

The Baby Our Doctors Told Us We'd Never Have



My husband had been sterilized and so had I.... Yet today we have a beautiful little boy. By Joan Koblas, as told to Mark Fuerst

Nine years ago, when I thought I'd completed my family, I was surgically sterilized. My husband and I had three boys, and never dreaming that my marriage would break up—that I would divorce, remarry, and want another baby—I agreed to a tubal ligation.

In 1974, while my divorce was coming through, I met Paul, a physics professor at the college where I studied for my nursing degree. We married one year later. Paul had also been married before and had two sons. He, too, had decided he didn't want more children and had chosen to have a vasectomy.

After our marriage, Paul and I lived in Coleman, a small rural community near Midland, Mich., with my sons, Christopher, David, and Simon, then aged between 10 and six. But Paul missed his boys—David Alan, then seven, and Kenny, four—who lived with their mother in Oregon. We both began to regret our earlier decisions to be surgically sterilized because now we were unable to have a child together. We wanted a baby of our own to complete our happiness.

When we asked local doctors about reversing our sterilization operations, they all advised us to forget the idea. At that time, reversal operations were rare. We had read a newspaper article about Dr. Sherman Silber, a well-known urologist in St. Louis, Mo., who performed vasectomy reversals, but we'd never heard of a doctor who did reversals in women. I even wrote to a famous clinic, but was told that the chances of my fertility being re-

stored were extremely slim.

Then, in the fall of 1977, I happened to read another article about Dr. Silber. Not knowing where else to turn, I called his office to ask if anyone there knew a doctor who did reversals in women. To my surprise his receptionist answered, "Yes, Dr. Silber does." Though he had done only five or six, she informed me, they had all been successful. Eagerly, I left my name and number and asked Dr. Silber to return my call.

Dr. Silber called back a short time later, and after hearing about our predicament, he agreed to try to help us. He suggested that I have my operation first since he was less certain of the outcome, and if it was not a success, there was no point in Paul having needless surgery. Dr. Silber cautioned that if too much damage had been done to my Fallopian tubes when they were tied, the chances of success were low. But he also gave me some encouraging news: New microsurgical techniques could greatly increase the odds of restoring my fertility.

Though I was very excited, I kept telling myself I couldn't get my hopes up too high because at that time such operations were still experimental. But I also felt I had nothing to lose. Since my sterilization I'd experienced pain and heavy menstrual bleeding, and my doctors had told me I might eventually need a hysterectomy.

My reversal operation was planned for December 1977. Since it was exam time at the college where Paul teaches, he had to stay

behind. I left him to take care of the boys while I flew down to St. Louis to meet Dr. Silber and Dr. Robert Cohen, a gynecologist working with him on his team.

In the doctor's office I was given a gynecological exam by Dr. Cohen. Then he and Dr. Silber explained in detail how they were going to reconnect my Fallopian tubes, which had been cut and tied when I was sterilized. They drew pictures and diagrams and showed me a movie of the microsurgical techniques Dr. Silber used. First an incision would be made in my abdomen. Then, looking through a microscope, Dr. Silber would line up the two severed ends of each Fallopian tube and carefully sew them back together, using needle and thread that are virtually invisible to the eye.

That evening I checked into St. Luke's hospital. I wasn't looking forward to the operation, but I kept telling myself, "A year from now, I'll probably have my baby." I really believed it was going to work.

Early next morning I was wheeled up to the operating room. The surgery, done under general anesthesia, took about two hours. As I was coming out of anesthesia in the recovery room I heard Dr. Silber say, "It was a success!"

It was a dream come true, but then I began to wonder if, in my haze, that was really what he'd said. Later, when I was back in my room, I kept thinking, "Did I imagine him saying it was a success, or did he really say it?"

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That evening, when Dr. Silber and Dr. Cohen came to see me, they confirmed that the operation had gone well: I had an inch and a half of Fallopian tube left on both sides—just enough to make accurate reconnections.

I spent five days recuperating in the hospital before flying back home to my family. Three months later I returned to St. Louis for a follow-up examination. Dr. Cohen did an X-ray exam called a *hysterosalpingogram*, injecting dye into my Fallopian tubes to verify that they were open. Both tubes were open and healthy; in addition, the pelvic pain I'd experienced following my sterilization stopped after the reversal.

As soon as we knew my operation was successful, we scheduled Paul's reversal for the summer. That July, we drove down to St. Louis together, leaving the children with Paul's mother in Minneapolis. We checked into St. Luke's overnight and the next day Dr. Silber operated on Paul.

Reversing a vasectomy requires less extensive surgery than I had had, but the operation is technically difficult because of the small size of the

tubes that have to be reconnected. Each *vas deferens* (the sperm-carrying tube that is cut during vasectomy) is only about an eighth of an inch thick, with an inner canal about one-hundredth of an inch thick—the size of a pinpoint. Simply reconnecting the tubes doesn't ensure that sperm will get through the inner canal, Dr. Silber explained. Both the delicate inner lining and the outer wall of the tube must be separately and meticulously sewn together. A small incision is made below the pubic hairline, and the painstaking surgery is performed under a microscope.

Paul's surgery took just under four hours and went smoothly. After two days he was able to leave the hospital and we drove back home, picking up our children on the way. Then, feeling somewhat nervous but hopeful, we waited to see if Paul's reversal operation had been successful.

Dr. Silber had told us that it usually takes about three months for a man to produce viable sperm after a reversal. One month later, Paul took a semen sample to a local laboratory, and though it showed some sperm, most were not moving. The

following month about half his sperm were alive. The third test in October showed he had a normal sperm count. And that same month, somewhere between October 15 and November 1, I became pregnant!

Nine months later, on July 17, 1978, I gave birth to Daniel, a beautiful baby boy. Paul shared every stage of the pregnancy with me. We went to natural-child-birth classes together, and he was with me all through labor and the delivery. It was the first time he had been in a delivery room and he was thrilled and awed to see his son being born.

Daniel is now a talkative, active four-year-old, and the best thing that ever happened to us. His elder brothers—all five of them—adore him and he fits right into the family.

A lot of people have had sterilization operations and regretted them, perhaps because they have tragically lost their children or because, like us, they divorced and later remarried and wanted a family together. Not everyone, however, knows that these operations can sometimes be reversed. I realize that Paul and I are extreme cases because we'd both been sterilized, and that we were very fortunate that our operations were so successful. We feel grateful that we were given one more chance and could share the joy of becoming parents again—together. ★

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