

SOMERSET HOSPITAL: Rare procedure performed



STAFF PHOTOS: ED PAGLIARINI

Dr. Matthew Kaufman (right) and Kenneth Aron, vice president of Avery Biomedical Devices, prepare to turn on a pacemaker that enables Edward Silcox to breathe without a ventilator for the first time since his 2008 spinal cord injury. During a rare procedure conducted at Somerset Medical Center by a team led by Kaufman, Silcox's ventilator was replaced with the pacemaker that controls his diaphragm.

MAN GETS NEW BREATH OF LIFE

By JEFF WEBER
STAFF WRITER

SOMERVILLE — Many people draw their first breath only once in life — when they are born. Edward Silcox is fortunate enough to have drawn it twice.

Silcox, 51, has been primarily “ventilator-dependent” for the past 18 months since a motorcycle accident in June 2008 almost killed him and left him paralyzed from the neck down.

That means Silcox hasn't been able to breathe on his own — according to Dr. Matthew Kaufman, a surgeon who does procedures at Somerset Medical Center and specializes in reconstructive surgery — and has needed constant care from his wife, Johanna, and a cadre of nurses.

Silcox wasn't expected to live, and was told he was unlikely to ever breathe again without a ventilator.

But thanks to Kaufman and a rare procedure, which in New Jersey is performed only by him, Silcox took in his second “first breath” Friday when Kaufman activated a diaphragm pacemaker that had been implanted in Silcox's body during a Dec. 29 operation at the hospital.

“He's a real fighter and this should significantly improve his quality of life,” said Kaufman, who has done about 10 of these procedures, both at Somerset Medical Center and Saint Peter's University Hospital in New Brunswick. The cost was



Silcox's wife, Johanna, feels her husband breathing on his own.

not disclosed. “The goal is to make him completely ventilator-independent within a couple of months.”

According to Kaufman, the pacemaker “acts like your brain, to tell the diaphragm to cause inhalation.” It is attached to the phrenic nerve, which runs

around the lung to the diaphragm, and is controlled by a radio transmitter outside the body.

The transmitter, which was developed about 20 years ago and is administered by Avery Biomedical Devices, then generates a series of impulses sent by antenna through the skin as a radio wave.

That was key for Silcox who, according to his wife, no longer wanted wires coming out of his body.

“I left it up to him, and I don't know why, but this just felt like the way to go,” said Johanna Silcox, Ed's wife of almost four years with whom he lives in Langhorne, Pa. “I am happy at how this turned out, but more happy for him. Ed's whole world was physical. His two favorite things to do were to eat and talk.

“Now, just his whole quality of life hopefully is going to be better,” added Johanna Silcox, who found out about

Kaufman and the procedure — which is attracting potential patients from as far away as Michigan, South Dakota and Texas — during one of many Internet searches. “It's giving him a little bit of hope that it's not horrible to be alive.”

Silcox smiled almost immediately after the ventilator was removed and the pacemaker started doing its job. Sometimes, it doesn't quite do what it is supposed to or its effectiveness tempo-

rarily wanes after about 15 minutes, according to Kenneth Aron, vice president of sales and marketing for Avery Biomedical Services.

But Silcox was going strong, breathing on his own, after 45 minutes.

“It helped that it was close enough to the time of injury that it (the diaphragm) was not totally atrophied,” said Aron, who has seen the device put into people as long as 18 years after their initial injury.

“That makes it easier. It doesn't hurt that he's really adapted well to it.”

Not bad for someone who originally was told he wouldn't live for more than 24 hours following his accident.

“I'm really excited for him,” Johanna Silcox said, “because he was afraid it wasn't going to work.”