

by Zahara Meghani

This story is about two women who refused to let their radical amputations stop them from experiencing the joys of motherhood.

The cliché "superwoman" falls short of describing Gabrielle Vergara of Colorado. Besides taking on the responsibilities of a full-time job, marriage and parenthood, Gabrielle has battled cancer and coped with a physical disability all of her adult life.

More than a decade ago, like most 18-year-olds, Gabrielle began college believing the future was filled with possibilities. But during her first year at Northwest College in Wyoming, she was diagnosed with bone cancer.

When high doses of chemotherapy couldn't stem the growth of the cancerous tumor on her left leg, Gabrielle underwent a trans-pelvectomy, a.k.a., hemi-pelvectomy. "Because the surgeon had to amputate my left leg, my left pelvis bone and a portion of my tailbone, he didn't think I would ever walk again without crutches."

However, a year after the amputation, Gabrielle surprised everyone, and especially her surgeon, by walking with a prosthesis. "I found some excellent prosthetists and got my first leg. I wasn't expecting much because I thought it would be purely cosmetic. But with determination and practice I learned to walk with my prosthesis, and I'm a good walker now."

Gabrielle believes that her ability to walk is because her surgeon took the disease-free, front thigh muscle of her left leg, folded it back to create some support on her amputated side, thereby minimizing the loss of tissue. "I think this is the reason I look like someone with a hip disarticulation rather than a trans-pelvectomy." Gabrielle also believes that her surgeon's amputation technique saved her, for the most part, from the kind of discomfort common to trans-pelvectomies. "I only have slight scoliosis (curvature of the spine); it is not so severe that I have trouble sitting. I can even sleep on my amputated side."

Returning to college after the amputation, Gabrielle got her Masters in Public Health. The following year, she married her college sweetheart, Mike Vergara. "We wanted children but I knew there was a possibility that we couldn't have any. My oncologist had warned me that sterility might be a side effect of chemotherapy." Fortunately, that was not the case for Gabrielle. "When I became pregnant, my obstetrician/gynecologist (OB/GYN) didn't know what to expect and neither did I." Tony van der Waarde, Gabrielle's prosthetist, put her in touch with a Canadian woman who, after undergoing a trans-pelvectomy, had gone through two full-term pregnancies. "This wasn't the first time Tony had helped me. After my trans-pelvectomy, when I went to the clinic where he worked, he went out of his way to connect me with other amputees who might be able to answer my questions and give me emotional support."

Knowing that she and her doctor were charting new territory, Gabrielle vacillated between worry and hope. "The surgeon who amputated my leg told me that I had a better chance of having a full-term pregnancy than of walking with a prosthesis. I was glad that he was wrong about my walking and hoped that he was right about my chances of having a full-term pregnancy."

Because Gabrielle's weight gain was gradual, the pregnancy did not affect her sense of balance nor did she have any unusual back problems during her pregnancy. As she gained weight, however, she had to switch from her prosthesis to crutches. "My prosthesis socket didn't fit that well after the third month," she noted.

What made Gabrielle's pregnancy unusual was the fact that her uterus was situated on her amputated side and during the pregnancy she carried the fetus, more or less, entirely on that side. "But that didn't cause any serious health problems for me," she said. "In fact, I was able to work up to the day I gave birth to Addison." Following the natural birth of a healthy 10-1/2 lb. baby boy, Gabrielle's uterus did not shift up to its original position in her pelvis. "My pelvis floor just isn't strong enough to give it the support it needs to be in that position. Also, I think having such a big baby probably didn't help either."

Two years later, when Gabrielle became pregnant again, her uterus and cervix shifted into an even lower position in her pelvis from the weight of the fetus. "My OB/GYN and I worried that my uterus and cervix would prolapse during the pregnancy or at birth, so I took time off from work and took it easy." Gabrielle also learned to listen to her body's cues and respond appropriately.

"My cervix was so low that if I exerted myself at all or if the baby shifted in the uterus, I would feel my cervix dropping. At first that was pretty frightening, but then I developed a good sense of what was happening and realized that if I lay down for a while, it would move back up. Because I am a very active person, it was hard for me to stay still or even slow down. But I did it because I was concerned for my baby."

At the end of the nine months, only two hours after experiencing her first contraction, Gabrielle gave birth naturally to a 10 lb. baby girl, Adalyn. "It was a quick birth because my uterus and cervix were situated so low. When they broke my water, the baby immediately crowned and, after just two pushes - came out!"

Since the birth, Gabrielle has been up and about with her new baby girl. "At this point, I am more comfortable carrying Adalyn around using my crutches than my prosthesis; however, I generally only carry her when I absolutely have to. When I first had Addison, I used a stroller to cart him around with me. I choose not to use my prosthesis when I'm with my kids because I have more freedom to move around and play with them without it. It's not very easy getting up and down from the floor with my prosthesis on, and I can't be as spontaneous."

The comfort with which Gabrielle has adapted to her limb difference and accepted its implications seems to have rubbed off on her four-year-old son. "Addison knows that I am different from other people and he accepts it in his own way. The other day, while I was shopping, Addison saw me holding up a pair of pants against myself and he asked if I was going to buy the pants. When I told him I was thinking about it, he looked surprised, "But mom the pants have two legs," he said. "I explained to him that because most people have two legs, stores only sell pants with two legs. After thinking about that for a minute, he said to me, "Mom, that's okay, you can just take it home and cut the other pant leg off so it will fit you."

Ten weeks after Adalyn's birth, Gabrielle went back to work full time as an Environmental Health Education Specialist. "I used to be a case manager for people with HIV and AIDS. But the emotional stress of doing that kind of work and taking care of a baby at the same time was too much for me, so I switched jobs a year after Addison was born. Now, as an Environmental Health Education Specialist at the local health department, I educate the community about various environmental concerns." "Gabrielle's current job is well suited to her educational background and the fact she enjoys participating in a number of outdoor activities with her children, including swimming, baseball, golf and downhill skiing.

On the personal health front, Gabrielle reached a milestone this year - 10 years of being cancer-free. But through all these years, she has remained active in the American Cancer Society (ACS). "I have given several presentations on behalf of the local ACS and have been a volunteer for their CanSurmount Peer Support Program. Also, every year I participate in the American Cancer Society's Relay for Life race to raise money to fight cancer."

Gabrielle's attitude toward the ups and downs in her life is best conveyed in her own words. "I rarely think about being different and I definitely don't think that I'm disabled. I am proud of what I have accomplished and of what I can do. In fact, my self-esteem has never been higher but that's not to say that I haven't had some dark moments. For those who are new amputees or not-so new amputees, remember, it takes work to get to this point! From the moment I found out that I had cancer and, again, when I was told my leg would have to be amputated, I decided that I wasn't going to let it alter my goal to have a family and enjoy a happy, full life with them."

The American Cancer Society sponsors the "Relay for Life" races nationwide. To get a schedule of the races in your area call 1-800-ACS-2345.

Can a physically disabled woman be a good physical therapist? Of course. Meet Mary Witt, PT, an amputee. Mary's aptitude for physical therapy, in part, stems from undergoing a trans-pelvectomy years ago. When attempts to treat a cancerous tumor with chemotherapy failed, Mary Witt's left leg, pelvis bone and part of her tailbone were amputated.

Mary first experienced discrimination as a disabled person while still in the hospital recovering from her amputation. "My supervisor at work, without talking to me, decided to change my job description and lower my pay. He thought that because I now had a disability that I wouldn't be able to do my job. He also thought I would be so desperate for work that I would accept whatever treatment he meted out to me."

Rather than work under those conditions, Mary found work at a hand clinic. As Mary struggled to salvage her career as a physical therapist, her marriage fell apart. "My husband walked out on me because he couldn't deal with me being an amputee. Appearances were all that mattered to him."

In the midst of this personal crisis, out of financial necessity, Mary made the transition back to full-scale physical therapy. "I had to teach myself to provide physical therapy to others with disabilities without letting my disability get

in the way. I devised a number of strategies, including positioning myself so that I could treat clients without injury to either of us. Working slower, using extra support and precautions, I could do anything that an able-bodied therapist could do. I ended up learning a lot about negotiating my own and other people's physical limitations, so my clients and I could reach our therapeutic goals."

Feeling the need for a change, Mary decided to leave her home in Milwaukee, Wisconsin. Working as a physical therapist in Colorado, Mary met Paul Witt. "When my husband left me, I thought no one would ever want me. But meeting Paul changed all that." The couple married and soon afterward, Mary became pregnant.

The orthopedic surgeon who had amputated Mary's left leg and pelvis had been concerned about her ability to carry a fetus to term. He had warned her, "You might have to spend at least some part of your pregnancy in bed."

By staying active throughout her pregnancy, Mary didn't set out to prove her surgeon wrong but that was just what she did. For the first six months of her pregnancy, Mary used her prosthesis. Her prosthetist, Robert Brooks, adapted her prosthesis as her pregnancy progressed. "He cut the frame of my prosthesis and adapted it as my stomach grew so I could continue wearing it."

Although her growing uterus, in part, was held in place by her prosthesis, it managed to shift to her amputated side. "It didn't cause any problems. It just sort of evened out my pelvic region."

Six months into the pregnancy, Mary stopped using her prosthesis. "I wasn't even wearing it as tightly as I should have - but I still had trouble breathing. And, although it provided support for my uterus, it also compressed it. In retrospect, I should have stopped using it earlier." Mary found additional support for her stomach by using a maternity back support. "It supported my stomach like a sling of sorts. I wouldn't think of going through a pregnancy without it."

Mary also credits the maternity back support with stabilizing her remaining right hip joint. "There is a surge of certain kinds of hormones in women's bodies during pregnancy, loosening the ligaments between the lower back and hip. This broadening of the pelvis region creates room for the growing uterus. In my case, the loosening of the ligaments between my lower back and right hip destabilized my right hip joint making it wobbly. I think it was my maternity back support that supported it and held it in place."

During the pregnancy, Mary experienced Braxton-Hicks contractions - "practice" contractions of the uterus that occur randomly throughout pregnancy while the uterus prepares for the real thing. Although most women don't notice these contractions, let alone find them painful, Mary believes that the contractions she experienced caused her internal amputation scar tissues to rip. "I didn't bleed when the scar tissues tore but it was extremely painful. The only good thing about it was that after the delivery my internal organs had more room. I am especially glad that my bladder has more room; it makes quite a difference in how it functions."

Near the end of her third trimester, Mary's kidney function became a cause for concern. "Years ago, when I received chemotherapy for the cancerous tumor, it affected my kidneys. I don't think any of my doctors, including my oncologist, knew about it at the time. While running some routine tests my OB/GYN realized that my kidneys were malfunctioning." To avoid compromising Mary's health, labor was induced a few weeks before her due date.

Unlike most first-time parents, Mary was mentally prepared for the responsibilities that come with a new baby. "Ever since my amputation in 1988, I had been thinking about how I would care for my future children. When Benjamin was born I was ready." Ever resourceful, she improvised coping strategies that allowed her to have baby Benjamin with her as she went about her everyday activities. "When I went grocery shopping with him, I made a point of parking near a grocery cart. I would put the baby in the grocery cart in his car seat, along with my crutch. Then, using the cart for support, I would hop into the store. Over time, Mary has become more proficient at carrying her baby while wearing her prosthesis. "Today, I even climb up and down stairs wearing my prosthesis and carrying the baby."

With the experience of her pregnancy with Benjamin under her belt, in 1999, Mary embarked on her second pregnancy. This time around, rather than have the prosthesis frame compress her stomach, she stopped wearing her prosthesis in her fourth month. For support for her stomach and her remaining right hip joint, which had destabilized during this pregnancy as well, Mary used a maternity back support.

Mary found this pregnancy easier than her first one. She didn't experience as much pain from the Braxton Hicks contractions and after a full-term pregnancy, Mary gave birth to David.

"All in all, both my pregnancies were pretty uneventful. If there is anyone else out there who has had a transpelvectomy and wants to have children, I would really encourage them to do so. I don't regret my decision to have kids; I am really enjoying them."

Motherhood has not slowed Mary down. Besides parenting two toddlers, she continues to work part-time as a physical therapist. Her practice includes people with various kinds of ailments, including those who have suffered

spinal injuries or are terminally ill. And yet, Mary manages to eke out time and energy to participate in a variety of physical activities. Using her crutches, Mary is an ardent mountain climber, and she also enjoys snow shoeing and tennis wearing her prosthesis.

Mary's motivation to lead a full and active life has two sources: her will to do anything and everything able-bodied people can do, and her desire to be with her children every step of the way. "I have two kids, who, in a few years, will be ready to run circles around me. I plan on keeping up with them."

And knowing Mary Witt - there is no doubt that she will do just that.

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