

## **The Good Doctor: 36 Hours (Season 2, Episode 3; Oct. 8, 2018)**

It's a rarity for endometriosis to enter our living rooms during primetime television. Another opportunity to present some of the trials and tribulations of endometriosis. I write with appreciation for David Shore and his medical drama production team. They attempt to further conversation about endometriosis through public television. Yep, endometriosis. A disease so misunderstood, separation of facts from fiction has been a battle among advocates for decades. Television's can be a great platform to raise awareness. However, in a primetime medical drama series, we realize the boundaries between fact, fiction and myth-information are dubious.

Without a doubt, primetime must have 'DRAMA' to hold viewer's attention. That's something hard to in our fast-paced digital world. Ratings and viewership rely on storylines interwoven with intensity, conflicts, complexities and digressions.

Before I discuss the latest primetime offering of endometriosis, lets recall an episode of 'House' (Season 5, episode 14: The Greater Good). Aspects of endometriosis that are not common knowledge was highlighted. "The Greater Good" clarified that disease is NOT confined to a woman's reproductive tissues and organs. In this episode a woman presented with a spontaneous pneumothorax. She was admitted to undergo further evaluation to determine its cause. For an hour, nearly 15 million viewers witness that endometriosis could be found in the lungs, liver and skin. For a brief time, the audience witnessed that endometriosis is more serious than 'bad cramps'.

Last October the episode '36 Hours' (The Good Doctor, Season 2, Episode 3, October 8, 2018) led 8 million viewers through, what intended to be, a routine procedure for infertility and excision of

'minor' endometriosis. True to medical genre, creative licensure condensed and exaggerated a one-hour planned surgery into a 22 hour ordeal. An ordeal of complications and unplanned procedures. Wait, that's television! As the episode develops it becomes difficult to decipher fact from fiction. However, the intended message of destruction and devastation called endometriosis was delivered.

The episode did present many aspects about the disease that are accurate. Endometriosis often does not appear on imaging but in limited areas of the body, it can detect specific forms of endometriosis. The disease can impact a woman's fertility. Endometriosis can also invade extrapelvic organs, which includes the bowel and bladder to a degree where resection, reconstruction of the organs are needed.

Lets hone in on the surgery and informed consent. This is where a lot of 'dramatization' and 'myth-information' needs separation. A 22 hour surgery for endometriosis is far from reality. For 'dramatic effect and urgency' the laparoscopy was converted to a laparotomy due to a 'bleed.' This led to other invasive procedures which were not preplanned: a bowel resection, bladder reconstruction and hysterectomy. OK, reality. Most complex endometriosis surgeries average 6-8 hours. Some cases do go a little longer, but not 22 hours. The surgery commenced as a laparoscopy (in this case a single incision site was used however, instrumentation, surgeon preference and surgical needs determine the number of incision sites). The surgeon mentioned 'excision' would be the technique to remove any endometriosis lesions. Among endometriosis specialists, 'excision' is the preferred method of treatment. Research supports the use of 'excision' over 'ablation' to treat endometriosis. It is considered the 'gold standard' approach. However, 'excision' requires advanced training and skill development not offered through residency programs. The ACOG still refuses to acknowledge excision as the best surgical approach!

All surgeons have qualifications and limitations to what areas of the body they can and cannot treat surgically. Many advanced excision gynecologists who have trained and developed techniques often used by gynecological oncologists, may perform procedures on other tissues with endometriosis lesions. A single gynecological surgeon treated extensive disease throughout the reproductive system, performed a hysterectomy, repaired a 'bleed', a bowel resection and reconstructed a bladder. Surgeons have amazing stamina, focus and dexterity. But. They are not superhuman.

In reality preoperative planning, orchestration of multiple surgical disciplines and use of excision skills provides greatest probability for best outcome; not a single surgeon wearing multiple hats in a 22 hour marathon session. Today, endometriosis excision care, done right, offer established surgical teams to address disease in nearly every part of the body, within 6-8 hours for most cases.

Appreciation is given to the producers for bringing a common, potentially devastating disease to television. Looking beyond the dramatization of primetime, viewers witnessed the reality that it can invade numerous organs and systems; this body-wide disease called endometriosis.