

SURGICAL STRIDES

How operations have improved: one family's story

A HEREDITARY CONDITION REQUIRES REMOVAL OF THE SPLEEN.

TODAY, THAT'S LESS OF AN ORDEAL



Three generations, sans spleens:
from left, Joanna Frigon, daughter
Jennifer Santana and 3-year-old
grandson Luke Brown.

Want to know how much surgery has improved in recent years? Ask the family of 3-year-old Luke Brown of Keyport.

The youngster had a splenectomy—removal of the spleen—at Monmouth Medical Center in May. After the Wednesday operation, he was home on Friday and by Saturday was “running around like a maniac,” as his mom recalls. He has a scar the size of a freckle. His mother, Jennifer Santana, 34, and grandmother, Joanna Frigon, 60, are pleased—and a little envious too.

The operation was done to correct a condition called hereditary spherocytosis. Santana, Frigon and Frigon’s mother also had the problem—and the proce-

dure—years ago. But surgery was a much bigger ordeal for them.

Spherocytosis, also known as congenital spherocytic anemia, is a genetic disorder affecting the surface membrane of red blood cells. It makes these cells, which are normally almost flat, take on an abnormal spherical shape, which in turn causes them to be trapped and destroyed in the spleen at faster-than-normal rates. The ensuing lack of red blood cells can cause mild to severe cases of anemia.

A splenectomy cures the anemia: Although the cell defect continues, the red blood cells’ life span returns to normal when the spleen is not present to destroy them. But until the last few years, splenec-

tomies required open surgery involving a large incision, leading to scarring and a long period of recovery.

“My mother had the operation when she was 18,” recalls Frigon, who lives in Brick. “She was in the hospital for two months. They didn’t know what it was. She had 10 blood transfusions beforehand.”

Frigon herself had the surgery at age 7. “I was in the hospital two weeks,” she says. “All I remember is waking up in an oxygen tent, which is what they used back then.”

When Santana had her spleen removed at age 3, says Frigon, the hospitalization period was down to 10 days. “It was heart-wrenching,” Frigon remembers, “with all the monitors and drains and tubes down her throat.”

By the time Luke was born, the condition could be diagnosed right away. “Two days after he was born they told us he had it,” says Santana. “I was upset that he’d have to go through the surgery experience.”

Like his mother, Luke was sick often—the disease leaves its victims especially vulnerable to infections—and his blood count sometimes dropped so low his doctors had to consider giving him a transfusion. As he approached age 3, they decided it was time for his spleen to come out and referred him to Saad A. Saad, M.D., section chief of pediatric surgery at Monmouth.

“His spleen was the size of a football,” Dr. Saad says, “when normally it’s like a tangerine.” But he had good news: Luke could have his surgery laparoscopically—that is, in a minimally invasive way using fiber-optic instruments. “While his grandmother had a 20-inch incision and his mom about half that, Luke’s incisions were pinholes,” Dr. Saad says. “That’s how far we’ve come in the past 50 years.”

Dr. Saad worked with Frank Borao, M.D., section chief of laparoscopic surgery at Monmouth Medical Center. The surgeons cut tiny holes under Luke’s ribs, and through them they inserted the surgical instruments and a small camera. “We perform the same operation as in open surgery,” Dr. Borao says. “We divide the blood vessels going to and from the spleen, freeing up all the attachments to it.” Then, instead of taking the organ out whole, the surgeons put it in a plastic bag and, in effect, mash it up into small pieces so that it can be removed through the pinholes.

While both traditional open surgery and the laparoscopic method take about an hour to com-

plete, “the difference is in recuperation time and post-operative pain,” Dr. Borao says.

“Usually we send patients home the next day. The pain is much less, so few if any narcotics are required. And complications are low—the chance of wound infections is close to zero.”

Recuperation time is reduced from a few months to a few weeks. Or, in the case of a rambunctious preschooler, a few days. “Luke did incredibly well,” says Santana with a laugh. “I could not have been happier. And his scar is phenomenally small—I am so jealous!”

Luke will most likely remember none of this. His only reminder will be the low-dose antibiotics he’ll need to take for the rest of his life to fight minor infections, and the flu and pneumococcal vaccinations he will require every one and five years, respectively. And he’ll have conversations with his family about the disease he may pass on to his children.

“We talk about the operation and compare scars now,” his mother says. “As soon as he starts asking more questions, I’ll lay it out for him.”

But by the time Luke has kids, who knows how far medicine will have advanced? “Maybe they’ll just press a button,” Santana muses, “and the spleen will be gone.” ■



Thanks to improved techniques, Luke was up and about a mere three days after surgery.