

Personal Narrative in Support of Gap Exception Request for Endometriosis Excision Surgery

Submitted by: patient MH

Endometriosis has profoundly impacted nearly every aspect of my life—my physical and emotional health, finances, career, relationships, and overall quality of life.

Since the age of 17, I've suffered from debilitatingly painful and heavy menstrual cycles. I was prescribed birth control pills to manage my symptoms, which I remained on for over 15 years. While it provided partial relief, it also caused significant side effects including depression, mood swings and chronic headaches. My heavy, painful periods resumed after stopping the birth control.

Discontinuing birth control marked the beginning of a long and heartbreaking seven-year battle with infertility. My husband and I underwent six rounds of in-vitro fertilization (IVF) at top-tier fertility centers, investing over \$100,000 out-of-pocket in pursuit of our dream to start a family. Despite our efforts and the use of a genetically tested, high-grade embryo, we suffered a failed frozen embryo transfer in 2023. That experience prompted me to search more deeply for underlying causes of infertility and implantation failure.

Given my persistent symptoms of heavy, painful menstrual periods as well as chronic fatigue, infertility, chronic pelvic and back pain, bloating, alternating constipation/diarrhea, urinary frequency, and pain with urination and bowel movements, I requested an evaluation for endometriosis from my reproductive endocrinologist.

In September 2024, I underwent a BCL-6 biopsy, which was positive. This marker is strongly associated with the presence of endometriosis. Subsequent pelvic MRI imaging confirmed the presence of multiple endometriomas on my right ovary, leading to a formal diagnosis of endometriosis. Moreover, endometriomas are indicative of advanced-stage endometriosis (typically Stage III or IV). I finally had an explanation for the years of unexplained symptoms and reproductive challenges I have endured.

Over the years, I have pursued nearly every form of care available—both traditional and holistic—in an effort to manage my symptoms and avoid surgery. I have worked with a wide range of specialists, including functional medicine providers, gynecologists, reproductive endocrinologists, physical therapists, and acupuncturists. My comprehensive treatment plan to address the endometriosis symptoms mentioned above has included lifestyle modifications, stress-reduction strategies, regular exercise, an anti-inflammatory diet, prescription medications, supplements, hormonal therapies (including progesterone), physical therapy, acupuncture, massage, yoga, and meditation. While these interventions reflect a deep commitment to non-surgical management, they have provided only minimal or short-term relief. Despite my diligence in exploring and adhering to conservative treatment approaches, my symptoms have persisted.

Given the severity and progression of my condition, I believe surgery is no longer optional and is medically necessary.

Endometriosis is a chronic, inflammatory, and often progressive disease. Without appropriate treatment, lesions can deepen, spread, and compromise critical organs such as the bowel, bladder, ovaries, and surrounding nerves. In my case, this risks continued and worsening pelvic pain, irreversible infertility, and potential multi-organ dysfunction.

Conservative therapies—including hormonal suppression agents such as birth control, IUDs, implants, and GnRH agonists like Lupron—are not viable treatment options for me. I have previously experienced significant side effects from hormonal therapies, including severe mood swings and debilitating headaches, rendering them medically inappropriate. Moreover, these treatments are incompatible with my active efforts to conceive.

It is also important to recognize that hormonal therapies provide only temporary symptom suppression; they do not treat the underlying cause. In contrast, surgical excision addresses the root cause, offering the best chance at lasting symptom relief, improved quality of life, and preservation of fertility.

Denying access to surgical treatment in appropriate cases not only delays relief and increases patient suffering but also leads to higher cumulative healthcare spending through repeated interventions, missed workdays, and ongoing pharmacologic treatment. Therefore, timely surgical management should be recognized not just as a therapeutic option, but as a cost-effective and essential medical intervention in the care of patients with moderate to severe endometriosis.

After extensive research and consultation with multiple specialists, it is clear that wide excision surgery represents the gold standard for removal of endometriosis. Unlike ablation or hormonal suppression, which often leave disease behind or simply mask symptoms, wide excision removes the endometriotic lesions at their root. This approach offers the most favorable long-term outcomes in terms of symptom relief, reduced recurrence rates, and improved fertility.

Wide excision involves surgically cutting out areas of abnormal tissue with generous margins, ensuring that only healthy tissue remains. This is a critical distinction: if excision is not performed with sufficiently wide and deep margins, residual endometriosis may remain or re-emerge, as the disease can be subtle in appearance or exist microscopically beyond what is visibly abnormal. Evidence shows that leaving behind even small remnants increases the risk of persistent symptoms, disease recurrence and the need for additional surgeries.

This level of surgical precision requires extensive training, especially given that endometriosis often involves or adheres to delicate and vital structures such as the bowel, bladder, ureters, and reproductive organs. The wider and deeper the area excised, the more skill is required to ensure complete removal while preserving the integrity of surrounding organs. This is why selecting an expert surgeon trained specifically in advanced wide excision is essential—not optional—for safe and effective treatment in complex cases like mine.

From my research and after personally interviewing five different endometriosis specialists across the country, I have concluded that the CO₂ laser is considered both the most precise and effective surgical tool for wide excision of endometriosis. Unlike traditional electrosurgical instruments, the CO₂ laser allows for meticulous dissection of endometriotic tissue while minimizing damage to surrounding healthy structures—particularly important when lesions are located near vital organs such as the bowel, bladder, ureters, and reproductive organs and tissues.

Unfortunately, despite diligent effort, I have been unable to identify an in-network provider with the advanced training and experience required to safely and effectively perform this complex procedure. Dr. Patrick Yeung is a nationally recognized expert in endometriosis excision and one of only a few surgeons in the country with the specialized skill set necessary for this type of surgery. He has completed over 4,000 cases and holds advanced training in minimally invasive and CO₂ laser excision techniques. His outcomes are among the best in the field.

From my interviews, I also found that Dr. Patrick Yeung is reasonably priced compared to other surgeons who offer the same advanced CO₂ laser excision technique. While he is out-of-network, his fees are lower than or comparable to many other nationally recognized excision specialists—making him not only the most medically appropriate choice, but also a financially prudent one.

Approving a gap exception for Dr. Yeung would allow me to access a highly specialized standard of care, offering the best chance to effectively treat my condition, alleviate my symptoms, and restore my quality of life—all while representing a cost-conscious option for this insurance plan.

Given the absence of a qualified in-network provider, I respectfully request:

- 1. Approval of wide excision surgery utilizing a CO₂ laser as a medically necessary treatment for endometriosis.**
- 2. A gap exception for Dr. Patrick Yeung to be treated as an in-network provider for this procedure.**

This request is based on sound medical evidence and the professional recommendations of my care team. I am prepared to submit comprehensive documentation, including medical records, letters of support, diagnostic results, and clinical research.

Thank you for your time and consideration in this deeply personal matter.

Sincerely,
Meryn Harwood