybe along the way. Our guest today, Dr. Soyini Hawkins, is a co-founder and medical director of the fibroid and pelvic wellness center of Georgia, where she treats fibroids, endometriosis, pelvic pain and abnormal bleeding using advanced laparoscopic and robotic techniques. She's a real dedicated advocate for women who are going through fibroids and she draws on her personal experience

Dr. Jaclyn Smeaton (02:00.13)
to empower women through education, outreach, and media like this today. I'm so excited to talk with her. She partners often with functional medicine providers. We get the chance to talk about lifestyle techniques, about medication, and about the surgical options that are available to women. So without further ado, let's go ahead and dive in. All right, well, I'm so excited to have you here, Dr. Hawkins, with me today, because we're to talk about a topic that affects a lot of women. We talk a lot about period menopause is the time where this really

starts to come up for women as well and you get a lot of diagnosis, we're talking about fibroids. So can you start by just explaining a little bit about like what is a fibroid for our

listeners and why do they happen in some women?

absolutely, that's an easy one. So fibroids are happening in women because women hold the hormones that can fester and make fibroids grow. Fibroids are literally coming from the cells of our uterus. So all you have to do is be a woman with a uterus with active hormones. So it happens in the premenopausal years of our lives and those small cells in the uterus just grow and this causes a tumor, which is the fibroid.

And they grow over time and can lead to symptomatology usually based on where they're located and the size that they grow to. But all women can at some point develop fibroids.

Now can you talk a little bit about how estrogen and progesterone each play a role in the development of fibroids?

Dr. Soyini Hawkins (03:23.758)
Absolutely. So the two main hormones that we as women make are estrogen and progesterone, as you noted. And we make them mainly from our ovaries, but can come from other organs as well. And the estrogen is usually what allows fibroids to grow over time. That's why we see it in the premenopausal years. And progesterone in and of itself can kind of sustain it a little bit, like add to its vascularization if it's present. But it needs that estrogen to actually grow.

Okay, do you notice any specific hormone patterns in women who develop fibroids that kind of differentiates them from a woman who doesn't develop fibroids?

Yeah, so there's the potential of that. There's something called estrogen dominance that we kind of feel that women with fibroids that grow to be symptomatic. Because like I said, 70 % of women have fibroids, but they're not all symptomatic. Probably only a good 40 to 60 are symptomatic based on the literature. But those patients that are symptomatic usually have a bit more of an estrogen hormone dominance. So they do have heavier cycles. Sometimes they have more bloating.

They'll have more fatigue and discomfort with those cycles and cramps, which are the symptoms that come along with fibroids, but again, also with that excessive estrogen that they may have in their system.

How did you get so interested in fibroids?

Dr. Soyini Hawkins (04:41.464)
So I have a personal experience with fibroids myself. I had them, didn't know they were there. They grew to be extremely large. And when I became symptomatic, I was at the point where I had to have surgery. I was young, but I was recently married to and knew I wanted a family and it was impacting all of the above.

my new marriage, my symptoms, I was in school and I wanted a baby. So I ended up having to have surgery and now I am a minimally invasive gynecological surgeon. So most of my patients by the time they see me are looking and seeking to have some type of surgical intervention, but that's how my passion grew.

It's so interesting. So much so many times what we pursue in medicine is like the field that affected us or you like wish that your experience was different or you wish you could help people in a way that you weren't helped. It's awesome that as a minimally invasive surgeon, you must see a lot of this. can you talk a little bit about some of the symptoms that come up for women? Like what are the earliest signs of fibroids? And if you did nothing, what would you experience over time?

Mm-hmm.

Dr. Soyini Hawkins (05:45.016)
So the earliest signs of fibroids are usually very subtle changes in the menstrual cycle. Maybe their cycles becoming a little bit longer. Usually, typically cycles are anywhere from five, maybe to seven days. The textbooks really say five is normal, but as they grow in time and also heaviness. So a normal menstrual cycle amount is 80 cc's of blood, which just looks like maybe a couple of two shot glasses. That's 80 cc's. So if you're doing more than that, you're actually abnormal.

Or just generally if you're like, my cycles are heavier than they were two years ago or my girlfriend's cycles aren't like mine Something is wrong. There might be an early sign of fibroid

Yeah, especially if there's like a change. And actually, this is something that we've talked a lot about perimenopause this spring and this year. I think that...

One of the challenges with perimenopause and fibroids is, well, I know that there's kind of a more relative estrogen dominance because progesterone tends to decline before. You might have spikes of really high estrogen in your cycles in perimenopause. And we know that the prevalence of them goes up when you're over 40, really, like between 40 and menopause, right? So 40 to 52. Do you see that, you you can see the cycle changes of getting heavier anyway?

And it aligns with the timing that fibroids are most commonly problematic. Like how can women know? should they, should they get checked? Is that something that gets looked at at every guide exam?

Dr. Soyini Hawkins (07:07.438)
Absolutely. It's something that should be checked at every GIND exam, not necessarily specifically, but indirectly because you should be getting what we call a pelvic exam. So

remember, fibroids or tumors or growth, as your uterus grows, your doctor might be able to feel the difference in that growth from year to year and say, last year it felt normal, this year it feels a little bit enlarged. That's the first sign for us as providers, along with you telling us something is different about my cycles. But yes, it makes sense that we see it, the prevalence is higher in those that 40 to

50 age range because you've had more years with your uterus. You've had more years with your hormones and that exactly the hormone fluctuation that you're talking about, that kind of imbalance of the hormones that's happening in those perimenopausal years also will fester not just the fibroids and the way they grow but the symptomatology and how severe it is for women in that kind of you know 40 to 50 age range.

Now what are the, what's like the most common size that you would end up picking up a fibroids? know I've heard of them like baseball size, cantaloupe size. Like I've seen some pretty big fibroids on reports. I mean, women can go a long time without noticing that or just writing it off or maybe not getting diagnosed properly.

Yeah, that was me, unfortunately. My uterus was about, what we say, 16 to 18 centimeters, and that's a 16 to 18 week size pregnancy.

Unbelievable. And how big the uterus normally is like smaller than your fist.

Dr. Soyini Hawkins (08:35.138)
eight centimeters the size of your fist. And I didn't even know it was that big. So I never get shocked when patients come in here and they say, I just started to notice my symptoms a year ago. And I'm like, but it's already at your belly button. How did you, how did you not, I don't ask that question because I know how they don't know. And a lot of that, but

comes with normalizing and just carrying on and doing other things and other stressors. Usually I see them when they're larger to answer your original question because I'm a surgeon. So patients are seeking me when they kind of failed every other method, lifestyle modifications, medications, nothing is really helping to abate their symptoms. But hopefully most generalists are catching them when they're smaller. Three centimeters, yeah.

Yeah. I can imagine it would be, you know, tough. You could miss it on a pelvic, but not if it's that big. You would feel this hard mass. I mean, women can probably palpate themselves if they're feeling in their pelvic region, you would feel like a hard mass.

12 centimeters is probably above the pubic rim we call it or that hard bone by your bladder and that's usually when patients start to feel it or they'll see it in their side profile when they put on a tight dress.

Yeah, that's interesting. So tell me a little bit about like how are they diagnosed if a woman

thinks she has a fibroid? Obviously she needs to make a trip to her gynecologist, but are these usually diagnosed by ultrasound or is there more invasive?

Dr. Soyini Hawkins (09:58.456)
Some more, yeah, the great thing about fibroids as opposed to some things, some other ailments. Like, you know, right, you can't really see that on images. Fibroids, you can't really miss it on imaging. Those will show up on an ultrasound. An ultrasound's cheap and easy to do, and most OBGYNs do it even in their office. So it's not a difficult study. The problem, unfortunately, is that sometimes it's just not done. But.

And

Dr. Soyini Hawkins (10:23.518)
I encourage my patients when I talk, when I do podcasts like these and these platforms, it's a great opportunity to educate women that if something feels different, just ask for an ultrasound. It's so simple.

Yeah, it's not painful or, you know, it's just an easy procedure that usually you like walk in the next room and then they do it. If you've never been pregnant, you've had them done before too. So pretty simple to pick that up or to ask for that. That's great. So you talked about some other things that are typically tried before surgery. Can you kind of walk us through what would be an optimal situation? Like where would you start with a woman who's diagnosed with, let's just say like a moderate size fibroid that's not...

needing surgery immediately.

Yeah, so it's all about the symptoms. If I have patients that I find fibroids in, which is not usually the case, but maybe their generalist finds fibroids in and they're small and maybe their symptoms are starting to change.

I encourage to start with a lifestyle modification. Start with things that maybe can potentially slow down the growth, halt the growth, or abate the symptoms, especially if they haven't fulfilled their family-making goals. If they haven't had their children yet, maybe we can forego surgery or delay the time and necessity to surgery so they can have their babies first.

Dr. Soyini Hawkins (11:39.802)
Or if they do end up needing surgery, they're closer to when they would need their baby, when they would have their babies because fibroids can come back. So usually I talk about, you know, eliminating red meats, beef and pork, eliminating processed foods that have a lot of additives in it, eliminating things like...

A lot of soy based products, which believe me, when I'm in full menopause, I'm perimenopause, and when I'm in full menopause, I'm eating soy every day of my life because

it has a beautiful natural estrogen. But before menopause, I tell my patients, your body doesn't need help. It doesn't need you to add what we call exogenous estrogen to it. Be conscious of the things you put on your skin, your hair products, the plastics and what we call

was gonna ask about...

Dr. Soyini Hawkins (12:28.504)
hormone disruptors that are just in our natural environment, pesticides, like those things our bodies as women, as human beings are sensitive to.

I'm so glad to hear you talk about that. Like as a conventionally trained gynecologist, because it's something that the data is pretty astounding. I mean, it's early. In fact, the first studies on BPA and fertility were only like 15 years ago. It's like really very new with literature, but there's so much out there that gets released into the environment before it really is tested or it was used 20, 30 years ago before we realized it was so toxic and it's just lingering.

You know, but it's such a big problem for women. think about that with fibroids and endometriosis and these estrogen driven conditions. I mean, there's many other problems with them as well, but you know, it's just, it's, it confounds the issue and it can be so hard to avoid. True. Great. So you're starting with kind of cleaning up the body. What about, is there any kind of other than avoiding red meat, anything that we can do to like improve estrogen clearance? Or do you think about that at all? I mean, at DUTCH we always look at like estrogen metabolism because a lot of metabolites actually

Absolutely.

Dr. Jaclyn Smeaton (13:35.638)
are very potent as well. we didn't, this hasn't, we haven't published this data, but we've seen trends where, and I don't think there's any studies that I've come across, but women who have fibroids tend to have a higher metabolism pathway through the 16-hydroxy estrogen pathway, which is just very estrogenic. We just see it lot with fibroids and, and demyteriosis, interestingly.

Yeah. So it's great that they're doing more in the research. They're publishing more to look at that specifically, because these are the questions my patients ask me all the time. Where do fibroids come from, especially after we do surgery? How can I prevent them from finding me? And how could I not have to do this again? That was my big question with fibroids. Ten years after my first fibroid surgery before they started to bother me again, which is remarkable. A lot of patients might not make it past three or five years before another recurrence.

me, right?

Dr. Soyini Hawkins (14:25.544)
So I'm so excited about that type of research. I actually partner with a lot of naturopaths and holistic doctors in my community specifically to make sure that my patients are aligned with someone that can look at their levels, their toxins, look at their liver function, look at their stress level, look at their cortisol, all of those things are sure factors that we know potentiate fibroid growth, but also potentially can help prevent.

recurrence for those patients who may have had to have surgery. I tell patients, know, when you come see me, it's a little bit of a marriage, even though most of my patients, it's a high turnaround. I might only be their best friends for three to six months, but I don't want them to ever forget this part of their journey because we don't want to be here again. I don't need you to come back and have surgery with me again in five years.

You're like, like you very much, but I hope I never have to see you again.

So understanding everything that you just spoke to, how to clear it, how to balance their hormones, the root causes is extremely important.

Yeah, so I'm glad to hear that you partner. I think there is such a great marriage between kind of that conventional surgical option and natural options. And a lot of patients need that support, that kind of coaching even through those lifestyle changes that can be successful in hopes to never have to go back into your office door. Yeah. So tell me a little bit about if lifestyle factors aren't enough, do they typically try with a medication option like a tamoxifen or some kind of anti-estrogen medication?

Dr. Soyini Hawkins (15:56.878)
So we try anti-estrogens that are GnRH antagonists or agonists. We have both in the armamentarium now. So there are medications like simple birth controls that some generalists will try first. And that's more about the symptomatology, trying to decrease the heavy bleeding or the pain if it is associated with their bleeding. And that's only because when they're given that...

once a day birth control is keeping their hormone levels kind of balanced, steady. It's not really decreasing their estrogen. It won't shrink their fibroids, not make them disappear overnight. It's only kind of helping the symptoms. A little bit of a band-aid as fibroids grow. So that can be helpful in smaller fibroids. From a lifestyle perspective, it's important that we meet our patients where they are. If their most bothersome symptoms are their symptoms, not necessarily a fibroid himself, I'd love to be able to say, look.

These are things that might give you immediate help with your next cycle, right? But from a more specific standpoint, the GnRH analogs are actually going to help decrease their body's natural estrogen that they make from their ovaries. And that does help with fibroid symptoms, and it could even shrink fibroids, but temporarily, only while they're taking the

medicine. And you cannot take those medicines forever.

Okay, is there an approach where they try to like shrink tumors before starting surgery as well?

Mm-hmm. It depends on the surgeon. Okay. do that often because I like them big and bad. No, I'm just kidding. I don't mind them big and bad because I do complex surgeries. So to be honest with you, I try to avoid medications in my patients because those medications also come with side effects. Only in the most severe cases am I shrinking fibroids. But in a rural area where your generalist is doing this surgery and they feel like they need a little bit of help or room, they may put a patient on

Dr. Soyini Hawkins (17:49.696)
on a Lupron or a Lysol or my Fembre or something to try to get some shrinkage before. I like my fibroids virgin. Like I like them untouched because sometimes those medications can alter the cellular, like how it feels, it softens it. But again, symptoms matter. So I'm not gonna make my patients suffer to make my surgery harder or easier. It really, really depends on what they look like. I have patients that are like, I'm in grad school.

I can't do surgery right now, maybe in two years. Help me get through the next two years. And those medications are beautiful to help in that process because they decrease that estrogen for them.

Okay. Now, are there any like seasonal changes or other lifestyle things that you see that really flare fibroids? Okay.

Yeah, number one, stress.

that cortisol factor is, you know, the research is amazing in showing how much that contributes to fibroids. We know it's lifestyle, it's the things that we eat and put on our skin, it's vitamin D deficiency, and it's stress. Stress is an important portion of that. And seasonally, we, I think that patients, if, you know, over time, are most symptomatic, times like now, in these hot months, when their body is

Dr. Soyini Hawkins (19:11.212)
actually being trialed and tested and dehydrated and they're eating more salty foods at barbecues and maybe drinking. All of the above. Yeah. They're living in summertime and their symptoms flare to boot because we know that these are attached to, you know, how we live, unfortunately. But I think the biggest one to answer your question is stress.

drinking more.

Dr. Jaclyn Smeaton (19:36.96)

It's so interesting because I think, and even me personally, like you hear this all the time, how stress influences most conditions. It's kind of hard to take that in. And like, I wonder if patients really believe it. It's like now that there's so much data mounting, it's something that I think is hard for patients to absorb or do something about. I know, do you resonate with that?

Yeah, absolutely. And it's almost like you have to show it to like you have to prove it to them. And I'll even be like, well, think about the times of...

Let's be frank, COVID. I saw the highest surge in fibroid growth in my patients in COVID. And a part of that may have been the fact that I had to pause my surgeries. I was limited on what I could do for them. We used a lot more medications to abate symptoms because just because COVID was happening didn't mean fibroids weren't growing and people weren't hemorrhaging, right? So we still had to treat these patients, but when they came back...

for their surgery, I'm talking serious growth of those fibroids. And that was a very stressful point for us in humanity, period, all of us.

I saw very rapid growth and a lot of that could have a lot to do with that very stressful time. So patients a lot of times will even tell me, look I have a stressful job or I've noticed that my symptoms were it's worse when I was dealing with that manager. It can be so specific sometimes you almost have to prove it to them that that's a factor.

Dr. Jaclyn Smeaton (21:03.022)
That's so fascinating, but it makes a lot of sense. And with COVID in particular, I mean, if you were married, you were with your spouse all the time without a break. If you were, have children, you're with your kids all the time, you're working from home, trying to get that juggle. I mean, that was a stressful time for all of us. It's interesting that you saw a change in your patients during that time as well with the severity of fibroids, which is such a, you think of it as like a physical mechanical illness versus something that is like a hormone balance. It's a little bit more fluctuating. Yeah.

Yeah, that's interesting. You mentioned hydration as well. Is that an important factor with fibroids?

It is. It's an important factor, I think, not just with fibroids, but just overall the cellular health of how our body is. I feel like it was like the first lesson we were taught on the first day of medical school, right? Is that our body, majority of our body is water. And we kind of need water to survive. You watch those survivor shows, they can go a long time without food. They can not go a long time without water. That'll take them out. And the same is in for the factors, especially for our female organs.

When you think about the blood loss that we have during that time of month, every month,

anemia that can come with it, dehydration will definitely potentiate the sentimentology and that discomfort cramping even, you know, it makes a difference when patients in these summer months are not well hydrated.

We'll be right back with more from the DUTCH Podcast.

Dr. Jaclyn Smeaton (22:36.344)
Here on the DUTCH Podcast, we talk a lot about hormone health. And if you're new here, you might be wondering what DUTCH even stands for. It's an acronym for Dried Urine Test for Comprehensive Hormones. And it's the cornerstone of what we do at Precision Analytical. We're a clinical lab founded by hormone experts, and we created the DUTCH test to give providers the most accurate, actionable insight into their patient's hormonal health. Whether you're a practitioner or a patient looking to better understand your own body,

DUTCHTest can help you uncover what's really going on so you can take the next step forward. Explore more at DUTCHtest.com. Welcome back to the DUTCH Podcast. I want to also shift gears because you mentioned fertility as like a big, maybe a big reason why women seek care or when they get diagnosed with fibroids. Can you talk a little bit more about the connection with fibroids and fertility?

Absolutely.

I've done a lot of fertility and it's a little bit controversial. mean, some fibroids can affect fertility, but I think women also maybe over index the role of a fibroid in their infertility. I just want to hear your perspective on this.

Thank you for starting there, because I always start there. I always start with hope, right? I always start with the fact that many women are actually diagnosed with their fibroids when they get their pregnancy ultrasound. They didn't even know it there. Yeah, because that might be the first ultrasound they've ever had as a woman.

Dr. Soyini Hawkins (23:59.465)
What's going on?

in there, but they were, pregnant, right? And they, lot of successful pregnancies with fibroids. The hard part about that is predicting it. You really cannot predict how the fibroid will behave in pregnancy. Will it grow? Will it be painful? Will it cause them to need a cesarean section or not be able to deliver vaginally successful? But I always start with hope because you can get pregnant with fibroids. A lot of the rate-limiting factor is where it's located. So fibroids that

or closer to the cavity, what we call submucosal in their location, and interfere with the space where we naturally menstruate, but also that same space in the middle of the cavity is where the baby grows. If there's a fibroid pressing in on it, it's hard for the baby to attach, and then

it's hard for it to grow without getting knocked off. So fibroids in that location, increased risk of miscarriage, increased risk of preterm delivery, increased risk of preemie babies, obviously, increased risk of hemorrhage at the time of delivery, we don't like them there.

But fibroids in other locations in the muscle, some patients are not even don't know what's there. Those fibroids usually do not cause problems with pregnancy. So it really depends. But I always tell patients start from a place of hope. Don't think that the diagnosis of fibroids is the end of your.

you know, your desire and motherhood or family planning. A lot can be done and if patients need them removed, I remove lot of fibroids from fertility, for fertility's sake, just to get them out of the way.

Dr. Jaclyn Smeaton (25:31.032)
So the fibroids, might be good to kind of dive in a little bit to the locations for fibroids, because you mentioned this slightly, but there's different layers of the uterus, and your fibroid can be in the muscle layer, it can be closer to the endometrial layer. That will impact, probably impact the lining as well, like the health of the lining or inflammation in the lining of your uterus.

Absolutely. So we generally break up fibers into three locations. It could either be in the lining of the uterus, which is what we just mentioned, that submucosal space, and that usually causes heavier bleeding. That's usually the space that can cause problems with pain from cramping and clots forming that put pressure on the muscles of the uterus. And it usually is a space that impacts fertility the most. And even, like you said, inflammation, because it's a foreign body. I tell patients, when the

problems with fertility is it's a natural IUD in that space. The sperm and the egg, they they confuse. They can't meet when something is in the way. But some of my patients will have more discharge, even like this yellowish, clear, non-odorous discharge they think is urine, but it doesn't smell like urine. That's when they're in the lining.

In the muscle is a place where fibroids can live and grow and you're none the wiser. If they're not pushing on the inside or outside, that's the intramural fibroids in the muscle in between the cavity and the skin. And sub-sarosal is on the skin towards the outside. So those patients, if it's just there, usually will have more bulk symptoms. They'll see it first in that body contrast, or they'll feel it, or they'll have more discomfort with intercourse. If it's close to their cervix, it'll

mess with intimacy, or they may have more pressure on their bladder and they have more urgency. I gotta go to the bathroom all the time, or constipation or back pain if it's pressing more towards their rectum or their spine. So the location means everything. It tells the story, honestly.

Dr. Jaclyn Smeaton (27:28.94)
It's so interesting because yeah, it's like the type of presentation that women have, you know, really can impact the symptom picture that they show up with. with surgery, if a woman is trying to get pregnant or she has it in her plan to get pregnant, say in the next year, what's the recovery time from surgery between when you'd say like, really, this needs to heal or when you see that fertility is impacted due to just recovery from a surgery?

Yeah, generally speaking, it depends on the surgery. So as a minimally invasive surgeon, I'm always going to be trying to do the least to get the most for my patients. So now with the newest technologies, we can shrink fibroids. We don't even have to cut them out anymore, depending on their size and location and number, of course.

But if they're a candidate for those shrinkage procedures, which we call radiofrequency ablation, some of them can even be done through the cervix. And if that's the case, they're back to work in three days. That's wild. Yeah. And if we do it laparoscopically, they're back to work in a week and taking Motrin to recover. And we usually would say wait about three months for fertility in that case, three to four months, depending on the location of the fibroids. If we have to cut them out, that's called traditionally a myomectomy.

And depending on how thick we cut into that muscle, again, getting closer to the cavity, those patients usually wait six months. I had to wait six months before I tried for pregnancy after my myomectomy. And that's pretty standard across the board. And that's just to give that muscle time to heal. That area now is just, I tell my patients, we couldn't have got made it because my sutures have to get strong and heal. And then it can start to stretch very slowly. And if it's that deep,

they usually need a C-section for babies. I had two for my sons.

Dr. Jaclyn Smeaton (29:09.794)
You think about, yeah, the muscle of the uterus has to end up holding your six to 10 pound baby inside. So definitely want to make sure it's healthy and strong so you don't have any kind of complication. Do you recommend any kind of hormone testing for women when they are going through, when they're kind of getting ready or when they're trying to figure out what's going on or why they have a fibroid?

Sure, it depends on where they are in their journey. If I can, again, catch them earlier in their journey and they're not just focused on just give me some relief. And knowing what their level, and again, even after surgery is still important because their uterus is still there. If they haven't chosen to have a hysterectomy and their uterus is still there, it's important after surgery too. I think that it makes the most sense then because then patients do want to find out a bit more about their estrogen versus progesterone balance.

dominant, you know, some of these patients have other ailments like endometriosis or PCOS, which is also is very hormonally driven. And then, like I said, that's when I partner with a lot of my

If their primary GYN does it them, but most of the time we're partnering with naturopaths and holistic doctors. A lot of them are OBGYNs too, right? Or family medicine physicians that will do those very comprehensive panels like your panel, like the DUTCH test, that will give them a good insight into their hormones, their liver function, what is their adrenal gland doing? How much is their body working?

I don't want to say against them, but really what is the reality of their picture of health, right? Not their cousins or their aunties, but their picture of health that can help guide basic things like lifestyle modifications where we started this conversation.

Dr. Jaclyn Smeaton (30:58.562)
You know, one thing that you said I like want to dive into, because when you said like working against us, and it's our bodies working against us, and I think that's such a common.

thought for women that when they come in and something like this is happening, it can be so frustrating, you can feel almost like disappointed or let down. But I want to just reframe that because, and I think this is like such an important thing to think about, is our body is like, immediately brilliant. I mean, if you get a cut within date, it like stops the bleeding in minutes, and then like, it's gone, right? We are basically like Wolverine on X-Men, and we can heal, just not as fast as he can, right? So I just think it's amazing that our bodies are so innately smart. And I think about that with a lot of the

that people deal with, even things like type 2 diabetes. It's so prevalent, we're gonna get off topic here. But that is an adaptation response, right? That happens because our body is trying to work with the situation it's in, you know, where your blood sugar's high, it has to release more insulin, and then over time, the cells are just covering their ears because the insulin's screaming. But my point is that that's like a good thing happening within our body. We would have more problems if we didn't develop.

type 2 diabetes. I mean, I think about that as well with hormone balance. Let me just bring it back now. Because I do think that women can feel so...

frustrated that things are not going the way they want and I it's really hard but I do try to like reframe that that you know our body's adapting maybe it's too exogenous estrogens in our environment maybe it's to the stress level that we have but all the things that are happening within us are happening for us not against us we just have to figure out how to like remove those barriers to allow our body to be a little bit more in line with what we would like.

Dr. Soyini Hawkins (32:40.482)

Yeah, I love that. I always tell patients our estrogen is what makes us beautifully and uniquely women. Yes. It's what protects us from heart attacks. It's what fortifies our bones. It's what allows us to have all of our curves and our sex appeal and bring beautiful human beings into the world. But it also is a very delicate thing that we do have to pay attention to. can't deny nor can we...

Can we, what's the right word for neglect?

Good way to put it. Yeah. Estrogen is so interesting because I think culturally, I see this at least like online, everyone talks about progesterone and progesterone, I call it like the princess hormone. Progesterone is like the one wearing the crown. gets all the accolades.

You're not wrong.

Estrogen gets maligned, but it's really interesting. And I think there's a lot of reasons for that because we've talked about its connection with breast cancer, with fibroids, with endometriosis, but it's also kind of like the Beyonce of hormones. Like it is what makes us female. What's amazing about us. And I like that you mentioned like cardiovascular protection because I think the WHI when that came out around menopausal hormone replacement, estrogen got very much tagged with being problematic.

Dr. Jaclyn Smeaton (33:55.938)
But we know now that we've done more literature, more studies that actually that's not the case. And it was probably progestogens are the problem, which are a synthetic progesterone. But estrogen is actually still very protective for most women as long as it's continuous. yeah, mean, do patients come in upset about estrogen? I think we need a cultural shift around estrogen.

They do, they do, they do. estrogen is beautiful thing. is.

It's like we're so thankful for all the things that it does. Look at like the healthy skin, healthy heart, you know, the fact that we have a menstrual cycle and we can grow children. I mean, it's absolutely amazing. Thank you, ovaries. I want to understand a little bit more about the type of surgery that you do, the minimally invasive surgery, because I think that's a huge...

huge improvement in what's happened medically over the last 20 years. Is it even 20 years? How long has this been around? We've always been trying to improve it, but.

Yeah, about that long. I feel like I did my training on the cusp when things were starting to shift. Cause I had an open procedure, but if I would go to the same surgeon, he's since retired. But if I had gone to him, even five years later, he would have done my surgery robotically. Cause that's what he taught me to do. I actually went back to the surgeon who did my surgery and did my minimally invasive fellowship and training. because he was one of

the best in the country and in that short period.

Dr. Soyini Hawkins (35:20.514)
time robotics really took off. So I was trained at a time where I'm a robotic surgeon but I'm also a laparoscopic surgeon, I'm also a vaginal surgeon, I'm also a reconstructive surgeon and I'm so grateful for that opportunity to learn all of these you know ways to do surgery for the women that I take care of but I was very blessed to just come at the right time in my training.

And now we have, like I said, radiofrequency ablation. And I go across the US and teach other doctors to do it. I was the first in the Southeast to do it. And I've done over 300 procedures only because I was not afraid of bringing something new to the fold, which is the beauty of medicine, the beauty of research, the beauty of innovation is not being afraid to take that leap into what

we know for our patients could enhance and improve their options and their survivability, their what we call mobility and mortality. And so the technology has advanced significantly. Minimally invasive surgery is a subspecialty. And I pray that more women learn about it and learn that they have more options outside of just a hysterectomy or more options outside of being cut.

open is kind of, very old school now. You don't always have to take that route. Sometimes we still have to do it, but a lot of times there are many, many more options out there to offer patients.

Can you share more about the radiofrequency ablation? Like how does that process work?

Dr. Soyini Hawkins (36:55.318)
Yeah, so radio frequency ablation is done. There's two ways to do it. You can either through the cervix or you can do it laparoscopically, meaning through very, very small incisions in the belly, about the size of my pinky nail across. And we put in essentially with that, both actually, usually a camera to take a look and see what's going on, but more importantly, an ultrasound in real time to see where the fibroids are. And then we put a needle into each fibroid one by one, heat it up with

radio frequency energy, and it's heat, so we're not destroying all of the vessels, we're not stopping blood flow to the uterus or the fibroids. That heat is actually gonna kill the cells to a sustained death so that they can shrink and they cannot regrow because they're dead. And with that, we haven't cut anything. We haven't stolen any blood supply. We haven't actually interfered with the architecture of the overall uterus. And that's the beauty of that.

growth in technology. So those patients heal faster, usually with Motrin, they go home the same day, they're back to work, you know, two times fast, three times faster than they would

if I did it, even a traditional laparoscopic myomectomy. And they still are maintaining their uterus and their ability to potentially even have children and potentially even have vaginal deliveries. Remember earlier I was telling you a lot of myomectomies have C-sections.

So the beauty in that radio frequency approach is it is again an even less invasive way to take care of fibroids if the patient is a candidate for it. But that shrinkage, think that's gonna be what turns around how patients have to live with their fibroids. Because now we can get to it earlier with a very minimally invasive approach.

And I want us to eventually at some point start to treat fibroids more of not a preventative disease, but maybe we can prevent it from becoming super distressful for women.

Dr. Jaclyn Smeaton (38:53.91)
Or more, yeah, more proactively. mean, I think that probably most physicians struggle with...

you know, how disruptive a patient's life is by their fibroid versus the invasive and cost of a, and I'm sure insurance dictates that too, of like, when can you intervene surgically? So with a less expensive, less invasive option, hopefully that allows you, and it sounds like you can treat multiple fibroids as well, that procedure that allows you to intervene sooner before it's as impactful.

Yep, that's the goal.

So when you do that, basically the fibroid's left intact when you leave, but then the body goes in and remodels, is that what happens?

So it actually loses that water, which is we're mostly made up of, and that cellular content. And what's left behind, I tell patients, it's the backbone of the fibroid. All that's left behind is the collagen, the scaffolding. Right away. So right away, the heat softens it.

Dr. Jaclyn Smeaton (39:47.467)
away.

Dr. Soyini Hawkins (39:53.038)
So it goes from more of like a baseball consistency to a marshmallow. That happens right away. The shrinkage happens over time. So I see, I used to do, I was part of a lot of studies. used to do ultrasounds at four, six and 12 months. The final, what we call IDE or FDA clearance studies that they did way back in 2012 when it was FDA cleared, they looked at one year. But I see a lot of shrinkage even at that four month mark, right? So the average shrinkage is 45%.

at one year. I see a great majority of that very early even. That's why I usually would recommend patients maybe wait about three months before they try for pregnancy just to

give it some time to do some shrinkage because it won't happen right right away.

about symptom resolution post surgery faster?

faster only because

It's not as taxing on their bodies from a healing perspective. But at the end of the day, no, the patients actually look very similar at the three to four month mark in the research studies that we've done to a patient with a myomectomy. As far as the heaviness of their bleeding, it still takes some time, myomectomy or radiofrequency ablation for the cycles to kind of self-regulate and get back to a more normal cycle. So that improvement in the heaviness of their bleeding happens about the same time as a traditional myomectomy.

Dr. Soyini Hawkins (41:16.176)
or a laparoscopic myomectomy. However, the course in getting there, because it was a less stressful procedure on their body, patients from a quality of life standpoint will have more quality of life improvement measurements sooner.

Okay, so I'd love to just kind of pick your brains. I think it's amazing that you have the surgical experience and medical background and also you've gone through this yourself. What would you tell, if you could have like three things that you wish women knew early on in their journey about fibroids or maybe even before they get diagnosed, what would those things be? Like what would you change?

know what's normal versus abnormal because I think as women we just keep going we just keep pushing. We're just like yeah something didn't feel right last month but let's see what it looks like next month and a month after and a year later. Pay attention to those changes and advocate for yourself even when you

pile it on.

Dr. Soyini Hawkins (42:19.212)
go to the doctor and you say something didn't feel right or my menstrual season is starting to change and they're like, you know, it's okay. It's just part of being a woman. Advocate for yourself. That's not enough. Ask for that simple ultrasound. Now that you're listening to this podcast and you know how simple the ultrasound is, just tell them that's what you want. Don't ask for it. Tell them I need an ultrasound. And I think that the support system is important. I think that,

Like for instance, my husband is a talker. Believe it or not, as much as I do and as much as I'll speak on this topic all day long, I think I'm an introverted extrovert.

You can do it. You can pull through, but you prefer...

I'll be the one at the doctor's office that won't tell everything in this story. And my husband's like, whoa, whoa, whoa, wait a minute. Tell them about this. Bring that friend, bring that family member, bring that person that's going to even advocate for you when you feel like you can't advocate for yourself. Bring them to your doctor's appointment. I love that suggestion. Absolutely. I think that we don't empower ourselves enough with all the resources we have. And sometimes our support system is our biggest resource.

Those are great suggestions. Anything else that we haven't talked about that you think our listeners should know about or need to know about fibroids?

Dr. Soyini Hawkins (43:41.058)
No, this was fun. This was great.

Yeah, I really enjoy talking with you. I think that I love for me, it's been, you know, I went to medical school like 20 years ago. So my emectomy was still the standard at that time. And I'm not, I'm a naturopath. So I don't do surgery, I do outpatient. So hearing a little bit more about the updates that are available in treatment options for women is amazing. And I'm so grateful for doctors like you who invest the time to kind of learn and update so that women can have a better experience.

No, I appreciate this. appreciate your platform and the time and that you guys even gave care to this topic.

Absolutely. It affects a lot of women, so we definitely want to make sure we get the chance to talk about it. If people want to learn more about you, how can they follow you? Are you online or where can they learn about your practice?

Absolutely. So my practice website is simple. If we're thinking about fibroids, it's getfibroidhelp.com. For me personally, I'm at Soyouni Hawkins MD on everything, on Instagram, on TikTok, which I'm not great at, on all of the things, X, all of the things, it's Soyouni Hawkins, S-O-Y-I-N-I, Hawkins MD.

Dr. Jaclyn Smeaton (44:51.158)
Awesome, thank you. Thank you so much for joining me today.

Thank you, thank you for having me.

Thank you to all of you are listening. I encourage you to check out Dr. Hawkins online and we'll post her links in our show notes as well for you to make it easy for you to find for the website and social. And while you're at it, be sure to follow us at DUTCH test on all of the platforms as well. And if you like what you heard today and you want to hear more from us at the DUTCH podcast, I encourage you to follow us and subscribe to our podcast anywhere

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