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Adhesions sufferer travels to Germany for successful surgery

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Imagine feeling that your internal organs are bound in knots. Imagine feeling a pain, pulling and shortness of breath during physical activity.

Imagine having medical tests and being told nothing is wrong. Imagine being told you just might be a little crazy — the pain is all in your head.

Carolyn Meadows doesn't have to imagine. She has lived it for almost 30 years. The retired Bedford realtor suffered with adhesions until a few months ago when, out of desperation, she traveled to Germany for removal of her adhesions.

She is sharing her story to help other adhesion sufferers know that there is hope.

Adhesions are internal scars that form as the body heals itself following surgery. Many people are prone to them, and they begin forming in as little as three hours or as long as seven days after surgery. Trauma or injury from seat belts and abdominal infection also can cause adhesions. Adhesions affect men and women, but are more common among women.

These fibrous bands of scar tissue grow around organs binding them together. Sufferers whose adhesions grow around the intestines suffer considerable discomfort and are plagued with frequent constipation and diarrhea.

According to the Confluent Surgical Learning Center, the more commonly affected organs are the ovaries, pelvic sidewalls, fallopian tubes and bowel.

Surgery triggers adhesions

Meadows' problems began with a hysterectomy in 1973. A second surgery in 1981 led to bleeding from the bladder. In 1989 she had the first of three adhesion surgeries, which offered no relief.

"I would have been better off to not have had those surgeries," she said.

In March 2001, she had surgery to remove her gall bladder and gall stones.

By then she was suffering from exhaustion, high blood pressure and had trouble breathing.

An avid gardener with hundreds of daylilies at her Anderson Lane home, Meadows was no longer able to care for them without help.

She was frustrated by her doctors and the prevailing attitude that the pain was the result of "nerves." She had grown tired of being dismissed.

"That's when I knew it had to be adhesions," she said. "I knew I had them, I just didn't know how bad I had them."

Two trips to the hospital emergency room for high blood pressure convinced her she, alone, would have to find a remedy to her adhesions.

She began an Internet search and found the information she was looking for. An online support group brought her in touch with hundreds of adhesion sufferers and gave her comfort that she wasn't alone. Through her research, she learned about a doctor in Germany who used a technique not approved by the FDA for use in the United States.

By this time, Meadows' discomfort from adhesions was chronic. Medicare would not pay for the surgery, but it didn't matter. If the surgery worked, it was worth the cost, she said.

Successful treatment

An ailing Meadows and her husband Jerry made the 10-hour flight to Germany.

Upon her arrival, she was greeted by the medical staff of Dr. Daniel Kruschinski and met several women who were at the clinic for the same procedure.

"The women he has helped worship him, and I know why. He gives you back a life you never thought you'd have again," she said.

Kruschinski has been removing adhesions with gasless laparoscopy for about 10 years and boasts a success rate of more than 95 percent. Laparoscopy is a less invasive surgery.

"Some of the doctors (not only in the U.S.) think adhesions are harmless, and some know that they can't help, so they avoid surgeries," Kruschinski said in an e-mail. "New adhesions barriers and new techniques like gasless laparoscopy that I have developed are much better for adhesion surgeries (than) carbon dioxide, which is insufflated into the abdominal cavity (and) changes the metabolism of the peritoneal cells with the consequence that there is cell death.

"That is why after adhesiolysis with gas laparoscopy, patients are getting new adhesions. So to be an adequate adhesiolysis surgeon, you need many techniques that prevent adhesions and a very skilled doctor that knows how to perform adhesion surgery," he wrote.

About 20 percent of Kruschinski's patients come from the United States.

Meadows' four-hour surgery was performed with gasless laparoscopy and SprayGel, an adhesion barrier, applied to the area to prevent the formation of adhesions.

Meadows said she felt an immediate difference after the surgery.

"You don't have the pulling and bound together feeling anymore," she said.

Meadows shared her story with other sufferers at an Internet Web site called Quilts.

"My objective is to let other women know there's help and hope," she said.

Readers with questions about Carolyn Meadows' surgery or wants to know more about help for adhesions can call her at 279-2767.

Carol Johnson welcomes comments at 277-7252 or at carol@tmnews.com.

Facts about adhesions

- 35 percent of women having open gynecologic surgery will be readmitted 1.9 times in 10 years for operations because of adhesions or complications from adhesions.
- Hospital admissions for Adhesion Related Disorder rival those for heart bypass, appendix and other surgeries.

n Adhesions cause pain, infertility and bowel obstruction. They are an almost inevitable outcome of surgery.

- In 1996, there were 474,000 procedures for peritoneal adhesiolysis in the United States.

Information about adhesions can be found at several Internet sites:

Website of Dr. Daniel Kruschinski: www.EndoGyn.com