

HEARTACHES

Compelling Ordeals of a Cardiac Patient

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Medical terms, Abbreviations and Acronyms

<u>Term</u>	<u>Definition</u>
ablation	destruction of surface tissue in the heart
angiogram	medical imaging of veins, arteries and chambers of the heart
angioplasty	widening of arteries with a balloon catheter
a-fib	atrial fibrillation; cardiac arrhythmia
arteritis	inflammation of the arteries
CAD	coronary heart disease
cardioversion	electrical shock to convert rapid heart rate to normal rhythm
CAT	computer axial tomography
cath	catheterization
colonoscopy	endoscopic examination of the large bowel
DFB	defibrillation battery pack (portable)
EECP	enhanced external counter pulsation
EKG	electrocardiogram
EPS	electrophysiology study
ER	emergency room
Hemoccult test	test to determine the presence of blood in feces
ICU	intensive care unit
infarction	heart attack (acute myocardial infarction)
IV	intravenous

Joule	a unit of energy
LAD	left anterior descending artery (a coronary artery)
MUGA	multigated acquisition- used to evaluate heart functioning
O ₂	Oxygen
purpura	vascular system inflammation causing bleeding under the skin
precordail thump	A strong punch to the sternum
Stenosis	constriction
Stent	a wire mesh sleeve used to keep arteries open
Subarachnoid	Area of the brain where I had a cerebral aneurysm
Subclavian vein	large vein underneath the collarbone
TEE	transesophageal echocardiogram
venogram	X-ray test to show blood flow through the veins
v-tach	ventricular tachycardia

Introduction

This book is about my 15 year experiences living with heart disease. It recounts all the major surgeries, procedures and diagnostic tests that I have endured just to maintain my life. I tried to convey not only the events themselves, but my personal feelings and mindset at the time. Having experienced nothing like this before, I was left feeling very apprehensive. The events themselves created great anxiety in me, and almost certainly would have had the same effect on anyone else having to experience them. It is particularly unnerving to have someone operating on, shocking or testing your heart, even if he or she is a well-qualified physician. Things can go wrong, and in my case often did.

I have changed the names of all the doctors and nurses involved in my care and make no effort to identify the many hospitals where I was either an in-patient or an out-patient. There was a great difference in the professional and bedside manner of the physicians and nurses who treated me, but I did not want to dwell on these matters in this manuscript.

Writing this book was an ordeal for me. It forced me to relive those terrible periods in my life when almost every procedure brought more bad news. Everything in this book is true and accurate. These events really happened. I can verify that since I lived through it. Looking back now, I wonder how I was able to endure this medical nightmare. My problems all started with a voluntary procedure to implant a stent. To this day, almost 15 years later, I continue to live a life which is physically limited due to the poor condition of my heart which resulted from that mishandled stenting procedure. At the same time, the fact that I am living at all is a testament to the many fine medical professionals and all the recent advancements in the medical field. I am grateful that I was able to live through it at all. When I suffered a brain aneurysm in 1979 and survived with no paralysis, my wife wrote a story about the incident entitled "Angel on His Shoulder". I think that same angel is still with me.

Chapter 1

The Good Old Days

When you are young and healthy, you rarely think of your physical well-being. It takes only an occasional event, such as a cold or the flu, to remind you that your health is not to be taken for granted. In some cases you are completely helpless to affect a satisfactory outcome, as exemplified by the old adage about letting a cold run its course. In other cases you can just take a medication or get a shot of antibiotic and you are soon better. Even if you follow a low salt, low fat diet and don't go overboard on junk food, it is not a guarantee that you will not get sick or have some serious medical issue. Science has not advanced to the point where a "healthy diet" can keep you healthy. Of course, that and an active lifestyle will minimize the risk of getting many diseases or of developing some chronic conditions, but it cannot prevent them from occurring. This is what I always believed.

My wife Linda and I and our three children, Vincent, Laura and James, moved to New Jersey in 1973 when I started working for a large engineering company. I had just received my Ph.D. in chemical engineering from New York University and was looking forward to working in the research and development laboratory of this company. We bought a big 3-story Victorian home in Glen Ridge. I was always active doing work around the house. At 6 feet tall, I carried my 214 pounds in weight well. My chest was 44" and my waist was 37 ". I was very muscular, and I used to haul a 120-lb. air conditioner from the first floor window to the basement every year. I lugged a 180-lb. mahogany desk up three flights of stairs by myself. I took no pills or vitamins. I did have a brain aneurysm in 1979, when I was 34 years old. At the time, this was very serious and required brain surgery to repair the subarachnoid bleed. Against great odds, I survived unscathed. After a few months of recovery, there were no other after effects and it was soon forgotten. My health was something that I did not think about every day.

By 1996 the kids had all graduated from college. Vincent and James had moved to their own apartments. Laura was still at home, but was soon to be married. Linda and I did not need this big, six-bedroom home anymore. We had put all the kids through college and the mortgage was paid off, as we were both working and making good salaries. We were building up a nice nest egg and decided to sell the house in Glen Ridge and move to a condo in West Orange.

I did not lead an active life but I never before had any physical problems. I played in departmental softball games and still had a lot of power as evidenced by a few long home runs I hit. I was captain of the bowling team in the company league. I was the anchor, the last bowler, the one you count on to get that big strike in the tenth frame. One year I had a 195 average. In general, I was in pretty good health. In 1997 I had a stress test monitored by a cardiologist at a local hospital. No problems were encountered during the test and I was deemed to be at low risk for a heart attack.

In 1998, at 53 years old, I became more concerned about all the risk factors I had some control over and even those over which I had no control. My father and both grandfathers had heart disease and died from heart attacks, so I was well aware of my genetic inheritance. There was nothing I could do about this, but I could certainly change my lifestyle to minimize all the other risk factors. I had quit smoking when I was 34 and therefore this was not an issue. Would changing my lifestyle increase my lifespan? All the medical evidence indicated that it could. Was it too late to start? Again, all the medical literature and clinical studies indicated that it was not. The most I ever weighed was after a particularly busy, party-filled Christmas season, when I briefly ballooned up to 225 lbs. I had yearly medical exams from 1974 to 1998 through my employer. Over this 24 year period, my weight increased from 192 to 214 lbs. and my blood pressure rose from 120/70 to 142/88, while my cholesterol remained almost constant at about 210 (ranging from 187 to 234). Later on, the doctors advised that I should cut down on salt so as to reduce my blood pressure and also try to lose a little weight.

In the spring of 1998, I started an exercise program to improve my cardiovascular health. I started jogging in the morning before work. I would get

up at 6:00 am and jog around the hilly streets of the condo development. Then I would return home, shower and shave, and be at my desk at work at 7:45. In the beginning, I was jogging only about ½ mile before I had to stop from exhaustion and walk home. I gradually increased my distance and in a few weeks I was jogging almost 2 miles each morning. In addition, three of us engineers would take brisk two-mile walks around the local park during lunch hour when the weather was nice. I felt good following this regimen every day.

In November 1998, I was working on a project to upgrade the Athabasca Tar Sands. These were vast deposits of bitumen (low grade oil, something like tar) about 20 to 30 feet under the surface of the ground in Alberta, Canada. As the leader of the project, I had to go to the tar sands mine in northern Alberta and evaluate the process used to obtain the bitumen. The Canadian company was to produce about 20 drums of bitumen which I would then take back with me to upgrade in our pilot plant facility in New Jersey. When I arrived at the mine in Canada, it was -40 degrees. The crew of about 100 workers and I lived in mobile trailers. Meals were served in another trailer. This food was high in fat and calories with lots of bacon, sausage, butter, etc. One needs a lot of calories just to keep warm while working outside in sub-zero weather. I ate the same meals as all the workers, but smaller portions, of course, since I didn't have to work outside.

One day when walking from the trailer to the small commercial production facility at the mine, I noticed some tightening and slight pain in my chest. I had a vague suspicion that this might be some kind of heart problem, but I didn't think too much of it. After all, cold weather does cause the coronary arteries to constrict and I was probably just not acclimated to this environment. As I thought about it afterwards, I realized that the high fat diet did not help matters either. After spending a week at the camp, I returned to New Jersey.

I resumed my morning jogs before work. While jogging one morning about 2 weeks after I came back from Canada, I noticed a tightness and some discomfort in my chest. I thought it might just be heartburn and I took some antacids. The same thing happened the next day and the next. It felt just like the pain I had in my chest when I was in Canada. Then on Saturday, December 12th, 1998, Linda

and I were doing some shopping at the mall and, while walking around, I felt the chest discomfort again. Linda, who was an experienced nurse, immediately suspected a heart problem. I was reluctant, but she was persistent and drove me directly to the emergency room at a local hospital where I was treated and kept overnight.

The next day, Linda called her cardiologist friend Dr. Green and expressed her concern. After examining me, he suggested that I have an angiogram to check out the condition of my coronary arteries. On Monday I was taken in for the procedure. He found that there was significant narrowing of the main coronary artery, the left anterior descending artery (LAD). He recommended that I have a stent put in to expand the artery and keep it open. He explained that this is a routine procedure which has a 99% positive outcome. Angioplasty and stenting were not done at this hospital, so Dr. Green recommended an experienced group at a large, well-known hospital in New York to perform the angioplasty and stenting. I didn't realize it then, but this was to be the last "normal day" for the rest of my life.

Chapter 2

A Life-Changing Event

On Tuesday morning, I arrived at the New York hospital by ambulance. I was taken to the cath lab for blood work and prepping prior to the procedure. Dr. Munson did the angioplasty and implanted two stents that day and I returned to my room. The doctor told Linda that he had considerable trouble getting the artery open. There was still another artery that needed to be stented but it would have to wait until Thursday since I had been given so much dye during the first procedure. On Thursday, he implanted another stent. I stayed overnight and Linda was to pick me up on Friday at about noon. I was put on several blood thinners to prevent clotting on the newly-implanted stents.

On Friday morning, I washed and dressed and slowly walked around the hospital floor a few times. I felt fine with only a little soreness from the catheterizations in my groin. I returned to my room at about 11:00 am and was sitting in the chair waiting for Linda. Suddenly, I felt a terrible pain in my chest. I knew it was a heart attack. I clicked the button for the nurse. There was no response. I called out for the nurse, and an aide came in to inquire what was wrong. I told her I thought I was having a heart attack right there. She finally got a nurse who then called for an electrocardiogram (EKG). The EKG was done quickly and she knew immediately I was in trouble. She called the catheterization lab and told them I was on my way down.

Dr. Munson was there waiting for me and started to work on me immediately. I was highly sedated but could hear what was going on. I distinctly heard him say, "In 5000 cases I have never had anything like this happen before." I didn't know what he meant or what he had done, but I soon forgot about it. I was told that the stent had clotted up and he opened it and put in another stent. I stayed in the hospital the next three days on several different blood thinners. Finally, on December 21, I was discharged and sent home. I remember little

about that Christmas except that I felt very lucky to have the whole family together there with me.

The Saturday morning after Christmas, I was up in my study playing chess on the computer. All of a sudden I got that same terrible chest pain that I had had in the hospital the week before. I staggered down the stairs and into the bedroom. Linda was still asleep. I said, "Something's wrong," as I collapsed on the bed holding my chest. Linda immediately gave me a nitroglycerin pill and then called 911 for an ambulance. I was writhing in pain on the bed and after several minutes Linda gave me another nitro pill.

In what seemed like an eternity, but was really about 10 to 15 minutes, the ambulance arrived. Linda told the paramedics that I was having a heart attack. They hooked me up to an EKG and quickly got me to the ambulance. We started driving to the hospital, but the ambulance stopped after a few blocks and pulled over to the side of the road while the paramedics started an IV. Then we resumed our trip.

I arrived at the emergency room and was immediately taken to an area especially set up for cardiac emergencies. The cardiologist on the call that day was Dr. Holtz, a partner of Dr. Green who had done the first angiogram. Dr. Holtz examined me and ordered a lot of blood work while the nurses hooked up EKG wires, gave me oxygen and started IV lines. I could see the grave concern on the faces of Linda and the doctor. I, of course, was in shock and was still in considerable pain, but I did manage to hear Dr. Holtz say to Linda in a low tone of voice, "He's having a massive heart attack." Dr. Holtz knew that I needed to get to a trauma center soon where they could open the artery and, I presume, put in another stent. Going back to New York was out of the question. It normally took about an hour to get there, but now, on the day after Christmas with heavy traffic all around, it might take an hour or more just to get over the George Washington Bridge. I did not have that much time to waste.

Dr. Holtz called his colleague, Dr. Grasso, at a trauma center and quickly arranged to have me transferred there immediately. Dr. Holtz climbed into the ambulance with me and monitored me constantly on the ride down to the

hospital. The pain was easing somewhat as we arrived about 20 minutes later. I heard Dr. Holtz briefing Dr. Grasso on my condition as I was being wheeled into the cath lab. The next thing I remember is Dr. Grasso telling me that he had gotten the artery open and had put in another stent. I was admitted and taken to a room.

Two days later while still in the hospital, I was again struck with intense chest pain. Again I was rushed to the cath lab. Dr. Grasso had left for vacation the day before. His colleague, Dr. Wharton, took charge of me. I don't remember anything that went on in the cath lab, but the next thing I do recall is Dr. Wharton telling me that he was unable to open the artery and that I must have open heart by-pass surgery immediately. I briefly held Linda's hand and she gave me a kiss as they wheeled me away to the operating room. The last thing I remember is being prepped just before the surgery.

I awoke in a large recovery room where there were many patients in separate cubicles. I was hooked up to several monitors, oxygen and several IV tubes. I saw nurses coming and going and, once in a while, checking on me. It suddenly dawned on me that I was alive. I saw Linda briefly, but I don't remember anything that was said. I felt washed out and could barely move. I was heavily sedated and experiencing chest pain from the surgery that was tolerable but very uncomfortable. Having just come out of open heart surgery, I had some fluid in my lungs and was coughing a lot. In addition, I was in congestive heart failure. My heart was very weak and could not pump all the blood that was returning to it. So the blood backed up and accumulated in my lungs and legs. The nurse gave me a big red pillow, which I still have, in the shape of a heart. She said, "When you cough, hold the pillow close to your chest." The purpose of the pillow was to prevent any movement of my sternum which had been wired together after the surgery and needed time to mend. Also, there was a danger of opening the extensive incision in my chest. I hugged the pillow for hours at a time as I was coughing almost continuously.

The noise from all the monitors beeping was very annoying. However, the noise from the nurse's station was intolerable. Linda was not there, so it must

have been the night shift. I couldn't hear what was being said, but all the nurses and aides were laughing and it almost sounded like they were having a party. I thought how ironic it was, that I was lying there dying and they were all having such a great time. How could they be so cold and unaware of the effect this has on seriously ill patients? I remember having a feeling of contempt about the whole situation. I was in the recovery room for at least one day and then was finally sent to a room in the cardiac unit.

A few days later, I was off most of the tubes but was still on the heart monitor with telemetry to the nurses' station. Linda was there and was later joined by her nurse friend Karen from the local hospital. As they were talking, I saw them constantly looking up at the heart monitor which was overhead off to the right so I couldn't see it. All of a sudden I heard a lot of noise in the hall. The next thing, I knew several nurses and a doctor or intern came rushing into the room with what I now know was the infamous "crash cart." Being experienced nurses, Karen and Linda both knew what was happening. Knowing what was in store, Karen led Linda away to the waiting room down the hall.

The doctor said, "How are you feeling?" I said that I was feeling fine. "Any chest pain or palpitations?" he asked. I replied that I felt nothing unusual. "What's wrong?" I asked with some concern. He said that I was having a rapid heart rate and that it could be dangerous. One of the nurses said to cough a few times as that sometimes can relieve the condition. I coughed and saw them look up at the monitor. Apparently the cough had done nothing. I coughed some more. I was getting really alarmed now as more nurses crammed into the room.

The doctor said that he had to stop the rapid heart rate. He told me, "Okay, now I am going to hit you in the chest, sometimes that works." Now this doctor was big, about 240 lbs. He swung hard at my chest with tremendous force. I was not expecting such a hard blow and it knocked the wind out of me. It was also very painful since my chest was just wired together and still had not healed from the open heart surgery a few days before. Again, they looked up at the monitor. The precordial thump had done nothing. I found out later that I was

in ventricular tachycardia, or v-tach, a rapid, and potentially life-threatening, heart rate.

Then the doctor called for the defibrillator which was on the crash cart. He put some gel on the paddles and said to the nurse, "Give me 200 Joules." This was the energy to be delivered for the defibrillation. Then he waited for the charge to build up. I said, "What are you going to do?" He said that I had to be defibrillated to get me out of this dangerous rhythm. I said, "I feel fine." He said, "Okay, now just relax." He applied the paddles to my chest and my side and said, "Clear!", just like you see in the movies. Then he delivered the charge. And also, just like you see in the movies, I lifted up a few inches off the bed. The shock was tremendous and really painful. I was terrified. They all looked up at the monitor. The shock had apparently not worked.

The doctor turned to the nurse and said, "Give me 250 Joules." Then again he said, "Clear!" The second shock was even worse than the first one. Again I jumped up in the bed and dropped back terrified. The hair on my chest was smoking from the power of the shock. I could clearly smell it even in my state of terror. Evidently, this shock did not work either. The doctor turned to the nurse and ordered 300 Joules!! I cried out, "No, no!" as I writhed around in the bed in fear. The doctor said, "Let him go out." That is the last thing I remembered. Apparently the 300 Joules was delivered after I passed out and it worked. The normal electrical pathways in my heart had been compromised as a result of the three heart attacks and the bypass surgery, all in the past week. These conditions all contributed to the onset of the v-tach.

I awoke in a different room in the Intensive Care Unit (ICU) some time later. My room was near to the nurses' station and I could hear them talking. I could also hear the beeping of my heart monitor in the room. I timed my heart rate. It varied from 80 to 100 beats per minute. Occasionally it would drift up to 130 or 140 beats per minute. I heard one of the nurses say, "There he goes again." Somehow I knew they were talking about me. I tried not to get nervous so as to keep my rate from going any higher. I could hear the monitor beeper slowing

down. Then, after a while, the rate would go up again. I was so terrified of getting shocked again that I was determined to calm down and try to relax.

These incidents happened several times. I found that if I just concentrated on being on the beach on a quiet, palm tree-covered tropical island with the surf lapping in on the shore, I could bring my heart rate down. It was almost like some kind of bio feed-back. When my heart rate would go up to 130-140, I would think of that tropical island and it would drop back to the 80 to 90 range. I continued in this manner for many hours, always terrified by the fact that I might have to get shocked again.

I have no memory of the next few days because Linda and the doctors had decided that the best thing for me was to be put in an induced coma so as to minimize the stress on my heart. My family made the long drive from New York to the trauma center in New Jersey to be with me almost every day. They felt better being near me and just sitting and praying in the waiting room. The next thing I remember is waking up in the Intensive Care Unit. I was on a ventilator and had several IVs, a feeding tube, a catheter, and a central IV line connected to a vein in my neck. Obviously, I was in critical condition and remained so for several days.

At some point, my condition worsened. Linda told me later that the doctor advised her to call my family. My liver and kidney functions were declining, my heart was failing and the outlook did not look very hopeful. I remember talking to family members who had come in to say last goodbyes and somehow I was in a calm state. Maybe it was due to the drugs given to me or maybe I had just resigned myself to the inevitable. I was heavily sedated and I remember only a few of the comments that people made to me.

I recall that my son-in-law Nick was at my side and was telling me I was the strongest, smartest man he ever knew. Of course, I knew he was exaggerating but I also knew he was trying to give me whatever encouragement he could. I wished that I could speak because Nick, being an auto mechanic who was familiar with the power of a 12 volt car battery, would surely be impressed with the 300 Joule shock that I received. But then, I couldn't remember the conversion factor

to convert Joules to volts and I couldn't speak anyway. I remember a comment that my brother-in-law Vic had made. The last thing he said to me before leaving the room was "Don't give up....don't give up!!" And I remember talking to my son Jim. I do not recall what was said, but as he turned to leave I remember thinking or saying, "I love you Jim." My mother was too distraught to even come in and see me in such a condition.

Chapter 3

The Slow Recovery

When Linda came in the next day, the ICU nurse ran to greet her with the good news that my kidneys and liver had started working again. I had pulled through by the skin of my teeth. By the afternoon, I was conscious but couldn't speak because the ventilator tube was positioned between the vocal cords and prevented me from making any sound. The nurse took my temperature and said it was 38.0 degrees Centigrade. Linda and our daughter Laura were there and asked the nurse what that temperature was in degrees Fahrenheit. The nurse did not know. I raised my hand and signed out with my fingers one-zero-zero-four. The nurse said, "He said 104 degrees." I waved my hand signaling noooo! Then I slowly fingered out again 100.4, emphasizing the second zero and the dot. Laura noticed immediately and said, "100.4". I signaled back to her, correct! Then I was short of breath and with my fingers signaled a zero and then held up two fingers. The nurse looked puzzled. Again Laura figured it out right away -- O2, oxygen. "He wants oxygen", she said. I signaled that she was correct again. The nurse increased the oxygen and I felt better. At least I hadn't lost my mind.

After about a week, I came off the ventilator and the feeding tube. A few days later I left the ICU and went to a private room. I still coughed almost continuously and the heart pillow was my constant companion. About a week later I saw an electrophysiologist, Dr. Corbet. He had seen me a few times before, but I did not remember. He mentioned to me that he first saw me shortly after I had gone into v-tach at which time he had been at a New Year's party and was summoned to the hospital on an emergency basis to see me. Throughout the next ten years that I saw Dr. Corbet, he jokingly never let me forget that I had upset his New Year's Party that year. He said that I needed to have an electrophysiology study (EPS) done on my heart to see if I needed a defibrillator. The test would be done in several weeks, after I recovered.

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