

**Gastroparesis and Dysmotilities  
Association  
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**Press Release**

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Mebane, NC

**Young mother is the first to “pace” her way through pregnancy thanks to a device implanted into her stomach. Faced with an uncertain future brought on by a poorly understood stomach disorder, 33-year-old Patricia Sexton Edwards thought she would never know the experience of pregnancy and childbirth.**

Thirty-three-year old Patricia Sexton Edwards was unaware that when giving birth to her son on July 23, 2003, she was setting a medical precedent. Her story provides hope to so many other women, like herself, who suffer from a mysterious, poorly understood stomach condition known as gastroparesis, also called delayed gastric emptying.

When implanted in 2000 with a new, experimental device designed to help control her disabling stomach condition, Patricia did not allow herself to think about motherhood. This device, called Enterra™ Therapy (Medtronic Inc.), looks much like a heart pacemaker; two electrodes are sutured to the stomach’s surface with wire leads trailing out. The leads are tunneled underneath the skin where they are plugged into a small battery-powered unit, all enclosed beneath the skin.

Doctors are unsure how the device, designed to deliver small, intermittent, factory-set shocks to the outside surface of the stomach, actually works. But for many patients who receive blessed relief from their horrible symptoms of chronic nausea and vomiting, the hows and whys simply don’t matter.

In the United States, one thousand patients have been implanted; yet by the time Patricia gave birth to her son, no pregnancies of patients with the device in place had previously been reported. Thus, for many years doctors were uncertain as to how pregnant patients with this device would fare.

Patricia, however, bucked textbook descriptions and helped to write new entries in the pages of medical knowledge. Suffering from a digestive disease characterized by delayed gastric emptying, Patricia’s stomach was partially paralyzed. When her doctor performed a stomach-emptying test, it was found that 90% of the stomach contents remained undigested hours after eating her test meal.

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For the vast majority who suffer from gastroparesis, the main complaint is nausea, and perhaps vomiting along with abdominal pain, usually triggered a few hours after eating; others complain of symptoms that persist relentlessly around the clock and intensify with any food. But in Patricia's case, even the symptoms were atypical.

"I really never vomited and nausea was only minimal," reports Patricia. "Instead, I had this horrible bloating and would feel incredibly full after just a few bites of food. By evening, I would be miserable."

Developing sometime in 1998, seemingly out of nowhere, gastroparesis took its toll on Patricia, who began slowly to lose weight. "I just didn't want to eat because I knew what eating would do to me. I tried to maintain my weight on strained baby food and liquid nutrition."

Weighing just under a hundred pounds, Patricia had always been on the small size; any weight loss for her was a frightening prospect and not one her doctors were willing to tolerate.

Feeding tubes had to be placed to halt the downward spiral. One tube — called a J-tube — hung from the mid-abdomen, punctured the skin, and entered the small intestine, allowing Patricia to hook up for feedings. The second, a G-tube, pierced the stomach and hung on the outside allowing Patricia to drain off leftover stomach contents and undigested food. In an inconspicuous backpack lay Patricia's "meal" of liquid nutrition, continuously pumping through the tubing hidden under her clothing and slowly infusing into her small intestine. A registered nurse at Duke University Medical Center, Patricia would hook up her feeding system, toss on her backpack, and set off to work.

About every 6 weeks with the replacement of the J-tube, Nurse Patricia would turn into Patient Patricia. Constant plugging and clogging of the tube created a management nightmare. How would she continue her life in this way? As a young, newly wed couple, Patricia and her husband could not look into the future or contemplate a family; instead, they were fearful for Patricia's life.

Patricia's mother, also a registered nurse at Duke, was determined to find answers for her daughter. Endless hours of research led them to a center that offered a new, experimental device for the treatment of the disabling symptoms of nausea and vomiting that normally accompany gastroparesis.

Guided by Dr. Thomas Abell — gastroenterologist and Professor of Medicine, now at the University of Mississippi Medical Center — who pioneered this treatment, Patricia and her mother learned that the device can also help diminish other symptoms of gastroparesis such as heartburn or acid reflux, bloating, and the full feeling experienced by Patricia after meals.

In March 2000, Patricia underwent surgery performed by Dr. Abell's team for the implantation of her device. In just a few weeks Patricia was able to eat a small sandwich — the first one in years — thanks to her “stomach pacer”. She cautiously continued with soft foods and graduated to the removal of her feeding tubes. She was able to gain weight and maintain it.

Feeling so much better and continuing to work, Patricia, as well as her husband, was surprised to learn in early 2003 that she was pregnant. “I never had any nausea and vomiting during my entire pregnancy — maybe that was because of the device,” said Patricia.

Since Patricia was scheduled for a C-section delivery, her obstetrician was faced with a challenge. “My obstetrician was being very careful with everything. She said to me, ‘Your stomach pacer is so important in maintaining your health; we don't want anything to happen to it.’” Patricia's obstetrician made sure that her surgeon, Dr. Theodore Pappas, was present during the delivery. Although Dr. Pappas, a Duke surgeon, did not implant Patricia's pacer, he had performed her J-G tube surgery and was familiar with her surgical history.

“Dr. Pappas and I have been through a lot together, so I was happy that he, too, could be there for the birth of my son,” said Patricia. “I love being a mother and I love my pacer. It has been five years since I had the device implanted and it is still working fine. I'm just thankful to have had a second chance to live a more normal life as a mother and wife.”