



## The Center for Innovative GYN Care® (CIGC®) Fact Sheet

<b>Company:</b>	The Center for Innovative GYN Care (CIGC) <a href="https://innovativegyn.com/">https://innovativegyn.com/</a>
<b>Description:</b>	<p>CIGC is a state-of-the-art laparoscopic GYN surgical practice that uses exclusive techniques developed by the founders, Dr. Paul MacKoul and Dr. Natalya Danilyants, to treat complex GYN conditions. Patients travel from across the country and around the world for the groundbreaking DualPortGYN® and LAAM-BUAO® procedures.</p> <p>These advanced surgical techniques treat complex gynecologic conditions such as fibroids and endometriosis, using just two small incisions, and women recover in less than 2 weeks. The practice is dedicated to providing women with superior outpatient surgical care that optimizes outcomes, minimizes the risk of complications and ensures a faster recovery at home.</p>
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<b>Established:</b>	2001
<b>Unmet Medical Need:</b>	<p>Women from all corners of the globe suffer from complex GYN conditions and many of them don't know where to find the expertise they need. They often settle for more invasive surgical procedures such as open or robotic GYN surgery, or unnecessarily suffer for years before finding relief from pain. Choosing the right surgical specialist to correctly diagnose and treat a complex GYN condition is essential. CIGC® laparoscopic specialists treat women nationally and internationally using state-of-the-art surgical techniques. Unlike OBGYN physicians, who concentrate mostly on Obstetrics, CIGC surgeons are focused on the development and performance of GYN surgery only. Access to this kind of care, including advanced minimally invasive procedures that treat fibroids, endometriosis, adenomyosis and other GYN conditions, can help women take back control of their lives sooner, with less pain.</p> <p>Endometriosis is an especially difficult condition to treat, and is often not identified early in a women's reproductive years. A delay in diagnosis of endometriosis can lead to progression of the disease, severe and chronic pain, and infertility. CIGC specializes in the diagnosis and management of endometriosis, with proven results to resect all disease to help manage pain and enhance fertility. Women with this condition need to see a specialist for the surgical management of endometriosis to ensure the disease is treated properly for long term success.</p>

Thirty-four thousand myomectomies are performed on women in the U.S. each year, with most of these performed as open. Women need to know that advanced surgical options, with superior surgical outcomes, are available. Robotic or laparoscopic approaches to myomectomy are not optimal, with many patients having not all the fibroids removed, especially fibroids deep in the uterus that can cause persistent bleeding, pain, and infertility. These procedures also have a high conversion rate to open myomectomy, resulting in an 8 week recovery time. CIGC's exclusive LAAM technique allows removal of all fibroids using very small incisions, allowing women to recover faster with less complications and pain. LAAM procedures are also safer with outcomes that rival open myomectomy, with a recovery that is 2 weeks or less.

More than 600,000 hysterectomies are performed each year, with more than 45 percent of women having open procedures. Eighty percent of women who underwent this method did not feel the need to get a second opinion. Open hysterectomy is simply not necessary. Any woman who has been told that her hysterectomy or myomectomy procedure requires an open incision should always seek a second opinion with an advanced laparoscopic specialist. At CIGC, 99% of patients are candidates for a laparoscopic surgical procedure with a recovery of 2 weeks or less back to work.

The CIGC fellowship-trained laparoscopic specialists have developed unique, highly effective minimally invasive outpatient procedures, with advantages that include fewer incisions as well as lower recovery and operative times. In addition to improving the overall quality of life for patients, these procedures increase safety, decrease blood loss, minimize pain, produce lower intra- and post-operative complications, and show superior results for patients who want to maintain fertility. Procedures are performed in the outpatient setting instead of in-hospital, leading to lower costs for the patient due to less time in the OR, regardless of complexity or size of fibroid.

The CIGC specialists are in the top 1 percent of laparoscopic GYN surgeons in the U.S. in terms of patient volume, performing more than 1,500 procedures annually. High-volume GYN surgical specialists have better patient outcomes: with a large number of cases comes the exposure to more complex cases and the ability to perform advanced techniques efficiently.

**Techniques:**

The techniques CIGC uses for the management of endometriosis, uterine sparing fibroid surgery, and hysterectomy place them in a class of their own. CIGC published results clearly show the fastest recovery, smallest incisions, lowest complications, and most cost effective procedures for the management of even the most complex GYN conditions.

DualPortGYN® is an advanced approach for the treatment of endometriosis, hysterectomy, and ovarian cyst removal. This technique uses two small incisions, and women recover in about 1 week following surgery.

The advanced LAAM® fertility sparing fibroid removal procedure is a hybrid that takes the best elements of both laparoscopic and open approaches for myomectomy. Two small incisions are used, and women recover in less than 2 weeks.

The DualPortGYN and LAAM techniques used at CIGC use the technique of retroperitoneal dissection (RPD), a safer and more effective way to perform minimally invasive surgery. RPD is a much different approach to GYN surgery, and is not used in procedures performed by OBGYNs. RPD requires advanced training and dedication to GYN surgery to learn and perform properly. CIGC surgeons, unlike OBGYN physicians, do not mainly manage Obstetrics patients, but focus entirely on surgery. Using RPD, patients are ensured of excellent results whether they are seeking management of extensive endometriosis, or very large fibroids.

**Conditions:**

Fibroids – Abnormal growths that develop in or on a woman's uterus. Fibroids grow over time, and if left untreated can become very large. The growths are typically benign, or noncancerous. Large and numerous fibroids can cause heavy bleeding leading to anemia, and can cause infertility.

Endometriosis – The development of uterine-lining tissue outside the uterus, endometriosis can cause severe pelvic pain, pain with intercourse, and has a high probability of causing infertility. Endometriosis is an inflammatory process which needs to be diagnosed and managed early with the appropriate specialist, to ensure the best possible results. Surgical removal of endometriosis is the only way to diagnosis this disease, and is paramount to effective short and long term therapy, followed by medical suppression of the disease. Patients desiring fertility, having been diagnosed with endometriosis, should see the reproductive endocrinologist, or fertility specialist, for further consideration of fertility and pregnancy options.

Adenomyosis – A complex GYN condition that occurs when cells that line the inside of the uterus grow into the uterine wall causing debilitating pain and heavy bleeding. Adenomyosis is often not properly diagnosed by the OBGYN, and is present in up to 60% or more of women in certain age groups. The disease cannot be identified by ultrasound, and a high degree of suspicion is required in any patient with a larger uterus having severe, incapacitating pain at the time of the menstrual cycle. Endometriosis can also mimic adenomyosis, with adenomyosis occurring more often in older women, or those with prior cesarean section.

Ovarian Cysts & Pelvic Mass – Ovarian cysts can develop at any time, most of which are benign and resolve on their own. Every ovulating woman will develop cysts on the ovaries, which are consistent with egg development in a “follicle”, or follicular cyst. Cysts can also develop from an overgrowth of cells of the ovary. They can increase in size and are mostly benign, but certain cysts have characteristics of malignancy that need more urgent treatment. Some benign cysts can twist on themselves, or “torse”, causing severe pain and the need for immediate surgery.

Infertility – Complex GYN conditions such as fibroids, adenomyosis, and endometriosis can cause infertility. Treating these conditions before trying to become pregnant, or prior to an IVF treatment, can significantly increase success rates. Some conditions such as endometriosis will often require a consult with a fertility specialist – a reproductive endocrinologist – for the best option to enhance fertility.

Abnormal Bleeding/Anemia – Women who struggle with complex GYN conditions such as fibroids or adenomyosis often suffer from heavy or abnormal vaginal bleeding which can lead to anemia.

Pelvic Pain – GYN conditions can lead to acute, chronic or cyclic pelvic pain. Women who have endometriosis, fibroids, adenomyosis and other complex GYN conditions often suffer with pain during their menstrual cycle. If left undiagnosed, pain can become progressively more severe as the disease advances. Pelvic pain can be moderate to severe depending on many factors, including the underlying condition and its severity.

**Leadership:**

Dr. Paul MacKoul, Laparoscopic GYN Surgeon

Paul MacKoul, MD, is board-certified in gynecology and gynecologic oncology. Along with Natalya Danilyants, MD, Dr. MacKoul developed and perfected the DualPortGYN and LAAM techniques used at CIGC.

As a leader in the field of laparoscopy, he has presented at major national meetings and been published in world-renowned medical journals. He is frequently sought as a medical expert on techniques for minimally invasive removal of non-cancerous, pre-cancerous and cancerous tumors. He is a specialist in the minimally invasive treatment of complex benign conditions such as fibroids, ovarian masses and endometriosis, as well as early stage GYN malignancy.

Dr. MacKoul is Director of Gynecologic Laparoscopy at Holy Cross Hospital. He has also served as Director of GYN Oncology at George Washington University Hospital and Washington Hospital Center, as well as faculty at George Washington University Hospital. He was named a Center of Excellence in Minimally Invasive Gynecology Designated Surgeon in 2012. He has been named a Top Doctor multiple times by the *Washingtonian Magazine*, as well as *Northern Virginia Magazine*.

Dr. MacKoul graduated from Medical School at Tufts University, completed his residency in OB/GYN at the University of Maryland, and his fellowship in gynecologic oncology at the University of North Carolina.

Dr. Natalya Danilyants, Laparoscopic GYN Surgeon

Natalya Danilyants, MD is board certified in gynecology. Along with Dr. Paul MacKoul, Dr. Danilyants developed and perfected the DualPortGYN and LAAM techniques used at CIGC.

Dr. Danilyants received her fellowship training in Advanced Retroperitoneal Laparoscopic Surgery through the exclusive Johnson and Johnson / Ethicon EndoSurgery (EES) fellowship program. The EES program offered less than 10 positions nationally. Dr. Danilyants was accepted into the EES program after completing her residency at George Washington University in Washington, D.C., where she served as Chief Resident. Through the EES fellowship program, Dr. Danilyants completed extensive training in Advanced Retroperitoneal Laparoscopic Surgical techniques and practiced an additional three years at the Women's Surgery Center (WSC). At WSC, Dr. Danilyants was the Director of

Advanced Retroperitoneal Laparoscopic Surgery and developed a very successful practice, performing more than 4,000 GYN surgeries for all indications.

Dr. Danilyants is the former Division Chief of Minimally Invasive GYN Surgery at Inova Fair Oaks Hospital, as well as former Assistant Clinical Professor in the Department of Obstetrics and Gynecology at George Washington University Hospital. She received numerous awards for her exceptional surgical skill and care, including the Outstanding Laparoendoscopic Award in 2007, American Association of Gynecologic Laparoscopists (AAGL) Award for Special Excellence in Endoscopic Procedures in 2008 and Center of Excellence in Minimally Invasive Gynecology Designated Surgeon in 2012. She is a specialist in the treatment of benign conditions, such as fibroids, ovarian masses and endometriosis.

She was honored to receive a Patient's Choice Award and Compassionate Doctor Recognition by her patients for her excellent care and compassionate bedside manner. In 2013, she was named a "Rising Star" in the Super Doctors Edition of *The Washington Post Magazine*.

**Published Research:**

Abstract Accepted by AAGL, Presented in 2017

Abstract – [Outpatient Hospital vs Freestanding ASC: Comparison of Operative Outcomes of Laparoscopic Retroperitoneal Hysterectomy](#)

*Danilyants, N, MacKoul, P, Baxi, R, van der Does, L, Haworth, L.*

Published in the Journal of Obstetrics and Gynecology Research, October 2018

[Value-Based Assessment of Hysterectomy Approaches](#)

*Danilyants, N, MacKoul, P, Baxi, R, van der Does, L, Haworth, L.*

Abstract Accepted at ACOG, Presented in 2018

Abstract – [Case Series of Laparoscopic Retroperitoneal Hysterectomy: Outcomes, Cost and Patient Satisfaction](#)

*MacKoul, P, Danilyants, N, Baxi, R, van der Does, L, Haworth, L.*

Abstract Accepted at AAGL, Presented in 2018

Abstract – Laparoscopic Retroperitoneal Hysterectomy with Early Uterine Artery Ligation at the Origin

*MacKoul, P, Danilyants, N, van der Does, L, Haworth, L, Kazi, L, Kazi, N.*

Published in the Journal of Minimally Invasive Gynecology, August 2018

[Laparoscopic-Assisted Myomectomy with Bilateral Uterine Artery Occlusion/Ligation](#)

*MacKoul, P, Danilyants, N, Baxi, R, van der Does, L, Haworth, L.*

Abstract Accepted by AAGL, Presented in 2017

[A Value-Based Evaluation of Minimally Invasive Hysterectomy Approaches](#)

*Danilyants, N, MacKoul, P, Baxi, R, van der Does, L, Haworth, L.*

Abstract Accepted by SGS, Presented in 2017

[Laparoscopic-Assisted Abdominal Myomectomy with Bilateral Uterine Artery Occlusion/Ligation: A Comparative Study](#)

*MacKoul, P, Danilyants, N, Baxi, R, van der Does, L, Haworth, L.*



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