

“After the surgery I was much less of a talker, something I have been doing incessantly all my life, and in fact rather than speaking out, I had let resentments in my marriage build up over time with no outlet. In the first few weeks after the treatment, however, I noticed that I miraculously found words to express my feelings.” (See also Chapter 8).

Case study 2: Treatment of cesarean scar

A 40-year-old woman presented with low thoracic back pain and incontinence issues. Two cesarean births had left a scar with a ridge above it, and aching, numbness and a feeling of hardness in this region (Figure 11.2).

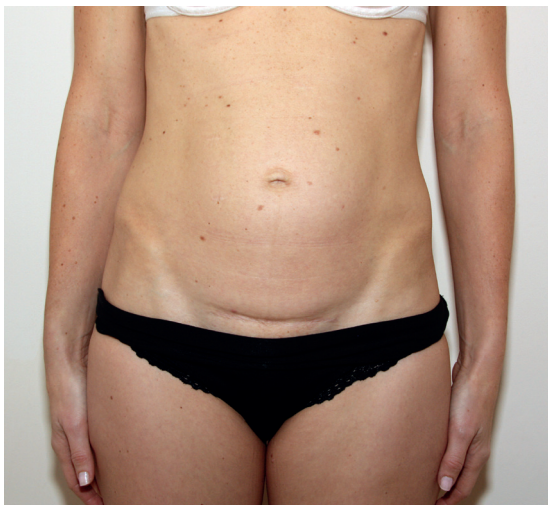


Figure 11.2

Before treatment, the client demonstrated a marked torso tilt to the left.

Box 11.2 Medical history and general health

- Other scars: episiotomy and epidural from first birth.
- Excision of moles on face, chest and abdomen.
- Extreme urinary urgency, especially when jogging. If rectum is full then the urgency is almost uncontrollable. When she urinates, there is incomplete emptying of the bladder.
- Experiences occasional mild stress incontinence. Anxiety when she feels the need to open her bowels as does not feel confident of full bowel control.
- Lower thoracic back pain from “two to three years” prior to consultation.
- Feeling of “lump in throat” since second birth 4.5 years earlier, when a strong feeling of pulsing in the solar plexus, which seemed connected with the throat, started.
- Eight pregnancies with three live births (two terminations and three miscarriages). First birth vaginal and traumatic, with epidural and episiotomy followed by sessions of specialist physiotherapy and pelvic floor exercises. Sexual intercourse was not possible for one year after the birth. Planned C-sections for her other two births.
- 80% conductive hearing loss developed after the pregnancies – artificial replacement of stapes bone in ear.
- No other relevant history. The client walks and jogs regularly, generally eats healthily but can lapse into bad habits; she drinks adequate fluids and has a high energy level.

Chapter 11

Examination

The C-scar felt ridged along its edges. Tension from the scar fed into the right hip, and the client remembered that she always carried her babies on that hip (see Chapter 3, pp. 24–25 on postural adaptation). Palpation revealed discomfort in the upper central abdomen and around the C-scar.

Treatment

Three 1.5-hour treatments were given over two- to three-week intervals. Integration work was given after each session.

1. FLS¹ was employed for 30 minutes until general softening of the C-scar and abdomen was achieved. The client reported “something releasing” in her lumbar back and also feeling more relaxed. DTRH² was applied to the mole excision scars.
2. After the first treatment, the usual low thoracic pain was followed by additional aching in the left groin and buttock, which continued for five days. (Advice is always given to avoid heavy strain on the body for at least three days post-treatment as the internal shifts are usually ongoing, but the client had been carrying more than normal during

preparations for Christmas.) Upon arrival at the clinic, there was aching in both groins and a sensation of “pins and needles” in the solar plexus region. On palpation, the C-scar felt softer with ridging unchanged, but not causing any localized discomfort. There had been no incidents of urinary urgency, although the client had not been jogging.

Treatment: FLS¹ and Matching Layers³ techniques, were applied to the C-scar. Once again, the client felt the lumbar area softening, and a relaxing sensation in the solar plexus.

3. The client reported improvement in back pain but some mild aching in the left hip and gluteal regions. She was still experiencing a tingling sensation in the solar plexus. Urine leakage had occurred once but in general there were no problems. That morning, she had succeeded in controlling the need to open her bowels without anxiety. There was no urgency to pass urine despite a full bowel. A fast power walk had not created an incident.

Treatment: FLS to the C-scar. The *mons pubis* had slumped, as often happens, possibly due to the retraction pattern created during surgery. This tissue was repositioned during the session using a technique not covered in this book; an example of tissue “going home” given the right facilitation (see Chapter 3, p. 21) and the client felt

1 FLS, Feather Light Sweeping ScarWork technique.

2 DTRH, Down the Rabbit Hole ScarWork technique.

3 Matching Layers ScarWork technique.



Figure 11.3

After three treatments, the client's low thoracic discomfort was still present but had lessened, and her posture had improved. Relief of incontinence had taken place. More ScarWork was still needed, while fascial work would be beneficial to correct the postural imbalance.

happy at more normal contours being re-established. Direct fascial release work helped free superficial fascial restrictions in the suprapubic, sub-clavicular regions and over the sternum. The client returned for a final photograph (Figure 11.3) two weeks after the final treatment. The scar was softer and no longer ridged. Low thoracic pain continued but had lessened. Bowel and bladder control were both hugely improved. On that particular morning, she had jogged for 35 minutes with no feeling of bladder weakness.

Summary

The C-scars and consequent adhesions could be reasonably assumed to have been affecting bowel and bladder function; treatment appeared to have improved bladder control and, to a certain extent, bowel control. As can be seen from Figure 11.3, more ScarWork could be useful and, ideally, some fascia-focused therapy to further improve structural balance.

Client feedback

Two months after her last treatment session, the client confirmed that the low thoracic pain had improved. Bladder control was also greatly improved, although she still chose to urinate more often than normal as a pre-emptive measure. Bowel control: she still experienced urgency but reported that she is "far more able and confident about controlling it than I was prior to the treatment."

She continued: "My treatment was eye-opening. I was not entirely sure what to expect when I started and after seeing a number of professionals, all offering different approaches, I was feeling pretty despondent about my various issues. This treatment for my scar was calm, gentle and, most importantly, it has been the most beneficial out of everything I have tried. It has also helped me to understand my body's working better. I'm very grateful for being lucky enough to have found this practice."