

January 21, 2004

## HEART PROBLEMS AND THE INVASION OF NORMANDY

The minute I said the words “chest pain” on Sunday night, I knew my life was out of control. There is no middle course of action when it comes to chest pain. Either you do nothing or you start the Normandy invasion. Saying nothing is easier but then, of course, you might die. With the Normandy invasion, you live, but sometimes wish you didn't.

So that was the beginning of the great Cardiac Adventure of January 19, 2004. I had some sense of tightness in my upper chest and a feeling that I couldn't get a full breath. I remembered some version of this from my pre-bypass experiences and got a little scared, well maybe more than a little scared.

Now this decision was not exactly spur of the moment. I have lived with the burden of heart problems for a long time. My father nearly died from a heart attack when he was 48 years old and was then severely disabled. My own heart problems came more or less on schedule when I was 49.... entirely earned by a life of complete disregard for what I ate. Or rather I ate, with full regard, as much as I wanted of food that tasted good but was designed to kill me. Somehow I avoided actually having a heart attack and went straight into the bypass surgery phase of the process. This was almost 6 years ago. Ever since then I have lived with the expectation that sooner or later the fancy new plumbing they installed would clog up again and I would have to engage a repairperson to fix it. Hopefully I would realize this needed to be done before one or more of the bypasses gave out entirely, causing me to give out entirely.

So this was the setting for the night's adventure. It's 12:30 AM on the morning of January 19<sup>th</sup>. I get dressed, Terry gets dressed and we head off for Saint Vincent's hospital in my car. I drove because I was absolutely, but irrationally, confident that no matter what happened it would not happen while I was driving to the hospital. Since it's late on a Sunday night the hospital emergency room is pretty empty. There was some guy talking on a phone through a security window to two police officers. It looked like the police officers were actually manning the emergency room as there were no other hospital employees in sight.

My plan was to convey all the nuances of my chest pain to whatever hospital employee eventually showed up. Instead Terry practically grabbed the phone out of this guy's hands and shouted “Chest Pain.” From the deep recesses of the emergency ward emerged a nurse who calmly escorted us back to the place where you fill out paperwork while waiting to die. It was all very civilized until the paperwork was done. And then with very little ceremony we walked around the corner and they pointed to a bed. “Take you clothes off and get up on that” or some similar command. At this point the first troops from the invasion began to assemble and mill about. It was not clear what anyone was doing, but gradually

my body was connected to a large number of plastic tubes which were in turn connected to a large number of machines with blinking yellow numbers. We were off!

So I was lying on this narrow bed and poor Terry was attempting to stuff my clothes, including my entire winter coat, into a shopping bag that in normal times might have enough room for a cooked chicken. We decided to leave the winter coat in the car as I would probably not be wearing it much in the hospital. I say “poor Terry” also because Terry has had one of the worst three weeks to start a year than just about anybody. First she has had painful knee surgery. Then a very sad death of her favorite aunt Frances. And then the start of classes she teaches at the Community College, and finally me having a heart attack in the emergency room. Any one of these things would be tough to deal with and she had all four. All I had to do was lie on the bed and let bedlam proceed around me. She was the one suffering.

Now it wasn't clear that I was actually having a heart attack. My view of this was that it was angina, just like before my previous hospital admission. I wasn't sure it was angina. I wasn't sure of anything actually. And there was part of my mind that was worried that this was nothing at all to do with my heart and a lot of people would soon be very mad at me for causing a lot of trouble. So I had a mixed reaction when the first doctor on the scene - a woman with a wonderful bedside manner, but apparently not much cardiac experience - pronounced that sure enough the EKG looked like a “right sided” heart attack was in progress. I was impressed with this diagnosis because, as everyone knows, the heart is on the left side, so if something was happening on the right side, what exactly did it have to do with the heart. But she was a doctor. Oddly enough I was both anxious and relieved. Anxious that something serious might actually be wrong. And relieved that something serious might actually be wrong and that this mayhem I was causing was really justified. I doubt if many people who hear they are having a heart attack ever have even the smallest smidgen of “relief” but there it was.

As it turned out, this woman was dead wrong. The next doctor on the scene was my actual cardiologist, Dr. B, a gentle grandfatherly man who looked at the same EKG and said, using the most polite technical medical jargon, that this was poppycock. So maybe this was all a big mistake. But I still had this real discomfort in my chest so I stuck to my story. It took them about three hours to free up a bed in the CCU (the Cardiac Care Unit) because they said “they had to move a bunch of people around.” I couldn't quite imagine what this meant and I still don't really know. It seemed to me that there either was, or there wasn't, an empty room at 3 AM. And if they were moving people around, did that mean they were kicking some people out of the hospital to make room for me. Or were they deciding who deserved the nicest rooms and waking people in the middle of the night to place them in the proper pecking order. I will never know. But eventually, they carted me upstairs and placed me in this very nice private room. I didn't see any other patients but I was sure that some poor soul was hooked to a monitor in the broom closet.

Thus began a long night of tests, discussions, observations and the just sheer boredom of lying in a bed with nothing to do. Much of the rest of this blurs together. I distinctly remember that they put three, count them three, IV tubes in my arms. Never in the entire course of the stay did I ever use more than two, but they were convinced that three would eventually be necessary and who was I to argue. In the

end I had two on the left arm and one on the right arm. And rather than make it easy and use the two on the left arm, leaving the right arm free for some actual productive use, they attached one tube to each arm, and together with the blood pressure cuff and the oxygen thing they put over your ears and into your nose, I was thoroughly strung up like a marionette. The simple act of picking up and drinking from my water cup was quite comical, and sometimes painful and I tugged and strained at these damn tubes.

One of the tubes was pure saline solution and one or two more held medicines like nitroglycerin and TNT. The saline solution was intended to get my blood to the precise amount of thinness so that they could work on me the next day without my blood clogging up all over the place. As it turns out, they ran this IV for the entire 36 hours of my stay, and I was so filled with water at the end that it felt like it would take three months of solid peeing just to get back to normal.

The other discussion that took place was what kind of test should be done on Tuesday morning. Somehow most of Monday passed in a fog as I dozed off and on to make up for the fact that I never went to sleep on Sunday night. The test choices were quite simple. Either I would have a “stress test” which is where they put you on a treadmill and run it up to full speed while looking at a continuous EKG, hoping they can catch you and revive you in the event that something is actually wrong. This is sort of the modern medical equivalent of keelhauling. If you survive it you’re allowed to stay in the navy, and if you don’t, well you weren’t meant to. The other choice was the Cath lab, where by ancient convention all of the nurses are named Cathy. No seriously, this is where they inject dye into your arteries through an artery in your crotch and watch on television to see if there are any blockages in the main heart passages. This test tells you a lot more than the “stress test” but it also involves a greater risk. This is where my father had his near fatal heart attack back in 1973. I wasn’t so much worried, since the process has gotten a lot more routine in the last 30 years. The choice was made by the fact that I continued to have “chest pain” and so this justified the more complex and might I say, on behalf of the insurance company, more expensive procedure.

Throughout all of this, Terry was doing her very best to support me, while dealing with emotions I could hardly bear to think about. She called my business clients and told them I would not make the seminars scheduled for that week, canceled my flights and hotel reservations, and communicated with a host of family and friends about the latest developments. And she was very sweet, staying in the room with me and nursing me and her sore leg at the same time.

I conked out early on Monday night and on Tuesday morning, they wheeled me to the Cath lab. The procedure didn’t take very long, but I confess to losing some semblance of dignity when, prostrate on the operating table I was forced to beg for them to sedate me. “They should have started your sedation up in the ward,” they said. Had I realized this I would have started the begging process much sooner. But I eventually negotiated my way up from one to three of whatever they were going to give me and it worked although not quite fast enough.

In 30 minutes it was over and my still sedated self was wheeled back to the ward. This was about 10:30 AM. Very soon after this, my attending cardiologist, Dr.T. came into the room to announce the results. Dr. T is a partner of Dr. B and not at all like him. His bedside manner was more like that of a car

salesman. So he bolted into my room and, in the spirit of moving as much as possible off the lot to meet sales quotas, let me know that there was no blockage whatsoever in my seven bypasses from six years ago. Nothing, zilch, nada.

Now this was just about the best news I have ever gotten. I was convinced that at least one of the seven had rusted over and they would need to put a stent in it. But no, they were all as good as new, and I could get 20% off and zero percent financing if I wanted. The bad news was, if this was all true, that this meant that my initiation of the invasion of Normandy actually could have had nothing to do with my heart. Well maybe it was a twinge or who knows what, but it was more likely to have been the foot long Subway sub I had wolfed down that night before going to bed.

This is ironic to say the least. When I was seriously ill six years ago I went for three weeks thinking my severe angina was chronic indigestion. I was lucky to survive this misunderstanding. And now here, some form of indigestion had gotten me an update on how the seven little dwarves were doing all these years later. This was a gift. You can't go in to a doctor's office and ask them to do a Cath procedure to "see how you're doing." It is one of many holes in the American medical system that once you get a bypass you just wait for the dangerous symptoms to re-appear before doing anything else. But here I had gotten a free reading that everything was in great shape. It was like a great burden had been lifted from me. I would probably live for a while and could get by with a lot less secret worrying

But Terry and I were left with a difficult set of challenges. We both had very different experiences of these two days, and were having a difficult time sifting through it all and making sense of what had happened. But worse, there were a whole set of people in the world who had been told this was going on who would have to hear the "rest of the story." As I had feared from that very first utterance, my life was out of control. And as word spread through my network of friends and family and Terry's network of friends and family, there were dozens, maybe hundreds of people who would be talking about this and speculating on what really happened. Could I bear to tell them that it might not have been a heart problem but severe indigestion. And could I bear the loss of privacy that goes with having your personal medical experience bantered about like the latest football scores. The Normandy invasion will go on for some time now. I may never get my full sense of privacy back. But I have seven good arteries supplying blood to my heart and I guess, in the end, that's worth a little indigestion.