

Surgery keeps woman pain-free

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LONG BRANCH -- Connie Haber doesn't want to jinx it by admitting that, for the first time in years, she is free from the pain of adhesions.

"I feel almost elated, because I can't believe I'm well," said Haber, 45, from her Elberon section home. "You're afraid to talk about it, because you don't know what your body will do. I'm excited. I walk around all day long not thinking about my adhesion pain because I don't have any."

Adhesions are bands of tissue that commonly form after trauma such as surgery or an infection. Adhesions can pull an organ out of shape and "tether" it to another organ or to the abdominal wall, according to the American Adhesions Support Group, a branch of the Australian Adhesions Support Group Inc.

Haber's story -- about a life filled with pain after an abdominal surgery resulted in the development of adhesions -- last year struck a chord with readers, many of whom e-mailed or telephoned the Asbury Park Press to show their support for Haber's decision to go to Germany to have her adhesions removed. Others wanted more information because either they or a loved one suffers from adhesions.

Haber went to Sleigensstadt, Germany, last August for surgery to remove abdominal adhesions. Dr. Daniel Kruschinski also used a special adhesion barrier, called Spraygel, on her abdominal organs. She had to have the surgery in Germany because the gel Kruschinski applied has not yet been approved for use in this country. Spraygel is in clinical trials here, according to the Massachusetts-based manufacturer Confluent Surgical.

"It is not for everybody," she said. "But it was for me."

Adhesions, which also can be caused by endometriosis, chemotherapy, radiation and cancer, cause chronic abdominal and pelvic pain, infertility and recurrent bowel obstructions.

More than 300,000 people a year are hospitalized for treatment of adhesions, according to the support groups. And about 500,000 surgical procedures are performed annually to remove adhesions.

For Haber, the married mother of five, gastric-bypass surgery in November 2000 started a cycle of pain that manifested a year later when she began to feel pinching and stabbing sensations in her abdomen.

In June 2002, Haber had to have additional surgery -- this time for a bowel obstruction -- and was diagnosed with adhesion related disorder. In January 2003, she had a third surgery, for another bowel obstruction.

"I don't believe the U.S. has cutting-edge medicine," Haber said. "It takes a long time for cutting edge to come to the surface here. . . . Progress takes a very long time, a massive amount of time. This guy has a very simple solution," she said of her surgeon, who said in an e-mail to her that he has treated 42 patients from the U.S. and, in a follow-up study of 33, he found 31 were pain-free 12 to 24 months after surgery.



BOB BIELK photo

Connie Haber traveled to Germany in August to have an operation for a painful condition called "adhesions."

Haber said her success was due not only to the physician's skills, but also adhesion barrier, and Kruschinski's use of gasless laparoscopy, because the carbon dioxide commonly employed in such procedures creates an acidic environment that can lead to the formation of adhesions.

"This doctor really, really saved my life," she said of Kruschinski. Haber said, however, that the cases are often so complicated that they require multiple surgeries to correct. Haber went back to Germany 11 weeks after her initial surgery to have a single adhesion removed.

She is appealing her insurance company's denial of a portion of the bill.

Anthea Nesbitt is of the American Adhesions Support Group, a branch of the Australian Adhesions Support Group Inc. The group runs an electronic information and support forum. She said Haber was lucky to be able to go all the way to Germany for treatment of her adhesions, but there is help closer to home. Nesbitt had abdominal surgery in April, and her surgeon used an adhesion barrier called Seprafilm, manufactured by Genzyme Biosurgical; she is also adhesion-free. Seprafilm is readily available in the United States. There also is Gynecare Interceed Barrier, widely used for gynecological procedures and manufactured by Gynecare Worldwide.

"A lot of people I deal with are so ill that sitting on an airplane is not an option," Nesbitt said. "We have to give some people hope that help exists" closer to home.

She and Haber note that for as many successes in the proper use of adhesion barriers, there is a comparable number of failures. And even people who are adhesion-free may still have pain.

"There could be nerve damage because of adhesions being there for so long, tugging and pulling," Nesbitt said. "We still stress (to) do good research, read about this condition, make sure your surgeon is educated about it. . . . That's the most important thing: to educate the sufferers to become their own advocates."

Comment:

It's a good article, but the last part from Anthea Nesbitt can't stay uncommented:

I don't agree at all that there are other adhesions barriers that prevent adhesions sufficient. They might have a good result from time to time, mainly around 50 %, but this is not good enough, as in 50 % a unnecessary and sometimes dangerous and complicated surgery is performed.

All adhesion barriers like Seprafilm or others are fluids that slide away from the wounded area, or films that are difficult to apply. Therefore SprayGel is the one and only that stays on the surface where it was applied. It stays there for around 7 - 10 days and allows the tissue to heal under the surface of the SprayGel and thus prevents sufficiently adhesion re-formation.

We have now 42 patients from US, 9 from other countries and 43 from Germany. In our initial series of 33 patients with a **current follow-up of 12-24 months** there are **91.8 %** patients adhesion free.

Regards

Dr. Kruschinski