

Obit Minus One

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Very few of us get to author our own obituary. I feel obliged to avail myself of the unique opportunity afforded me. I was literally dead for several hours in October, yet I can still write to you.

I am now a scarred monument to the advances in cardiac care and open-heart surgery. I am alive because skilled hands installed six arterial bypasses in my heart while a heart-lung machine kept the rest of my carcass in stand-by/storage mode.

This is a tale of monitoring, diagnosis, and repair that matches any process factory “hero story” in drama. It is a story of blind luck overcoming blatant stupidity. I’m very pleased to be able to relate it; I have always loved getting in the last word.

The Seeds of Disaster

It has been my good luck to be a healthy animal for the bulk of my life. The last time I suffered surgery, my tonsils were removed, and my Mom showed up with ice cream to soothe my sore throat. I have never broken a bone, and I can’t ever remember having an injury stitched. For 62 years I have been the indestructible man, an immortal.

During that time, I ate anything and everything that appealed to me without concern. I made no concerted effort to exercise. I smoked heavily and drank more than my fair share. All of these transgressions appeared to be without penalty. I remained healthy.

For good measure, I fell out of the habit of having an annual physical examination. In fact, for several years I had no family physician and was in the frightening position of having no medical insurance. A fortunate upturn in my economy about a year ago let me buy into a group HMO plan. I was able to designate the same primary-care physician I had used in a more careful era. However, this did not send me in quest of a physical exam.

A sudden loss of hearing sent me in search of medical assistance. I called my HMO ‘gatekeeper’ for an appointment and referral to a specialist. I was surprised to find that he had retired between the time I joined the HMO and my present hour of need.

I accepted an appointment with a new physician who had joined the same medical group. I’ll just call her “Dr. Heather.” Dr. Heather is a very young, drop-dead beautiful woman and an internal medi-

cine specialist. As it turns out, she is also wise beyond her brief time in practice.

My sudden hearing loss was quite profound. The right ear simply ceased hearing anything. This was accompanied by some dizziness and the whole business happened with the rapidity of turning a light switch.

My young physician listened as I told her of two similar events in my past, one 30 years ago and one within a year or so. The early event led to an unsuccessful hunt for tumors on the nerve groups exiting the cochlea. In that era, a CAT scan was the last word in imaging and this was applied to my head with a vengeance. It disclosed no “bats in my belfry” and the hearing slowly but partially returned

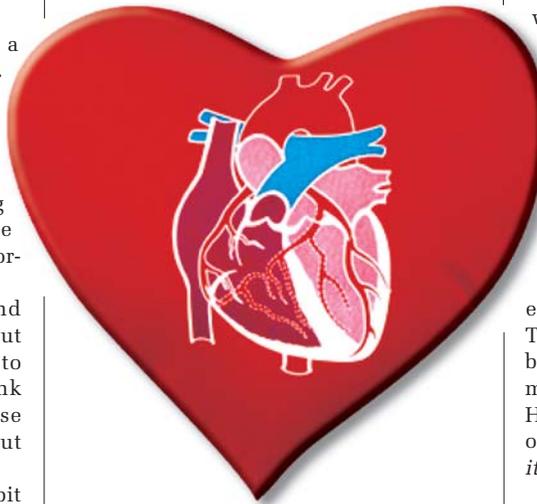


Figure 1. A heart surgery patient's badge of honor, the Shumsky pillow (US Patent 4829613 awarded to Janet L. Yon in 1983).

over ensuing years.

The more recent event occurred while I was dancing without an insurance net. The problem was treated as a potential ear infection with some remission of symptoms.

Dr. Heather thought this “infection theory” was somewhat weak. She was well aware of tumors on the auditory nerves and their switch-like effect on hearing and balance. (The switch is ‘thrown’ when a tumor growing on the balance branch grows large enough to touch the hearing branch.) She ordered an MRI to determine if this was my problem. But she also agreed to prescribe an antibiotic to deal with any infection that might be present.

Before allowing me to escape with a referral to a network otolaryngologist, she gave me a general work-up backed by some routine tests, including an electrocardiogram (EKG), a chest X-ray and some blood work. All of her in-office findings were within norms for a gray panther of my vintage. We made an appointment to review the MRI and other tests.

Thankfully, the MRI did not disclose the cause of my hearing loss. The chest X-ray was clear and the EKG was normal. But the blood workup was quite a different story. Both my total cholesterol level and ratio of total cholesterol to high-density lipoprotein (HDL) were too high. Further, I was now a Type II diabetic.

Dr. Heather made it clear that these were *serious* issues, requiring immediate action. I deferred such action until after the hearing issue was understood and, if possible, rectified. Deaf but still indestructible, I took my leave of her.

I pursued the hearing loss issue with little or no success. The otolaryngologist diagnosed nerve damage within the cochlea. I was told I had suffered a “vascular event” in the inner ear and that such events are very rare. This type of loss cannot be compensated by a hearing aid. An experimental treatment using steroids produced no relief. He could give me no good reason for the occurrence – *nor a way to avoid having it strike the other ear.*

I had every intention of returning promptly to Dr. Heather to work on the problems she had uncovered. However, work and other distractions seemed to absorb all of my time. Three months passed quickly.

Early Warnings

I did a major workspace cleanup that involved lugging almost 200 pounds of paper from my second floor office to the street. I did this at a rather leisurely pace and was surprised at how tired I felt at the conclusion of the effort.

When I sat down to rest, I realized I had a pain across my back and down both arms to the wrists. In fact, the arms ‘burned’ as though I had been lifting heavy weights. This was a new sensation, one I didn’t like. It passed in about 20 minutes and was forgotten.

A few days later, I was moving and cleaning some porch furniture. This was

really light work, lifting nothing heavier than a chair. Again, the pain across the shoulders and down the arms came to greet me. Again I felt disproportionately tired. This time I paid attention.

When I experienced the sensations a third time without any real stress to cause it, I made an appointment with Dr. Heather, requesting a stress test. My appointment was on a Monday. On the preceding Sunday, senior daughter Allyson was moving into her first solo apartment. Needless to say, proud Papa felt obliged to help.

Joan and I drove a couple of hours to the rural town where Allyson would live. We made a lunch stop and discovered a flat tire on the venerable VW. I changed this without difficulty, but noticed a mild back and arm pain after I was done.

We joined the tribe of young van unpackers at the apartment. After two trips up the (long!) second-story staircase with light loads, I felt tired. After the third trip, I felt stupid. I had my arm and back pain again and now a pain in the center of my chest. I found a soft spot and sat down; my contribution to the moving effort was over. Some while later, the pain subsided and we made for home without incident.

Day of Atonement

Monday morning I awoke feeling fine. I went through my usual office routine and then broke to keep my afternoon appointment with Dr. Heather. I had the ugly feeling her tests might disclose something heart related. I suspected I might have some serious decisions to make in the days that followed. Little did I know that control of my life's timeline was rapidly slipping from my fingers.

The nurse did the usual height, weight, and blood-pressure measurements at check-in. Then she rolled in the EKG machine and plumbed me up.

In a few moments, Dr. Heather entered the room carrying the EKG strip chart just measured and the one from my earlier visit. From across the room, I could see they were markedly different. Her words were straight to the point. "Mr. Lang you have a problem. I want you to go to the hospital emergency room immediately."

I was stunned. I suggested that I needed to get my car home and to make some arrangement to be taxied to the hospital (just up the street). Her response made it clear that I needed to go *directly* to the hospital and that she had reservations about my driving there. She offered to call an ambulance for me.

In the end, I paused just long enough to call Joan at her office and then drove to the ER. Dr. Heather telephoned instructions to the hospital admitting staff; I was expected upon arrival.

In almost no time, I found myself in a bed wearing one of those belt-in-back gowns that make all hospital patients look like would-be plumbers. I had had several EKGs and was now wired to a monitoring system. In less time than it takes to tell it, I was plumbed with an IV and placed on oxygen using one of those sinister clear under-nose tubes.

In a short while, the ER physician stopped by to give me a status summary. The EKGs said a heart attack was imminent. He had drawn blood and was waiting for an enzyme report that would tell him if I had *already had an attack*.

In the meantime, he had me on a nitroglycerine drip to reduce my blood pressure. This, in turn, would reduce the heart's need for oxygen. The low-pressure oxygen I was breathing was intended to give the heart's tissue a boost. For good measure, blood-thinning Heparin was also administered.

About this time, it began to sink in that I was *not* going to walk out of the ER, jump in my car, and head for home. I wouldn't have the luxury of time to make important decisions. Events surrounding me were now accelerating, and I was losing control. Joan appeared about this time, followed in a short while by a friend and then a daughter.

After what seemed like eternity, the blood enzyme results came back. There had been no attack yet. The muscles of my heart remained undamaged. Nitroglycerin and oxygen were holding the pending attack at bay. The issue now was to get treatment for the arterial blockage indicated by the EKG before an attack occurred. A race was on, and I couldn't identify the track, let alone the racers.

Enter Good Providence

I knew the likely next step was a cardiac catheterization. I also knew that corrective interventions involving balloons and/or stents might be integrated with this visualization procedure. I knew the procedure was only mildly invasive and that it had an excellent record of success.

What I didn't know was who should do the deed and where it should be done. I knew I needed a physician who routinely did this process in a place that saw thousands of people with similar problems. I didn't know a cardiologist and I had no real knowledge of the area's hospitals and their specialties. All I knew is that I was lying on a bed in the *wrong* place; our local hospital does little cardiac work.

As luck would have it, the very competent male nurse who had dealt with me since my arrival was merely "moonlighting" in our local ER. His "day job" was with the cardiac care unit at Abington Memorial Hospital. He made a strong recommendation that I move there, post-

haste. "If you were my father, I'd have you on your way there ASAP."

He offered to make a call to the group of physicians and surgeons he worked with. Through his kindness and theirs, I got to experience my first ambulance ride. I was admitted by Abington's Pilla Heart Center as midnight approached. I was checked into a room in their intensive care unit.

A Plumbing Miracle

I had clearly been delivered to a place of technical specialization and extreme competence. "Hearts understood here" was the watchword of the house. I was cared for by a long line of physicians, nurses and technicians. Each exuded extreme competence and unusual kindness.

The following morning, I was treated to a cardiac catheterization. My memory of this is a bit hazy. I can clearly remember growling about the chill of antiseptic evaporating on my 'accelerometers' while being prepped. My next memory was being back in my room getting some bad news.

Seventy percent of those patients who present with clogged cardiac arteries can be helped by interventions done with catheters. I was not one of them. Congenitally small arteries, all clogged, prevented this. I was now a candidate for open-heart surgery, a possibility I had never previously considered.

A few hours later, I had to consider the matter very seriously. I met Dr. V. Paul A., the gentleman who would hold my heart in his hands and he made the issue very simple. "I have only one procedure to offer you. If you don't take it, you will be dead in a week."

Sometimes it's nice to have the hard decisions made for you. At about 10:45 Wednesday morning I was rolling toward the operating room. I'm told I returned unconscious and on a ventilator, but with better color, about 4:30 that afternoon. By midnight I was breathing on my own and speaking with my family.

A Few Thoughts in Closing

I became addicted to cigarettes at about the same time my romance with the automobile began. At that time, the minimum wage was \$1.25. Thirty-odd cents would buy a gallon of gas or a pack of filter-tipped cigarettes. Today, we pay employees at least \$5.15. Gasoline has peaked (we hope) at over \$3.00 a gallon, while a pack of smokes now costs \$5.00 or more.

The prices of gasoline and tobacco are strongly influenced by state and federal taxes. While these governments have no problem routinely vilifying "big tobacco," they are very careful not to kill it off. Virtually no government money is

spent to rescue or rehabilitate smokers. Instead, these addicts are victimized by the taxes levied. Tobacco taxes have proven a poor deterrent to smoking. Perhaps it is time for some more foresighted use of these funds.

I think this time I have given up smoking for good. That's a good thing, as I now need the money for diabetes testing supplies. It would seem that my beloved "red meat and brown whiskey" days are now a stern as well.

On a more personal note, I would like to speak to my fellow 'indestructibles.' My message is simple: reconsider your mortality. Please make an annual physical examination a part of your life. Consider this a necessary part of your health monitoring program. Have a physician who actually recognizes you on sight!

Spend a little money with your local blood-sucking scum-licking lawyer. Have an up-to-date *Will*, a *Living Will*, and a *Power of Attorney* drawn up. You will not

have time to do this when you need these documents. Trust me on this!

Finally, stop living your life like a country-western song. I've always been merrily in step with *He's an Old Hippy* and *I Got Friends in Low Places*, but have come to a new respect for the Waylon Jennings lyric, "If I knowed I was gonna live this long, wuhda took better care of muhself." You don't need to be quite this stupid. 

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