IMPLEMENTATION OF RADIO WAVES TECHNOLOGY IN GYNECOLOGY

TREATMENT and removal of condyloma in the area of genitalia with both sexes, by application of the radio wave vaporization and excision.

REMOVAL of precancerous lesions by application of radio waves of the cervix (CIN I,II,III), by method of radio wave loop excision.

HPV is the epidemic of modern age.
The region of anus and genitals may be infected by 70 types of HPV viruses. According to the clinical manifestations, they fall into three groups: Low risk, Medium risk, High risk. Most common low risk condyloma viruses are 6 and 11. High risk condyloma viruses are 16 and 18 which cause precancerous lesions on the cervix (CIN I, II, III), but also on other parts of genitalia - anal region, precancerousis of the mucous membranes of the vagina, labia minora and anal mucosa. In more than 50% of the cases we have a clinical picture of a mixed infection, high and low risk types. This fact is of great importance and has to be pointed out.
CONDYLOMA DIAGNOSIS-RADIO WAVE THERAPY

Condyloma infections today, are most common with young generations of both sexes from 17 to 25 years of age. It takes just one sexual intercourse without protection (condom) to get the infection. Condyloma is sexually transmitted disease. STD I have in mind the patients born between 1985 and 1995, in the first place. Of course infection affects both sexes equally.
DIAGNOSTIC APPROACH

At first, subclinical and initial forms appear at the mucous labia minora and vagina entrance. The presence of condyloma on the skin is a sure sign of their existence on labia minora and vagina entrance. In order to get a proper diagnose, an expert colposcopy is needed which should include also the colposcopy of cervix so as to determine the possible existence of pathological changes of colposcopic status (Mosaic, punctuation, AW epithelium) with certainty point to the HPV infection of the cervix.
THERAPEUTIC APPROACH

We have to be aware that the mucous membranes of labia minora, vagina and anus region are extremely sensitive to trauma and pain. If we employ electrical kauter, liquid nitrogen or some other caustic creme, we shall have as a result heavy hemorrhage, damage of the tissue, extreme pain during and after the procedure. Additionally, we shall have a long and difficult recovery period, frequently accompanied by infections, temperature, but also relapse since local natural immunity is reduced by this method.

Great problem present anal and intra anal condyloma. Their mistreatment is seen is heavy hemorrhage during the intervention and subsequent infections and heavy relapses.

With mistreatment of the genital region we have also infection problem, scars on labia minora mucous membranes and vagina, painful sexual intercourse and often cracking of mucous which results in psychological problems of the patients, who are young people in majority of cases.
RADIO WAVE THERAPY - 8 YEAR EXPERIENCE

Radio wave frequencies of 4MHZ technique is the treatment of choice. In the period of eight years I have been able to develop and perfect my own technique which consists of the combination of excision and vaporization. Radio wave vaporization is reserved for changes in the mucosa (lining of labia minora, vagina and anal mucosa), while the combination with excision is employed for massive condyloma. All procedures are performed with local anesthesia, except that the intervention of the mucous of the vagina and labia only anesthetic spray is sufficient. Procedure for removal of condyloma in the region labia and vagina mucous are painless and lasts 2 to 3 minutes. Recovery is very quick and there is no recurrence or scarring.
After 5 weeks

RF. Vaporization
After 5 weeks

RF. Vaporization
After 5 weeks

RF. Vaporization
Dr. Igor Jeremic

RF. Vaporization

After 5 weeks
Dr. Igor Jeremic

Ellman

Experts in precision surgery

RF. Vaporization

After 5 weeks
RF. Vaporization

After 5 weeks
After 5 weeks

RF. Vaporization
RF. Vaporization
Anal region is the most difficult area to work. For that, I use the combination of excision and vaporization and I take extreme care that there is no bleeding during the intervention.

The absence of bleeding is very important for rapid recovery without relapse. Intra-anal and genital warts with the unprofessional approach are rapidly expanding and if you have no experience, the post-operative period is followed by weeks or even months of bleeding and long recovery.

Radio wave technology is the only safe technique in pregnancy.
RF. Vaporization et Excision

After 5 weeks
RF. Vaporization et Excision

After 5 weeks
RF. Vaporization et Excision

After 8 weeks
Dr. Igor Jeremic

ellman
Experts in precision Surgery

After 10 weeks
RF. Vaporization et Excision

After 10 weeks
RF. Vaporization et Excision

After 6 weeks
RF. Vaporization et Excision

After 8 weeks
RF. Vaporization et Excision

After 5 weeks

After 10 weeks
RF. Vaporization et Excision

After 6 weeks
RF. Vaporization et Excision

After 6 weeks
MY THERAPEUTIC APPROACH COMPLETELY CHANGES THE STANDPOINT ON CIN I, II, III
RADIO WAVE LOOP EXCISION !!!
WHEN DO WE USE RADIO WAVE LOOP EXCISION?

LOOP excision is at the same time diagnostic and therapeutic method. If we compare radio wave loop excision with biopsy we come to the following conclusion:

We do cervical biopsy when we detect a suspicious spot on the cervix that we diagnosed by colposcopy or when Pap smear is III. a. b or IV. Biopsy procedure takes only a small part of the change the size of a few millimeters and we send it for histo-pathological analysis.

What we receive after biopsy is a mere diagnosis.

Radio wave LOOP excision is both, diagnostic and therapeutic method in one.

With this method changes are removed completely (its size can be from one to three centimeters).
WHY IS THIS INFORMATION RELEVANT?
Biopsy removes only a few millimeters of cervix tissue. We never know whether a change might be in the canal or deeper into epithelium - serious and dangerous (CIN II, III). In many cases I had after biopsy CIN I and after LOOP excision at the same patient I found (CIN II or III).
Radio wave LOOP excision is a simple and ideal therapeutic method for precancerous of the cervix, both for young girls who have not given birth as well as for those who have, but it is absolutely safe even when the patient is pregnant.
With LOOP excision we have the same therapeutic effect as in the conization, we in 5 to 10 minutes with local anesthesia, remove all changes without bleeding, pain, infection, and of course without any millimeter of narrowing and shortening of the cervical canal. This is the key advantage and factor for choosing radio wave LOOP excision as a treatment of choice with young persons and pregnant women.
HOW IS THE RADIO WAVE LOOP EXCISION PERFORMED

LOOP excision is a comfortable, safe and painless procedure.
I have to point out that it has no connection whatsoever with LETZZ. excision with thermo-cauter which is far more painful, and is performed in general anesthesia with bleeding and subsequent deformation of the cervix. It also has nothing to do with laser excision, which lasts much longer and is done in general anesthesia, and of course much more difficult for the patient.
If you have experience and you work with the right radio wave device (Ellman) intervention must not last longer than 10 minutes with local anesthesia, and of course without bleeding.
HOW DO I PERFORM LOOP EXCISION?

I use a specific technique that I have developed over time. Technique involves complete removal of changes with radio wave loop followed by subsequent vaporization of the bottom of the warp by which I ensure a complete destruction of the change.

All my interventions are performed under local anesthesia. The maximum duration of the intervention is 10 minutes. No bleeding after the intervention, and there is no pain. Patients can immediately go back to normal life activities. The only restrictions are fitness, lifting of heavy things and abstention form sexual intercourse in the next 5 weeks.

All patients react perfectly to treatment, have very easy and comfortable post procedure period and cervix at the first check up shows no sign of deformity whatsoever.
RF. LOOP Excision

After 6 weeks
RF. LOOP Excision

After 6 weeks
RF. LOOP Excision

After 6 weeks
RF. LOOP Excision

After 6 weeks
RF. LOOP Excision

After 6 weeks
RF. LOOP Excision

After 6 weeks
RF. LOOP Excision

After 6 weeks
RF. Excision et Vaporization

After 4 weeks
All this above is the result of my long experience in diagnostics and treatment of HPV of infection in radio wave technology.