

Husband hopeful for success in German adhesions-removal procedure

By CAROL GORGA WILLIAMS
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LONG BRANCH -- Connie Haber, the city woman who traveled to Germany to have surgery to remove painful scar tissue in her abdomen, fared well during the six-hour procedure on Friday, her husband, Leon, said yesterday. Haber went to Seligenstadt, Germany, for the surgery to remove adhesions because the adhesion barrier used by Dr. Daniel Kruschinski is not approved for use in this country.

After removing the adhesions, Kruschinski sprayed a gel on Haber's abdominal organs. The hope is that the gel will remain in place for up to seven days before being absorbed by Haber's body, Kruschinski said in an interview earlier this week. Adhesions start to form when the tissue is being damaged and stop when the wound has healed.

Adhesions are bands of tissue that commonly form after trauma such as surgery or an infection. They don't form in every surgical patient, but when they do, the adhesions connect organs that usually exist separately in the abdominal cavity.

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. Adhesions, which also can be caused by endometriosis, chemotherapy, radiation and cancer, cause chronic abdominal and pelvic pain, infertility and 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. Because the pain can be undiagnosed for a long time, many patients suffer from depression, according to Anthea Nesbitt, American coordinator for the support group.

For Haber, the 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 she was diagnosed with Adhesions Related Disorder. In January 2003, she had a third surgery, for another bowel obstruction. Her husband remembered how bad the January surgery was for Haber.

"She went in for an emergency, and she was in pain for over a week," he said during a long-distance telephone call from Germany. "Today, she is walking around. I couldn't believe it. She looks good." Leon Haber said the doctor removed a mass of adhesions and will do another surgery on Friday -- which happens to be his wife's 45th birthday -- to make sure no new adhesions have formed. If they have, he will cut them out before sending the Habers home.

"We have hope now, and that is the key," Haber said. "It's just key." Nesbitt said those with adhesions need to raise awareness among the general public and the medical community as well. She said people with adhesions have trouble getting proper medical attention.

"They either understand and don't want to deal with us because we are so complicated or they don't understand at all," she said of physicians. "There is no good anti-adhesion barrier being used in this country. Proper pain management is hard to come by. Doctors are afraid to put us on medication. They're just afraid to deal with that . . . They look at us as a liability." Nesbitt and Haber both called adhesions an "invisible illness" because outwardly the patient looks fine, even though he or she might be in constant pain.

"Just because we might be dressed and have our makeup on," doesn't mean sufferers are cured, she said. "This stuff is ripping and tearing at our insides. Many people lead a lonely life because of this."

Carol Gorga Williams, 732-643-4202 or carolg@app.com

The American Adhesions Support Group can be reached at www.bombobeach.com or P.O. Box 152, 1215 Polaris Parkway, Columbus, OH 43240.