ABDOMINAL SCARS AS A SOURCE OF BACK AND NECK PROBLEMS

ABDOMINAL SCARS FROM SURGERY RESULTING IN CHRONIC BACK PROBLEMS.

ccording to the March of Dimes, the C-section rate in the U.S. is at 32.1%. According to iData research, there were over 1 million hernia repair surgeries performed in the U.S.A. in 2020. In 2019, it was reported that there was a reported 140,000 yearly Tummy Tuck, A.K.A. abdominoplasty surgeries performed yearly according to Summit health.

Many of these patients later developed or had worsening problems with their neck, shoulders, lower back, knees, and hips. Is there a connection?

THE GROWING PROBLEM OF ACTIVE SCARS.

What is an active scar?

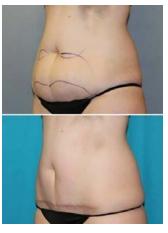
Karel Lewit M.D and Sarka Olsanska in their paper "Clinical Importance of Active Scars: Abnormal Scars as a Cause of Myofascial Pain", "Active scars are a model of soft tissue lesions. Soft tissues surround the locomotor system everywhere. These tissues shift and stretch in harmony with joints and muscles. Active scars interfere with this type of movement, thus disturbing the function of the entire motor system."(1)

A growing body of research shows the relationship between the active scars from a previous abdominal surgery and chronic myofascial pain weeks, months, or years later.

Ironically, more surgeries to remove the scars results

in more scarring so non-invasive methods are proving to be the best way to treat these procedure-induced problems. Ironically, most doctors are aware of the research that is presented in the bi-yearly fascial congress presented by the fascia research society (2).

THE MEDICAL PROFESSION IS AWARE OF THE PROBLEM, SO WHY DO THEY RARELY TELL THEIR PATIENTS?



The growing awareness of active scars has resulted in hysterectomies being done either vaginally or through the umbilicus or procedures such as gall bladder surgery done with minimal invasiveness.

If you have had any abdominal surgery, there will be visible

scars on the outside but the ones inside are likely to affect us.

A few years ago I authored a white paper that made recommendations for a quick screen to rule out developing scars 6 weeks post surgery. Doctors were skeptical of its worthiness, yet these methods were developed after years of trial and error working on patients who had these scars. Some didn't want to be bothered. Others told me to explain and train their staff who never acted on it. Others listened to what I had said and sadly did nothing as well. Ironically, the screen took less than a minute and could prevent a lifetime of pain and suffering..

There is growing evidence that active scars are far more common than doctors realize and their lack of training in how to evaluate and treat musculoskeletal problems is likely part of the problem.

As a healthcare consumer, you can be proactive by having a healing scar checked for active adhesion by the 6th week. If these scars are treated early on, they are unlikely to create problems weeks or years later and they may be resolved in as little as a couple of visits using myofascial release to tolerance.

Waiting weeks or months, after the scar sets is likely to result in problems of the neck and back, and other joints as it alters how you walk, move, and function.

Different surgeries have different types of active scars. For example, c-sections and hysterectomies often have a small bikini cut but the scaring while healing can attach themselves to organs and muscles underneath. Hernia repairs use a mesh that prevents further problems by adhering to a scar in the abdominal wall designed to secure the mesh, although I have treated sciatic cases caused by adhesions underneath the scar.

Tummy tucks are a common source of chronic pain as the procedure unnaturally sutured the abdominal muscles to tighten the abdominal area. You may look good but your shoulders, neck, and back may be in constant pain afterward. While they may improve outward appearances, they can also cause chronic myofascial pain as an unintended consequence. It is also not unusual to find that an active scar from a previous c-section is underneath the secondary active scar caused by the tummy tuck.

SEE A CHIROPRACTOR WHO PERFORMS MYOFASCIAL RELEASE FIRST?



In our office, we have diagnosed and treated hundreds of these scars. Why chiropractic? Chiropractic physicians are holistic and will look at you, how you move and

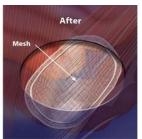
function, and look for signs that the scar is affecting movement.

Our healthcare system is non-holistic in nature and doctors are often taught to make the patient fit their model vs. the doctor understanding how the symptoms align with a functional problem. Active scars are a functional problem requiring a functional solution.

Chiropractors through the use of methods such as myofascial release, exercises, and manipulation to restore movement are a natural first choice for the proper diagnosis of an active scar.

WHEN SHOULD YOU SUSPECT AN ACTIVE SCAR?





Problems that began or worsened after surgery weeks or months away a common presentation. These symptoms may include neck pain, headaches, shoulder pain, mid-back pain, difficulty standing up, and knee pain or plantar fasciitis.

A generalist holistic approach is appropriate to

diagnose and treat the scar and the secondary problems causing neck and many other problems in the back.

1. Clinical importance of active scars: abnormal scars as a cause of myofascial pain Karel Lewit 1, Sarka Olsanska

PMID: 15319762 DOI: 10.1016/j.jmpt.2004.05.004.

2.Fascia Research Society https://fasciaresearchsociety.org/)



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SOURCE OF BACK AND NECK PROBLEMS