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Dr. Amy Garcia:
Offering Minimally Invasive
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UTERUS1 HERO



Dr. Amy Garcia: Offering Minimally Invasive Gynecological Surgery

November 22, 2006

Dr. Amy Garcia is currently the only fellowship-trained, laparoscopic gynecologist in New Mexico who offers advanced, minimally invasive surgical options for women. This type of surgery means fewer complications and a quicker recovery. Dr. Garcia earned her medical degree at the University of New Mexico School of Medicine. Having completed residency and fellowships in advanced gynecologic endoscopy and faculty development at the University of Illinois at Chicago, Dr. Garcia returned to her home state of New Mexico to build a practice. Now, the Center for Women's Surgery offers the women of New Mexico high quality care and advanced surgical options. Board-certified in obstetrics and gynecology, Dr. Garcia has received several awards, participated in numerous committees, and frequently travels to give presentations.

Uterus1: How did you choose your specialty?

Dr. Garcia: I chose OB/GYN for the unique opportunity to manage diverse medical issues, while at the same time having the opportunity to be a surgeon. There is also continuity of care with patients over a long period of time through the birthing process, gynecological changes, and care of their daughters for several generations. But I became more specialized in advanced surgery and I have now focused my practice on minimally invasive surgery.

In 1996, I interviewed at the University of Illinois at Chicago with Dr. Andrew Brill, who became president of the American Association of Gynecologic Laparoscopists (AAGL), and was one of the few surgeons doing minimally invasive surgery for women at that time. I worked closely with him, mastered his program and stayed on as a faculty member. I did a fellowship subsequently through the Society for Reproductive Surgeons and the AAGL. This specialized training after my residency has allowed me to focus on minimally invasive gynecological surgery. Laparoscopic surgery was then and still is cutting edge. Things were being done that had never been done before and the benefit that was provided to the patient was really appealing. Most laparoscopic procedures take longer than traditional surgery and physicians have to be committed to the process. It is also often more difficult to perform these surgeries but my motive is doing what I believe to be best for the patients.

Uterus1: What is the focus of your practice?

Dr. Garcia: I am committed to minimally invasive surgery for women. An example of this would be a laparoscopic rather than an open abdominal surgery. With an open abdominal surgery, a large incision is made, and the surgery is then performed with the surgeon's hands operating within the patient's abdomen. With a laparoscopic surgery, tiny incisions are made in which a camera and instruments are placed, and the surgery is performed without the hands entering the body. It takes me more time to perform these surgeries, but I'm entirely dedicated to the process because the outcome for the patient is so great compared to traditional surgery that can be performed in less time.

Uterus1: Tell us about the patients you see in your practice.

Dr. Garcia: I see women who are usually healthy but have symptoms related to

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uterine fibroids or have significant bleeding. They are generally educated about alternative treatments. They know that minimally invasive surgery exists and has distinct advantages over other surgeries, and they know that they don't have to have traditional surgery. Women come looking for options and alternatives. They know that they can choose to keep their ovaries and that maintaining the cervix is an option for them. My patients understand the benefits of minimally invasive surgery – that it offers a quicker recovery and quicker time until they can go back to their usual life activities as well as fewer complications. They have a sense that what I do is different and they believe in the advantages of minimally invasive surgery, or they wouldn't come to me.

Uterus1: What are some of your patients' most common questions?

Dr. Garcia: How long will I be out of work? Why would you keep the cervix? They ask about the advantages of pelvic support and they have questions about their ovaries. Most women don't want their ovaries removed and there is good clinical evidence that most women will benefit from ovarian preservation.

Uterus1: How much better of a recovery can a patient expect with minimally invasive surgery compared with an open procedure?

Dr. Garcia: Of course not all patients are alike. The return to regular activity is often a function of a patient's baseline fitness level. In general, compared to the six to eight week recovery for an abdominal hysterectomy, patients recover from a laparoscopic hysterectomy in about two weeks. Complications can also be minimized with more experienced surgeons, especially given that the learning curve for laparoscopic surgery is steep. This is why more gynecologists do not perform these advanced procedures.

Uterus1: Have you noticed increased patient demand for minimally invasive surgery?

Dr. Garcia: Absolutely. Women are choosing physicians who do this kind of surgery, so more surgeons are learning. The technology keeps changing and it's becoming more complicated. More residency programs are putting an emphasis on laparoscopy and minimally invasive surgery, so there are certainly going to be a lot more physicians in the future who can perform laparoscopic and other advanced minimally invasive surgeries.

Uterus1: Was it important to you to return to your home state of New Mexico to practice medicine?

Dr. Garcia: New Mexico is definitely home. I originally returned to be near family but decided to stay and to build my own practice here. New Mexico has problematic malpractice issues and low physician salaries, so the state has a hard time keeping its physicians. I believe that the women of New Mexico deserve to have the latest and most advanced surgical options available, so I feel like I have a valuable contribution to the health of women here.

Uterus1: You give a lot of presentations to professional organizations. Is that your way of giving back to the medical community?

Dr. Garcia: I think it's a different level of giving back. I like to teach, and I also completed a second fellowship in faculty development, which is basically learning how to teach adult learners in medicine. I really enjoy the teaching aspect of what I do, not only on the medical student/resident/fellow level but also teaching my colleagues. As more physicians are trained in specialized procedures, women are receiving better care.

Uterus1: What is the most rewarding part of your work?

Dr. Garcia: When the patient realizes that the experience she's had with me is really different, and that by having a minimally invasive surgery she has been empowered in a way traditional surgery doesn't always allow. That I helped to educate her about her options and that she made the choices that were right for her and could get back to her life so much sooner and with less pain and fewer complications – that's extremely gratifying.

Uterus1: What new advances do you see on the horizon?

Dr. Garcia: The use of robotics is going to increase to some extent. Robotics offer a flashy way of doing laparoscopic surgery. While it is easier to operate with a robot, it is also very expensive, so its widespread use may be limited.

Industry will continue to pave the way with newer, more innovative products that address a larger realm of gynecological issues. There will be changes in the area of pelvic reconstruction as treatment for prolapse. There will be new meshes developed as we learn more about which materials are better for these types of procedures. And, people will continue to advance their own skills and become better at minimally invasive surgery. Minimally invasive surgery is here to stay.

Uterus1: Do you find it difficult to keep up with new developments in medicine?

Dr. Garcia: Yes. I have a hard enough time keeping up just with minimally invasive gynecological procedures. It is very difficult with the amount and volume of information in medicine to be excellent in many areas. Being good at surgery means performing these procedures over and over again, and that takes a lot of time. I don't practice obstetrics anymore so I have lost some of those skills. In contrast, I devote all of my time to gynecological surgical procedures.

Uterus1: What do you think about the increasing number of physicians who would not go into medicine if they had it all to do over again? They say the paperwork and reimbursement rates just aren't worth it.

Dr. Garcia: I think it's sad. You're talking about human beings who have gone into medicine for some altruistic motive. We're all different but I believe the underlying motive for most physicians is that we care about human beings and want to engage with others in a unique way that other professions cannot allow. It's unfortunate that there are physicians who are treated so poorly by insurance companies and administrative red tape that they are disillusioned with the field of medicine and want to quit. Malpractice insurance issues are also responsible for physicians leaving practice. We're in a crisis in the United States and something must be done to protect our access to healthcare.

Click [here](#) to visit Dr. Amy Garcia's Web site.

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