

Here's my story: I am alive today because I had cardiac surgery. It was the toughest surgery I've ever had (and I've had a few), but when the going got tough, I thought about the alternative. I'm so glad to be alive, to fix my husband's coffee in the morning, to fold the freshly washed clothes as they come from the dryer, and best of all, to be escorted down the aisle in my grandson's wedding about a month after surgery. Life is grand, and I'll never take it for granted!

In October of 2019 I thought I had reflux. When I would try to walk for exercise with my husband, I would get a funny feeling in my neck and throat and sometimes in my shoulders, so I stopped walking for exercise. Then it happened to me when I was Christmas shopping and I had to sit for a while. I was already taking medicine for reflux, but since it wasn't helping I went to a digestive health specialist. After an examination the doctor recommended an endoscopy. I had that on New Year's Eve day, but nothing was found which would cause my symptoms. I was also having trouble sleeping on my back, which is another symptom of reflux. So we propped up my pillows and I quit drinking Pepsi completely, hoping that less acid would lessen my symptoms. It seemed to help for a short time, then got worse again. I couldn't get an appointment to see the doctor as soon as I would have liked so I saw his associate, a Physician's Assistant named Ruth Ann.

She scheduled me for a test to determine the amount of acid coming up into my throat while sleeping. At the same time she suggested a consultation with a cardiac specialist because of the location of my pain. The acid test showed that the amount of acid was minimal and shouldn't be causing my discomfort, but the visit with the cardiologist was more telling. He said that where the pain was located could be a coincidence but he'd like to check it out. I didn't think I had a heart problem so I said sure. He explained that a heart catheterization is definitive in identifying a problem, but also invasive. He offered a stress test and an echocardiogram,

which were not invasive and were as effective 90% of the time. I said I would have trouble doing the stress test since my problem occurred when walking. He didn't let me out of it that easily; he recommended a medically induced stress test. And that's what we did. My appointment was made for the next week. It was scheduled for 8:30am and I was to come alone. No one could come in with me or even have a seat in the waiting room. The two tests would take four hours and my husband should come back at 11:30 or 12. He chose to wait in the car in the parking lot rather than drive the 20 miles home and come back again.

The sequence of events was to take photos of the heart for comparison at various stages of the test. Laying flat on my back for that for about 20 minutes for the baseline photos was really difficult. I had the pain again. But after sitting in the waiting room for about ten minutes when this part ended, I felt better. Then I was called for the next step, injecting the medicines to induce stress on the heart and a dye to follow the blood path. I felt terrible when they finished. I was escorted back to the first room for more photos. That didn't make me feel any better, but then they gave me a Coke to drink to raise my blood pressure which was registering fairly low. I felt so bad in the waiting room that I even told the chatty gentleman next to me that I didn't feel like talking. Thankfully I was the next one called back in, this time for the echocardiogram. Again I had to lay flat on my back, and I dreaded the pain. But during the test the technician commented that she was having trouble getting the images she needed so she had me lay on my side. Relief!

About that time my doctor knocked and came through the door with a nurse, the stress test technician, and my husband all following him. He asked me if I remembered him saying that the heart catheterization was more invasive and the stress test worked for 90% of the people. Well it didn't work for me. He said that in fact, I had failed that stress test and the echocardiogram and he was going to call 911 to have me transported to Forsyth Hospital for the catheterization. He was coding the call as though I had suffered a heart attack, although I had not.

This prompted the quickest treatment when I got there. When I finally took a breath, I was being wheeled to the waiting ambulance. My husband followed the ambulance in our car while I experienced having an IV put in while the vehicle was driving over speed bumps leaving the parking lot. And she got it in on the first try! She said they had to learn how to do that when she went to EMT school and in the same breath said that my color was much better and, she could breathe easier. I had no idea my color had ever been bad.

At the hospital we went in through the Emergency Room entrance. They had my name on a list as we entered and a security guard was waiting. He was our escort to the other side of the complex to the "Cath Lab". Even with the ambulance techs and the guard going at almost a run, I think it took us longer to get to the Lab than it did to get to the hospital. The guard would run ahead and ask people to move out of the way. Quite a ride.

Once in the cath lab, when they told me to scoot from the gurney to the table, I asked if I could go to the bathroom first. A nurse came over to me and quietly said they had something better than a bathroom, a suction device, and after I scooted to the table - quite a sight with only half my clothes on - she draped a sheet over me and put it in place. I want one of those near my bed at night! Then a doctor introduced himself to me as about twenty people got busy, and most of them were working on me. Dr. Minks said he had called my son who was also listed on my hospital record as to be notified in case of emergency. So now I started to worry. There was a team of at least two dozen people in the room. I was given anesthesia called Versed. The effect was that I immediately stopped worrying and felt relaxed. They had secured my right arm fairly tight, stretched out a little from my hip. The current procedure for catheterization is through the wrist instead of the groin, I learned. Suddenly on my left a wall of computer screens was rolled into place. Eight screens. The one on the top left was of my heart. I could see it moving each time my heart beat. Then a black line was moving across it. Dr. Minks explained that it was the wire he inserted through my wrist to determine what was

going on in my heart. A very short time later I hear him say to his staff, "Close her up, we're finished here!" I thought that was a terrible thing to say, but then he put his hand on my shoulder and said he would meet with me and my family in a couple minutes.

I was rolled into a small room where my husband and son had been waiting anxiously. Dr. Minks came in after only a couple minutes. He was direct and to the point, although friendly and spoke words we could all understand. He picked up a piece of paper and drew a picture of a heart, and the main aorta and the other blood vessels. Then he proceeded to say that my main artery was blocked 100% and another was 50%. He said his findings would be handed over to a surgeon here at the hospital. There were three cardiac surgeons at Forsyth. He said he thought the surgeon would tell me that I needed a double bypass, and that a stint would not be possible in this case. He said they would admit me to the hospital and the surgeon would come to my room as soon as he was finished in surgery that afternoon. He handed me the picture he drew and I asked him to autograph it. He chuckled as he signed it.

In my room it was close to 7pm (the day had flown by) by the time the surgeon got there. Dr. Sacks came in the room, opened my chart, and said he recommended a double bypass. I had talked with the guys and we all agreed that I would have the surgery. Then he said the only problem was that he was going out of town over the weekend and he didn't know how one more case would affect his partners. This was Tuesday, August 25th. He could fit me in on Monday when he came back, after his office hours that day. The only question was whether to keep me in the hospital until Monday or let me go home. I felt uncomfortable going home if I was that close to having a heart attack. But the doctor countered with the fact that I'd been living with this for ten months. He said he was waiting for some blood work results and would let us know his recommendation that evening. It was less than an hour later when he came back in and said they had decided to do the surgery on Thursday before he took his long weekend. Over the next day I would have all the normal tests necessary for the surgery.

Wednesday was a bustle of activity including a chest x-ray, tons of blood work, a Covid test, and even vein-mapping on my leg where the vein would be taken from which would be used to replace the blocked one at the heart. A wand was passed over my skin. It projected an image on a screen for the technician to see where the veins were located, where they branched off, and how large they were. A vein had to be 2.5mm wide to qualify for use at the heart. With a magic marker the technician drew on my leg a 'map' of what she was seeing on the screen. When she was finished I asked her to sign her work. She insisted no one would know who she was. I assured her they would after they saw my leg.

The next day, Thursday the 27th, passed very slowly. I had been told that Dr. Sacks would do my surgery after seeing patients and he should be available by 12:30. One thing I did to pass the time was actually read the pamphlet they give patients having cardiac surgery. It was well-written, informative, and interesting. I also took the time to call the PA, Ruth Ann, who had recommended I have a cardiac consultation. I called her office and was told that she was making rounds in the hospital that day, and asked if I wanted to leave a message. I said no and asked if I could speak to her supervisor. I was surprised the receptionist put me through. The supervisor was very easy to talk with, especially after she learned I didn't have a complaint, but wanted to pay a compliment to Ruth Ann. I briefly told her my story and ended with telling that I was waiting for surgery and wanted to tell Ruth Ann that she might have saved my life. The supervisor said that it gave her chills when I said that. She said that she would convey my message to Ruth Ann. Weeks later when I had a check-up visit with Ruth Ann, she told me that in fact her supervisor called her and told her what I said and that surgery was that afternoon. Ruth Ann told me that she had access to the computer system where the physician's notes are kept. This included the surgical notes which were entered real-time as the surgeon speaks during the operation. She said she kept track of the progress until she knew I was safe as the surgery was finished.

The doctor's estimate of when surgery would start was way off and my husband and I sat in my room as the hours ticked by. I had several IV's and tape patches where blood had been drawn, but just before taking me to surgery, they started a couple more IV's, each with a purpose. As I was wheeled down the hall my husband went with us until we reached the waiting room for relatives. He gave me a great kiss as he left. Down another corridor and then we turned into this very cold room with a huge contraption in one corner, all stainless steel tubs, tubes, wires and controls. It must have taken up at least 10 x 12 feet of floor space and went almost to the ceiling. The doctor was there and I asked him what it was. He said, "That, my dear, is your heart and lung machine." I was impressed and astonished. Only then did I look around and see all the people. If I thought the team in the cath lab was large, this one was even larger. And everyone was busy. I remember scooting from the transport gurney over to the table, which was only about 12 or 15 inches wide. One of the nurses upstairs had told me that part of the prep after I was asleep was to bind my arms behind me under the table. That way my chest was easier to access for the procedure.

The next thing I was aware of was waking up, or at least being semi-conscious and listening to the conversation of nurses. Then it dawned on me that they were talking to me, not about me, but I couldn't answer because of the breathing tube in my throat. They told me it was already Friday evening. I had slept the whole day. They said it allowed my body to adjust to the results of the surgery without as much stress. They said they would keep me comfortable and control any pain with medication in my IV. Ha! It hurt even to blink my eyes. Then the next morning they said it was time to take out the breathing tube. I was ready for that. But they kept telling me I was doing it wrong. And because the tube was still down my throat I couldn't ask what I was doing wrong. They came back a couple hours later and tried again and the same thing happened. Finally later that night they took it out when I was half asleep (I think they did it

intentionally). It was not a difficult procedure. They just started pulling it out, telling me not to swallow as they did it. In seconds it was out and I still don't know what the problem was earlier. But because of that I spent an extra day in ICCU.

I have to go back just a little and talk about when my husband first came in to my ICCU room after surgery. Good thing our son was with him. My husband was shocked at how many IV's and tubes were in me. About 12 I think. He was most startled by the two coming out the side of my neck. I had read in the pamphlet that these are a direct line to the heart during surgery through the carotid artery and could be used to inject medicine directly to the heart if necessary.

The worst part was over and I began to feel a difference each day. They had me up and walking while I was still in ICCU. How did I get so weak in just a couple days? When would my strength come back? The following day I was transferred out of ICCU and back to a regular room. There was no resting now. The nurses were doing all they could to improve my strength and condition. My day would start about 4am when the nurse took my vital signs and then said, "Well, dearie, since you're wide awake, let's get you up and walking before we settle you in the chair for the day." The most difficult part of the days after surgery was the coughing. Evidently some anesthesia or liquids in the lungs caused this cough and all patients were given a red heart-shaped pillow to hold to their chest when coughing. My legs were swollen but they said it was fluid they had given me during surgery and the swelling would go down. Ha! again. In ICCU they could weigh me in my bed, and I weighed seven pounds more than when I came in the hospital. I learned that the fluids were used to help cool my body, and then to bring my body temperature back up to normal when they were finished. By the time I left the hospital I was back to my previous weight.

There's much more I could tell about the events surrounding my surgery and recovery. However, I'll just say YES, I made it home, and everything looked wonderful. The truth is I was

so grateful to be home – to be alive – that even a rainy day would have been wonderful. I had a lot of time to think about things while in the hospital, and came to the conclusion that I appreciate life and life is grand!