



Dr. Donald Peghee Jr. sees Endosee® as a “Game changer for both my practice and my patients.”

Dr. Donald Peghee Jr., who owns and operates his solo obstetrics and gynecology practice, Legends OB/Gyn, in Kansas City, KS, sees a fair amount of patients with abnormal uterine bleeding. So when a sales rep visiting him showed him some literature regarding a soon-to-be-released product called Endosee, he took one read-through and said to himself, “I have to have it!” In fact, Dr. Peghee ordered one as soon as Endosee was available, and it’s dramatically impacted his practice ever since.

Changing the Standard of Care of Diagnosing and Evaluating Abnormal Uterine Bleeding

When asked how Endosee has changed his practice as a whole, Dr. Peghee listed some impressive results, even though he only implemented it less than a year ago. First, he explains that “The most important advantage is that I can visualize the endometrial cavity prior to EMB insertion.” This allows us to gather information immediately, allowing for faster treatment of the patient’s problem. He adds that “It’s also an effective tool for patients seeking answers for infertility since they can now undergo testing with more immediate answers. I definitely see ACOG introducing this as an earlier step for faster diagnosis, treatment, faster results and subsequently better overall care for your patients.”

In fact, Dr. Peghee is so impressed with Endosee that “It is now my first line evaluation for any abnormal uterine bleeding patient before surgery as well as prioritizing patients’ disposition over a hysterosalpingogram. I can now see and evaluate the patient for polyps or most intrauterine abnormalities in my office in less visits and without the OR expense. With Endosee, direct visualization is definitely more ideal than the pelvic sonogram in order to confirm the diagnosis of an endometrial polyp or to see if there are also fibroids or any adhesions within that uterus itself. The ultrasound entails more in terms of the anatomy if there is an issue on the outside of the uterus or ovarian cyst, but it fails to give you a clear diagnosis as to the type of polyps or intrauterine pathology.”



A Success Story

BY DR. PEGHEE

“One of my patients had been to her family doctor for irregular bleeding and tried different birth control pills, probably for a good year, with no improvement. When she came to my clinic, she was clearly frustrated. On her second visit, we performed a diagnostic hysteroscopy with Endosee and found two large polyps in her endometrial cavity. We then took her to the OR for operative hysteroscopy treatment of those polyps and her issue resolved immediately. In fact, she no longer needed to be on any birth control pills. My patient was really thankful because her bleeding condition had been going on for so long, and she was extremely happy that I was able to arrive at a diagnosis very quickly thanks to the Endosee procedure that was performed within the confines of my office and with no physical discomfort.”

Endosee Directly Benefits Patients

Dr. Peghee points out that in-office hysteroscopy benefits his patients in several different ways. For example, it eliminates unnecessary OR time, deductible expenses, exposure to anesthesia, as well as possible major complications from surgery. Psychologically, it gives the patient immediate answers to their health problems thanks to Endosee's visual playback of findings.

He goes on to explain that before Endosee, "I took patients to the OR for operative hysteroscopy, but there were a certain percentage of patients – around half – where I'd get started and there wouldn't be any pathology, so I would have to wake the patient back up to basically say, 'Well, we didn't see anything,' so that the trip to the OR was fruitless. This caused a lot of cost for the patient and time off of work. That's why Endosee is a game changer for patients, too. Patient satisfaction is very high. They're also confident that I have their best interests in mind."

As for how his patients have tolerated Endosee, Dr. Peghee says that "The discomfort level is low, thanks to minor premedication. I generally provide my patients with a medicine that's called Cytotec™ that they can take the night before the procedure to help dilate and soften the cervix, and on the morning of the procedure, they take one tablet of Toradol™ (a pretty potent anti-inflammatory medication) to help with cramping. We haven't even had to use the paracervical block because none of my patients – pre- or post-menopausal – have had much discomfort from Endosee."

Endosee Also Directly Benefits Practices, Including Their Bottom Line

Dr. Peghee says that "As a physician, the technology definitely differentiates me from my colleagues by allowing faster diagnosis, increased patient satisfaction and having a clear plan of action of surgery if needed. Plus it allows me to perform more diagnostic procedures in my office that will also increase overall clinical revenue. From a cost standpoint, the procedure is fairly inexpensive and is generally covered with reimbursement. Also, using Endosee is very easy: it takes less than 5 minutes to perform the actual procedure, and probably the biggest part is really just getting the patient into a comfortable position. There's not a lot of need for maneuvering equipment, and you don't need many different instruments to try to get set up for Endosee itself. So if you're familiar with performing hysteroscopy, you'll definitely be able to use Endosee."

From an economic standpoint, Endosee is extremely cost-effective. Dr. Peghee believes that "For Kansas City, the average reimbursement is as much as \$350, depending on the payer mix. Whereas with the commercial payers, you get more for average reimbursement if you're using a code just for diagnostic hysteroscopy. But if you're going to use the code for the operative hysteroscopy in which you'll not only use Endosee but also perform endometrial biopsy, then you'll be reimbursed even more. When you add that to the other economies of savings that you're getting, you see a decent benefit to your practice overall."