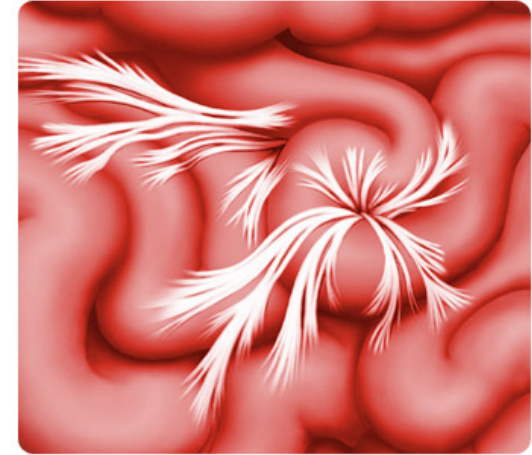




# 10 Common Questions Answered Adhesions

## 1 What are Adhesions?

These are tiny but powerful collagen fibers that form naturally as the first step in healing. In fact, they can form anywhere in the body that healing occurs.



**Definition of Adhesions:** Adhesions are scar tissue resulting from infection, inflammation, trauma, or prior surgery occurring anywhere in the body.

## 2 What Causes Adhesions?

There are six common causes of adhesion formation. Including:

Infection

Inflammation

Surgery

Trauma

Radiation therapy

Chronic poor posture

## 3 What does pain caused by adhesions feel like?

Some people notice the pull of adhesions as tightness, decreased range of motion, or pulls in specific areas of the body. Initially this may be accompanied by a dull pain or ache in these areas that continues or increases over time.



Adhesions create problems when they:

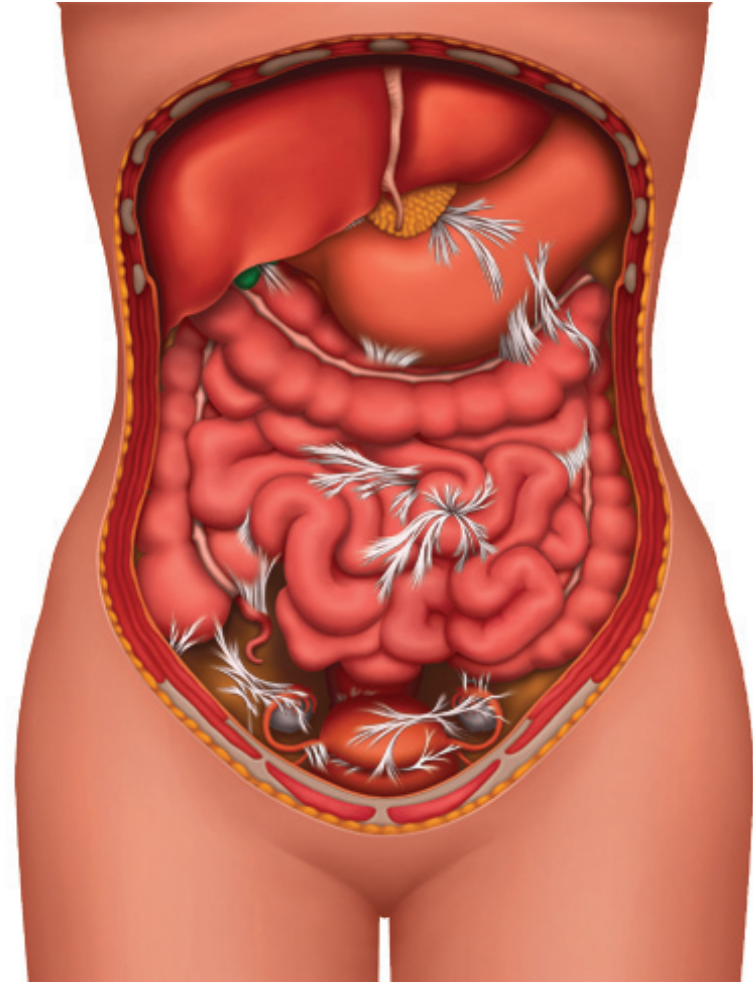
- Put pressure on pain-sensitive tissues or other structures
- Pull on nerves causing pain
- Glue structures that should be mobile, causing dysfunction such as poor digestion, or even infertility.

When nerves or pain-sensitive structures become bound by adhesions, the result is pain. Dysfunction occurs when adhered organs and muscles become inefficient, ineffective, or unable to properly do the job for which they were designed.

## 5 Do I have Adhesions?

Adhesions form as we heal - it's as simple as that. For this reason, virtually all of us have adhesions. In fact, by the time we reach puberty, literally everyone who has ever had a fall, infection, inflammation, or surgery has developed adhesions.

They are part of the natural process of healing and aging. Adhesions become an intimate part of the body's geography.



## 6 How do I treat my adhesions?

The usual medical solution to post-surgical adhesions is to first administer pharmaceuticals to decrease inflammation, ease the pain, or improve function.

If drugs fail to adequately address the symptoms, the physician may suggest a “second look” surgery to help determine the exact cause of the pain.

If the surgeon finds more adhesions, he or she would generally cut or burn the ones which are accessible.

However, due to the invasiveness of yet another surgery, additional adhesions generally form following the surgery.



## 7 Doesn't Surgery cause more adhesions?

Yes. A study in [Digestive Surgery] showed that adhesions occur in roughly 90% of patients after abdominal surgery. The study went on to say, "Small-bowel obstruction, infertility, chronic abdominal and pelvic pain, and difficult reoperative surgery are the most common consequences of adhesions.

While surgery can cut or burn some adhesions, others are difficult or risky to access due to their proximity to delicate tissues.



No matter how skilled the surgeon, it is very difficult to perform surgery without creating more adhesions.

Surgery has too often been the only answer that medical science has been able to offer patients with adhesions that cause pain and

## 8 Is there an effective alternate to surgery?

Yes. The focus of the Wurn Technique® is to find adhered tissues and structures wherever they exist in the body. As noted earlier adhesive cross-links act like the thousand tiny fibers of a nylon rope. When they bind together, they can create persistent pain or dysfunction, gluing together structures within the body.

While a surgeon might cut or burn the adhered tissues, this therapy uses a different mechanism. The focus is to detach the chemical bonds that attach the tiny cross-links to each other.



This manual physical therapy uses more than 200 specific manual techniques to treat patients, developed over the last 20 years. Studies about the effectiveness of the therapy have recently appeared in highly respected medical journals.

## 9 What specific conditions does this treatment treat?

### **Small Bowel Obstruction**

Bowel obstruction can result from any trauma to the lower abdomen. As healing takes place, the body sends out thousands of tiny but powerful collagenous cross-links to begin the healing process. When healing is more extensive, adhesions may spread beyond the organ, to neighboring structures.

These extensive adhesions can create a weave of obstruction that slowly decreases the ability for food nutrients to pass through the bowel. The recurrent build-up of adhesions can lead to a partial or total bowel obstruction, a life-threatening condition requiring surgery, or therapy.

### **Endometriosis**

Endometriosis is a condition in which endometrial tissue (lining the uterus) is found outside the uterus. This endometrial tissue is often bound to underlying structures by tiny but powerful adhesive cross-links.

When the tissue swells each month during menstruation, the pull on these cross-links can cause pain, we believe. When adhesions form on the delicate tissues and organs of the female reproductive system, endometriosis and its related adhesions can glue the structures down, restricting normal mobility, reducing reproductive function, and sometimes causing severe pain.



# 10 Common Questions Answered

## **Infertility**

Adhesions are like a powerful glue, wherever they form. When they form within the delicate female reproductive structures, they can glue down structures, reducing their ability to function.

Adhesions are a major cause of female infertility, and implicated as a cause of many cases of unexplained fertility.

## **Post Surgical Adhesions**

When pain persists several weeks after surgery, post-surgical adhesions are often the cause. Chronic pain from adhesions is generally noticed within the first 6 to 12 months after surgery. In some cases, patients notice a pulling immediately after surgery, a pull that never goes away. For some people, pain occurs as a direct response to adhesions attaching to nerves. This is generally experienced as a



sharp or piercing pain. Post-surgical adhesion symptoms can range from confusing and annoying to totally debilitating. In short, they can glue tissues down, from the strongest to the most delicate structures in the body.

# 10 Common Questions Answered

## Chronic Pain

Unless chronic pain stems from a disease, it is generally termed “mechanical” or “unexplained.” In either event, we find that the cause usually stems from adhesions that the body created after an earlier surgery, inflammation, infection, or trauma.

Adhered tissues cause pain and dysfunction as the adhesions pull on structures that should normally be free to glide over each other. Once they form, they remain in the body throughout life. There they either remain the same in size, or become more extensive. The body simply cannot dissolve them on its own.

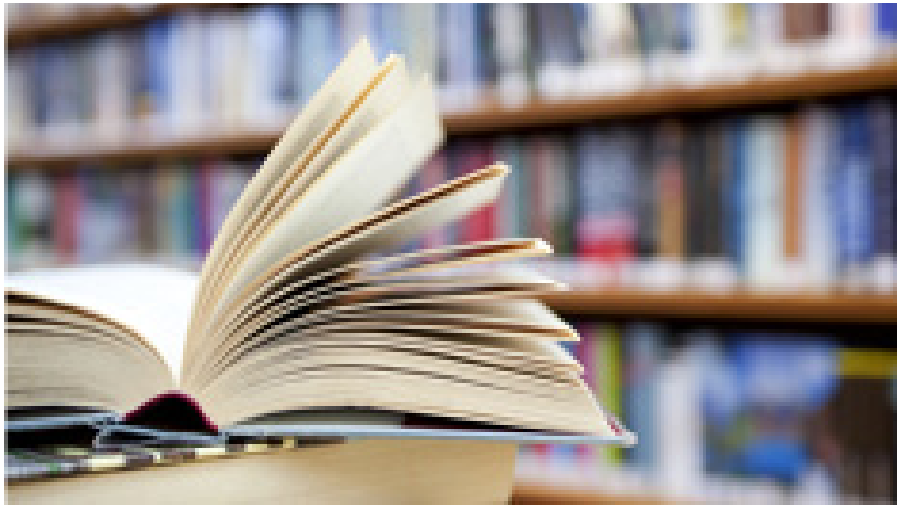


## Sexual Dysfunction

Studies we have published indicate that, besides pain, adhesions can cause pain and decreased desire, arousal, lubrication, and orgasm. They can restrict normal sexual function by gluing down structures that need to be mobile, to function correctly. Adhesions can diminish all aspects of sexual function.

## 10 Is there any proof?

Yes. Early on, we recognized a responsibility to conduct clinical research to answer questions that physicians, patients, and scientists would ask. Does the therapy actually help any conditions? To what extent? Are there any adverse effects? How much treatment is required to yield results?



To answer these questions, we have conducted the following studies, published in some of the most respected medical journals in the world:

- Therapy to improve fertility, both natural and pre-IVF (Medscape General Medicine, 6/2004)
- Opening blocked fallopian tubes with a unique physical therapy (Alternative Therapies in Health and Medicine, 1/2008, Contemporary Ob/Gyn, 4/2008)
- Therapy to increase sexual function and decrease intercourse pain (Medscape General Medicine, 12/2004)
- Therapy for women with multiple failed IVFs (Full medical text) (In-house publication)
- Treating hydrosalpinx (severely blocked fallopian tubes) with a manual physical therapy (Fertility and Sterility, 9/2006)
- Treating endometriosis pain with a manual pelvic physical therapy (Fertility and Sterility, 9/2006)
- Improving sexual function in patients with endometriosis via a pelvic physical therapy (Fertility and Sterility, 9/2006)

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