

Medical Drama: Why We Call Aaron a *Vunderkind*

WHENEVER I HEAR THAT SOMEONE HAD A BABY, I ASK, “Is the mother fine? Is the baby fine?” If the answers to these questions are affirmative, I add, “That’s all one can ask for.” How true! This was brought home to me when my youngest daughter, Shifra, and her husband, Danny, recently had a son.

Shifra and Danny were, of course, very excited about having their first child. However, things changed a bit when they were told some days before the due date that due to the baby’s position Shifra might need to have a Caesarian. Since all efforts to avoid this were unsuccessful, the surgery was scheduled for Friday, March 18.

Shifra and Danny wanted to wait a bit longer, hoping the baby could be born naturally. So they rescheduled the delivery for the following Wednesday, March 23, at Methodist Hospital in Brooklyn. Little did they realize that this delay would play a vital role in their son’s life.

It turned out that not only did the baby’s position demand a Caesarian birth, but the umbilical cord was around his neck. It was most fortunate that Shifra and Danny had finally agreed to the Caesarian.

Shortly after the delivery, all seemed fine. However, a routine test revealed that the baby had esophageal atresia; that is, his esophagus was not connected to his stomach. It ended in a pouch, so anything the baby swallowed could not get into his stomach. In addition, his trachea — the breathing tube that connects the nose and mouth with the lungs — was connected not only to his lungs but to his stomach. About one baby in four thousand is born with one or both of these conditions.

Surgery is required to correct these conditions, and needless

to say, it is both delicate and traumatic for a child this young. The standard surgery is invasive and requires considerable recovery time, probably about two months in a neonatal intensive care unit.

Shifra and Danny, as well as their entire extended family, were devastated to learn of the baby’s serious medical status. What should they do? Where should they have the surgery? Who should perform it? What condition would the baby be in after his surgery? These and hundreds of other questions flooded the minds of the parents and relatives.

When I spoke with my son-in-law on the phone shortly after the birth, he was naturally upset; having kept up a strong front to support his wife, he broke down while talking with me. I tried to reassure him, and then he said to me, “It is in the Hands of Hashem.” Little did any of us realize how true this was!

I went to visit my daughter and son-in-law the next day. Danny was waiting for me as I got off the elevator. At the same time a doctor exited another elevator. Danny introduced me to Dr. Edmund Kessler, a pediatric surgeon affiliated with Methodist Hospital. He had just returned from a trip to Hawaii and had taken an interest in my grandson’s case.

As we walked to my daughter’s room, Dr. Kessler said to me, “I can do the surgery in the standard way here at Methodist Hospital. However, there is a physician, Dr. Oliver Muensterer, who joined the staff of Weill Cornell Medical Center a couple of months ago, who does this surgery laparoscopically. This procedure is much less invasive, and the recovery time is much shorter.

“Dr. Muensterer is returning from Germany on Sunday, and

This picture conveys the seriousness of Aaron's condition.



Aaron, after the miracle.



he can probably operate on your grandson on Monday. I am also associated with Weill Cornell, and I will be in the operating room when the procedure is done. I think you should seriously consider this option.”

When we got to Shifra's room, Dr. Kessler again discussed the option of having Dr. Muensterer do the surgery at Weill Cornell. He told us that the laparoscopic procedure for the baby's condition had been developed very recently, and it would be the first time Dr. Muensterer would be doing it at Weill Cornell, although he had performed the surgery successfully a number of times at other hospitals.

“I can arrange the whole thing for you —having the baby moved to Weill Cornell and having Dr. Muensterer do the surgery,” he told us. We were all impressed by the professional yet caring manner in which he presented this option to us.

After a short discussion, Shifra and Danny decided to have their son moved to Weill Cornell. On the following Monday afternoon, the baby, not yet a week old, underwent five hours of surgery. Thank G-d, the surgery was a complete success, and on April 7, Shifra and Danny took him home. You can imagine the joy we all felt!

Aaron's *bris* took place on Thursday, April 14.

Follow-up visits with his pediatrician and Dr. Muensterer indicated that Aaron, *baruch Hashem*, is doing fine.

A routine test revealed that the baby had esophageal atresia; his esophagus was not connected to his stomach.

When we look back at what happened, we clearly see the *Yad Hashem* in all that occurred. Had Aaron not been a breech baby, Shifra would not have had a Caesarian, and there could have been complications due to the umbilical cord being wrapped around his neck. Furthermore, Aaron would have experienced more trauma during a normal birth, and this might have affected him negatively given his condition.

Had Shifra not pushed off her Caesarian to the following Wednesday, Dr. Kessler would still have been in Hawaii, and the option of having Dr. Muensterer operate laparoscopically would not have been presented to us. Had

Dr. Muensterer not returned from Germany on the Sunday after Aaron's birth, he would not have been available to do the surgery. And finally, had Hashem not been watching over little Aaron so that all went well, who knows what surgical complications might have developed.

Because of all this, I call Aaron a *vunderkind*. But in truth, every new baby is a *vunderkind*. We just don't realize it — although we really should. ■

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