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Post-Surgical Massage

for Female Disorders

by **Marci Javril, Vital Energist** ©2000 all rights reserved

Modern medical doctors have traditionally held the power in the mainstream health care system. As this predominately male oriented field matures and lets in holistic thinking, Oriental and native healing, they will find much to be offered.

Within the medical field some of that power has been taken back by a few women doctors for women's disorders. They have established better pregnancy care and pre- and postnatal exercise programs. Along with this has come a return to midwifery, natural herbs, and modalities of preventive health care maintenance.

Women hold the mystery of birth and new life within ourselves. I am realizing that we need to continue to think of ourselves as nurturers and sensitive communicators, full of compassion AND passion. The women's movement needs to keep in mind that as our yang qualities begin to develop, we must not exchange them for our intrinsic yin qualities. Just as we have risen up politically and socially, now we need to raise the consciousness of the medical community. To this end, I am giving my energy and helping to stir the consciousness of each woman I touch, to let her know that her own healing is within her reach, her personal touch.

Goals of Hands-on After Surgery

My goals in treating post-surgery patients through my sessions are (1) to establish healthy touch/rapport of the patient with her body, (2) to teach care for the incision and specific strokes that increase circulation and mobilize the tissue so as to discourage the formation of keloiding and adhesions, (3) to increase proper peristalsis function and to stimulate all soft tissue (organ) functions in the abdominal area, (4) to create an atmosphere of self-awareness and compassion, and (5) to encourage healing through relaxation, visualization and a recuperative rest/exercise program.

I have developed this approach through my long-standing relationship with the famous gynecologist and pioneer of Female Reconstructive Surgery (FRS), and author of *No More Hysterectomies*, Dr. Vicki Georges Hufnagel. When we met nearly five years ago, I created private sessions for her in stretch, exercise and deep tissue massage. Later during her pregnancy and delivery of her daughter Tara, we shared many ideas which culminated in creating a workable modality for her patients. She and I are both interested in seeing a woman given back her right to keep herself healthy as well as having access to information, self-help and networking.

Dr. Hufnagel encouraged me to start working on her post-surgery patients in May 1987, and now both she and the plastic surgeon, Dr. Brian Novack, refer many of their patients to me at the Center for Female Reconstructive Surgery in Los Angeles.

Female Reconstructive Surgery (FRS)

According to Dr. Hufnagel: "FRS is a surgical concept which seeks to repair and restore female reproductive organs rather than amputate them. During FRS I apply the same high technology & microsurgical techniques used in plastic surgery and organ transplants. It involves the use of a laser which seals the edges of the incision into the uterus, so it reduces bleeding considerably."

I have been privileged to be invited to the operating room during several different surgeries and stood behind Vicki's shoulder. Truly an orchestration led by her amazing Radar-fingers, there is a complex atmosphere of sanitation, healing music, persistence, technology, spirit, and extreme caring. It is enlightening to view the process, by which all the abdominal tissue layers are reconstructed. Such a visit to an operating room (OR) is a must for serious massage therapists.

A Personal Experience

Typically, a patient comes to me after an elective surgery. It may be FRS, female reconstructive surgery which is an alternative to a hysterectomy. She has been interviewed and briefed, sonogrammed, blood tested, second-opinioned, counseled, and perhaps massaged. There have been numerous videotapes plus a lot of printed, educational material to review. Her team of professionals include an OB/GYN, a psychologist, surgeon, a consulting surgeon, a nutritionist, a nurse, a patient advocate, and a massage therapist. The patient has been educated about her health and how to enhance it during this pre- and post-surgery body and a sense of being invaded. Her past hospital experiences may have left her feeling very alone and wanting personal contact.

This is an empowerment process, one that reaches very deeply into the self-image and spiritual concept of health and life. It is important for her to know that she can help herself, that she need not be a victim or a passive subject in the consented penetration of the internal organs; rather, she can be a participant in the release of trauma, and the acceptance of tender care after this physical, emotional, and psychic confrontation. Allowing her to vent out pain and problems helps her to connect with her dreams and archetypes, and may resolve or sort out trouble spots in her mental attitude. These revelations, properly communicated through the network of the team, can have a profound effect on everyone's understanding of the case.

Like a frightened child needing to be gentled, the fear within needs to be reassured that is O.K. to touch the surgical site, even though she may have a bit of apprehension about pain upon being touched. My participation in her healing process is to show her how to massage herself safely and firmly, adding to the blood flow and lymphatic drainage in the surrounding area. We start gently, and often the dialogue releases unspoken anxieties that have not been told to the doctor or psychologist.

Techniques Used

When a patient first comes to me post-op, I begin to work on the belly area with great sensitivity. Re-establishing peristalsis is first, where an undulating motion (Òcat's pawÓ) is used to follow the natural flow of the large intestine-clockwise, going around the Òupper hemisphere of the abdominal cavity, along the ascending colon. This Òsand dune waveÓ can be gently performed for a few minutes, and any resistance begins to dissolve by requesting the client to breathe along with the motion. I check the sigmoid flexure by gently stretching it, pulling up and laterally in toward the navel, to straighten the pathway of this Òplumber's loopÓ that occurs just before the rectum. Stimulating the ileocecal valve, I use an outward lateral pressure that turns and moves superiorly, as in a L shape. This opens the two bottom corners of the abdominal Òlower hemisphereÓ, ridding them of gas and possible blockages.

Lymphatic Drainage

The Lauren Berry Method uses a progressively deeper pressure, initially a feathering stroke that traces diagonally under the left rib cage, following the most distal portion of the anterior lumbar spine. Firmer, slower pressure stimulates the flow of lymph out of the spleen. This by interstitial fluid action, carries off debris and excess fluid. The deep lymphatic pathways are affected by this firm, downward stroke.

Feathering and progressively firmer, slower strokes under the right rib will stimulate liver and gall bladder. Often a little bubbling or gurgling can be felt or heard as the fluid passes thru these channels (common and cysterna chyli). The lymphatic system like the vascular system has internal channels that move interstitial fluid outwardly from the center of the body to the extremities as well as surface capillaries that move intercellular fluid inwardly from the extremities back to center.

After opening the deeper channels, I continue with superficial lymphatic drainage (the Vodder Method), and use short, light feathering strokes that go from the waist down toward the inner groin, aiming at the inguinal nodes. The scar creates a dam above which extra fluid may collect, causing puffiness and swelling (edema that has collected from tissue trauma). I always emphasize passing over the scar itself, in order to re-establish the passageways of the lymphatic capillaries that have been cut by the incision. I use a gentle, slight pumping action over these inner thigh nodes, too. Then, moving to a position over the scar and using a soft contour hand, I stretch the skin (no compression) and make a small stationary circle that stays "stuck" to the skin, gently making a slow circular motion that does not move across the surface. It must be very, very slow circles (I encourage a waltz count-to-three) in order to replicate the intrinsic rhythm of the fluid, which is the same as cerebral spinal peristalsis @ nine contractions a minute. Often, I can hear or feel the bubbling of the fluid movement.

Once the first week or two of tenderness has dissipated, I begin the **scar tissue massage**. I **criss-cross** perpendicularly to the incision, using short firm movements that actually stretch and move the scar sideways. This can be very gentle at first, progressing to more pressure as healing occurs. It's best to be sure to keep the working fingers close to each other in order to create a good sideways stretch to the upper tissue layers. **Deep penetrating small circular strokes** are used to break up the lower layers of density, going about two fingers deep into the abdominal cavity.

The motion for the skin layers discourages keloiding and helps to break down potential adhesions, and brings the edema level down through fluid waste being processed faster. It accentuates topical as well as inner sensations, stimulating the nerves and encouraging the post-trauma numbness to fade more quickly.

In order to create good elasticity, these scar tissue movements need to be done as often as twice day from the very start. Also, the patents are instructed to clean the scar with hydrogen peroxide and treat the incision with aloe ver and vitamin E. Participatory patients found that the scar goes from red to pink to white to a fairly invisible wrinkle line within 3-6 months. The less touching, the less healing, is the general consensus.

After about 3-4 weeks, **skin rolling** can be used to create convexity along the incision line. I snail the thumb and first two fingers directly on the scar, making a little hill of skin that moves steadily from end to end. At first , it may be necessary to just create little hills at small intervals until continuous skin rolling can be accomplished. In the case of a bikini cut, it is easier at each end point, and difficult when close to the pubic bone and midpoint, where there is often more density. Finally, after 5-6 weeks, plucking and washboarding can be used. I pull up on skin and tissue, one side of the scar at a time, and tug firmly away from the abdominal area, stretching the layers out from the pelvic bowl. Once I can pluck, I can pull up, and pinching a 1Ó thickness of tissue, use opposing pressure (as in criss-cross) to perform a washboarding effect. The elasticity of the incision is dependent upon how fast the patient heals, how prone to keloiding she is, and how cleanly the incision was made.

Emotions, Psychology and Self-Help

The correlation with touching and healing is now new. For centuries, hands-on touching has been an acceptable way of promoting rejuvenative effects. In this situation, I continually talk to patients about

how their own participation is crucial to their progress. No allowance has been made in the past for post-surgery patients to be touched, nor were they encouraged to touch themselves. So many times I hear "I am afraid to touch myself" "It feels like that area is not apart of me, it feels foreign" "I am numb and fearful of hurting myself or opening the scar up". Now, I give them guidelines, specific strokes to do and easy ways to work on themselves.

Many of the women have been holding on to their emotions because they have been told they needed a hysterectomy. And once they have decided on Dr. Hufnagel's surgery, it still leaves the psychologically full of questions about the success of the procedure, their progress, and how they will feel afterwards. They have taken the first step by finding an M.D. who gives them a medical alternative to castration. I hear them tell me, "I knew there must be another way to take care of my problems, that somehow it wasn't right to just cut my organs out. I wanted to be able to keep myself as intact as possible" and in some cases, they have gone on to become pregnant and have healthy children! The emotional impact of surrendering to surgery is tremendous. Dr. Hufnagel has a psychologist on staff who deals with these issues before and after surgery, so professional counseling is part of her pre-op and post-op package. In my sessions, we also deal with these emotion in quiet dialogue. Many times they use this opportunity to let their stream of conscious comments acknowledge unexpressed parts of themselves. The relaxation begins.

Visualization is also a part of my session. There are many images that I use that I create for the moment and also standard inward journeys that free the energy and create affirmations of health, well-being and recovery. I focus on the breath as a way to travel, to get in touch with their inner radiance, and use progressive relaxation to ground the body.

As a part of their ongoing health education, I additionally coach

them in a home exercise program. We simplify the recovery activities with stretching, proper posture and alignment habits, and introduce exercise as soon as possible. Walking is my favorite recommendation as well as swimming, bicycling and hatha yoga. Deep breathing, a healthy diet, good sleep habits and ways to find more time for relaxing are all emphasized.

Case Studies

Before and After: A total Experience

Comments by

Gunnel Coyle

I think that Marci's massage is as important as viewing tapes and the discussion in preparation for surgery because it focuses on the problem area. I had never had a massage before, so it was a fabulous discovery to find it soothing for my body and mind. I gained confidence and learned relaxation with Marci. I trusted her because she has so much knowledge about how the body functions. The sessions made me feel better from the beginning, reducing bloating, and preparing my organs for surgery. My overall body tension was reduced and I became less anxious and fearful of the impending surgery.

After FRS surgery, the movement Marci had taught helped me to walk and return home quicker than I thought. I had no pain and no side effects from the drugs. Although I was very tender at first, I used pressure and massage on my scar area. I found that working on myself in my spa and swimming pool was very helpful. I don't want to imagine how I might have felt without Marci's program, since it is such an important part of my whole recovery. Now, I feel so much better than before surgery. I am so grateful that I am volunteering my time at the Center, and also attempting to educate friends and acquaintances about this approach to health care.

Comments by Andrea Giambrone

I didn't want any mysteries, and I wanted to know what to expect, so I came to Marci before my FRS surgery. I felt how healing her hands and energy were then, and looked forward to coming back to a gentle and strong touch. I had decided to experience as much healing energy as possible and the preview was comforting.

My expectations were fully met when I began my post-surgery treatments. If it weren't for massage, I would not have been inclined to touch myself and would not have been inclined to touch myself and would perhaps have found it repugnant. But with Marci's guidance, I was able to understand how to help myself and get back in touch with my body. It is terrific being able to touch, to apply my own hands and energy to my own body which needed attention. Emotionally, I had been feeling swollen, ugly and unaesthetic. As I got over it, I felt good at more than just a superficial level. Marci didn't baby me and we used firm pressure that I could go along with to get the scar healed. Now, after three months, it is as elastic and smooth as the skin around it and I forget it's even there.

Editor's Introduction

The internationally renowned book Our Bodies, Ourselves was developed and supported by Dr. Vicki Hufnagel. She is now a gynecologist practicing in California. Her colleagues, mostly male, frown at her use of holistic modalities and especially her reconstructive surgical procedures. Instead of removing a uterus or ovaries she will take painstaking efforts to remove a trouble area with laser surgery thus saving these organs. Respecting the bodies and the psyche of the person she is working on, Dr. Hufnagel has found a profound way to practically

apply her beliefs in the dignity and preservation of womanhood.

Marci Javril is associated with Dr. Hufnagel in a unique capacity. It wouldn't be fair to Marci or many practitioners to simply say she provides massage services to the doctor's patients. First, because massage is more than just rubbing someone's body and second because surgery is more than a physical process. Massage can provide the necessary physical benefits to reduce keloid formation and to enhance healing. But, surgery also affects the psyche of the patient and massage administered by a knowledgeable and caring person is truly holistic therapy because it helps soothe the psychological trauma associated with surgery. Marci understands that massage is a touching relationship and like Dr. Hufnagel she respects and assists the healing process in her work with post-surgical clients. -Robert Calvert, editor of *Massage Magazine*

The authors

Marci Javril has been involved with bodywork since 1980. Along with Swedish massage certification, she has studied acupressure, Polarity, Touch for Health, pregnancy massage and the Lauren Berry Method of Lymphatic Drainage. She received her B.A. in Dance Therapy in 1978 from Columbia College. She is Nationally Certified in Therapeutic Massage & Bodywork, and is a Certified Somatic Therapist with the Association for Bodywork and Massage Professionals. She is Certified in Bodywork for the Childbearing Year.^a Ms Javril is available for private consultations, Speaker appearances, and Seminars for groups of any size.

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Vicki Hufnagel, M.D., graduated from the University of California at San Francisco medical school and began her residency at Cedars Sinai Medical Center in Los Angeles then went on to become chief resident in Obstetrics and Gynecology at Albert Einstein Hospital

in New York City. Dr. Hufnagel pioneered the development of intra-ultrasound and Female Reconstructive Surgery (FRS). The New American Library published *No More Hysterectomies*, a book she authored with assistance from Susan Golant, in 1988.