Thanks to You, Care is Close to Home

Thanks to your generous support, the IWK can provide emergency and specialized care to Maritime children, women and families. It's care that makes a difference – and, for Maritimers, it's care that's close to home. Meet a few IWK patients from across our region who are so thankful for your support.

Caleb and Ryker Pollard

When Hilary and Robbie Pollard's son, Caleb, wasn't gaining weight and had trouble feeding at three months old, he was referred by his family doctor to a local pediatrician in Prince Edward Island.

The pediatrician noticed Caleb had poor muscle tone, which can indicate a serious problem. As a result, Caleb was referred to the IWK for further testing and care.

At the IWK, Caleb underwent blood work and genetic testing.

Unfortunately, the genetic results determined that Caleb has Merosin-Deficient Congenital Dystrophy, a rare congenital neuromuscular disease. The disease causes weakness and wasting of the muscles used for movement (skeletal muscles).

Sadly, there's not yet a cure for this condition.

Because Caleb's muscles are weak, he requires a wheelchair to get around. He also uses a cough assist device to help clear mucus from his lungs and is fed through a feeding tube. Caleb visits the IWK's Joyce Family Kids' Rehabilitation Centre every six months for regular assessments.

In 2022, Caleb became a big brother to Ryker. Like Caleb, Ryker wasn't gaining weight and underwent genetic testing to confirm what his parents had already suspected—Ryker, too, has Merosin-Deficient Congenital Dystrophy.

"We choose to stay positive and give the boys the best life we can," says Hilary.

Ryker also relies on a feeding tube to help him grow and a cough assist device to help him breathe.

"Caleb and Ryker are the happiest boys you'll ever meet," says Hilary. "Music is Caleb's life. If there's music on, he's happy. He sings and dances all day. Ryker is also always dancing and talking," she adds.

For the Pollard family, the IWK means everything to them and helps their sons have a better quality of life. Both boys will continue to visit many clinics at the IWK throughout their childhoods, including Eye Care, Feeding, Rehab and Respirology.

Maggie Archibald

Ever since her first menstrual cycle at age 12, Maggie Archibald, from Halifax, Nova Scotia, has struggled with debilitating pain. Maggie's symptoms caused her to miss out on many things, including school, activities and work. She thought the pelvic pain, cramps, bloating, nausea, vomiting and heavy bleeding were normal aspects of having a period.

Several years ago, Maggie learned a family member had been diagnosed with endometriosis. This condition occurs when tissue similar to the lining of the uterus implants abnormally outside of the uterus to form lesions, cysts, nodules and other growths. She realized their experiences were very similar and began to wonder if she, too, had endometriosis.

In the spring of 2022, Maggie began visiting the IWK's Endometriosis and Chronic Pelvic Pain Clinic—the first dedicated multidisciplinary gynecology clinic of its kind in Atlantic Canada. Over the next eight months, the team treated her endometriosis symptoms before deciding that surgery was the best option. In February 2023, Maggie had laparoscopic surgery to remove lesions and confirm her endometriosis diagnosis.
Hers was classified as stage 1, meaning there was no organ involvement.

There is currently no cure for endometriosis, which means it could remain stable post-surgery or one day grow back. Maggie will continue to be followed closely by the IWK, and while she does still experience some pain, it's managed with medication and pelvic floor physiotherapy.

Maggie says having access to the IWK's gynecology team and their services has been life-changing—because of them, she is able to live her life normally despite her diagnosis.

William Fraser

Born with four related heart defects and a rare disease affecting the colon, William Fraser required urgent care in the IWK's Neonatal Intensive Care Unit.

William underwent open-heart surgery when he was just over a month old to fix his heart defect. Thankfully, the surgery went well, but he sounded hoarse in the weeks following the surgery, and he had trouble breathing. He underwent many tests to find out what was wrong.

William's care team discovered he had two conditions called laryngeal edema and tracheomalacia. Laryngeal edema is a common complication of intubation caused by trauma to the larynx. It may present as stridor (noisy breathing) and respiratory distress following extubation. Tracheomalacia causes the cartilage in the windpipe to become soft, weak and floppy.

At two months old, William needed a tracheotomy to insert a tube into his windpipe to help him breathe. This news was another unexpected blow for William's parents, Lindsay and Jesse. When he was almost four months old, William began to experience more bowel issues and had to undergo an emergency colostomy surgery. He recovered well, which was a much-needed victory for William and his parents. After his tracheostomy tube was removed, the family celebrated by taking William home to Cape Breton, Nova Scotia, for his first Christmas after spending four months at the IWK.

At this point, William had already had three major surgeries, but he was not yet out of the woods. He had several more bowel operations and another open-heart surgery before he turned one.

William, now three years old, is doing much better. He loves music, numbers, Paw Patrol and playing with his older brother, Ewan. He visits the IWK Children's Heart Centre annually and will need another heart surgery when he's older. He will also continue to deal with issues related to his bowel disease and is followed by the IWK's General Surgery Clinic.