

Uncharted Waters

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Six years ago, at the age of 76, I suffered a type B aortic dissection while lifting weights. At the time, I managed a busy architecture practice, jogged a 9-minute mile, and had never experienced a serious illness. My only medication was a baby aspirin every morning. The dissection was diagnosed promptly and treated medically with a stay of less than a week in the hospital. My son Eric, a hospitalist, immediately flew in from Denver and stayed with me throughout my hospitalization. Within days of my discharge, however, I began experiencing a series of mild discomforts. I had difficulty sleeping, mild indigestion, and a burning sensation in my thighs after walking relatively short distances. My primary care physician and cardiologist didn't seem concerned about these symptoms, and as they were initially mild, I accepted them as the residual effects of sleep deprivation, hospital food, and muscle atrophy. Nobody recognized that my dissection had propagated, effectively cutting off blood flow below my diaphragm.

To my good fortune, Eric had previously scheduled a second visit long before I had become ill. I vividly recall him walking into our house in the early evening, taking one look at me, and saying, "I don't like what I see." My most notable memory of the return ambulance trip was how cold my feet were. I had never experienced that intense a sensation of cold before. I recall arriving at a very busy, crowded ER and Eric aggressively trying to get priority attention. The next thing I remember was waking up in the ICU the next afternoon. My kidneys had failed, and my intestines were not getting blood flow. By then, I had become too unstable to undergo aortic surgery. As a last-ditch effort, an interventional radiologist tried to open my aorta using four large biliary stents, none of which deployed properly. Then a vascular surgeon suggested performing an axillo-bifemoral bypass, which is much less invasive than aortic surgery, in order to restore blood flow to my kidneys and intestines. It saved my life.

There are many things about the hospital environment that elevate anxiety and vulnerability, and perhaps that is inevitable. The concentration of sick people is depressing. I had several roommates, each much younger than I, with prognoses that appeared far less favorable than mine. I listened to their doctors, some with bedside manners so clinical that they bordered on insensitivity. In one instance, when there was clearly a communication barrier, I saw a patient and family become bewildered and overwhelmed. Watching this unfold only heightened my own sense of vulnerability.

When it became evident that I was not going to die, my emotions ranged from elation at having beaten the odds to out-

right fear. I had come to the hospital healthy, fit, and independent. Now a host of new concerns emerged. What would my limitations be, and to what kind of lifestyle could I look forward? Would I be self-sufficient, or would I become a burden to my family? Perhaps these were ungrateful responses to having just dodged the bullet, but I take no responsibility for my subconscious. Nights were the worst, especially when sleep was elusive. My days were filled with tests and visitors, but I had ample time to court my anxieties after dark. As an artillery reconnaissance officer during World War II, I had known fear, but this was different. Fear during combat was shared by all and functionally accommodated by most. It became part of a common bond. Maybe because of our youth and inexperience, we only worried about being killed—a singular event, and then it was all over. Thoughts of permanent disability and its consequences never crossed our minds.

My physical recovery was far more rapid than my psychological and emotional recovery. My physicians told me that they had never encountered a case like mine and that we were in “uncharted waters.” Although I appreciated their candor, this was less than reassuring. Furthermore, the mild symptoms I had experienced during my re-dissection sensitized me to every new little pain, twinge, or discomfort. How was I to differentiate relevant and significant new symptoms from hypochondria? It took a very long time to recover my sense of

well-being. The support of my wife and family was invaluable, but ultimately this is something one must sort out for oneself. I recognized that I could not face the rest of my life with fear and anxiety. I tried professional counseling without noticeable benefit. Eventually, I learned to analyze each concern as it surfaced, recognize it for what it was, and put it in perspective. The passage of time and daily meditation also contributed to my emotional healing. Today, some of the old ghosts still emerge from the shadows, but now they have no substance and rapidly disappear.

I attribute my survival and recovery over the past six years to the marvels of modern medicine (accompanied by some miscues and imperfections), the forceful advocacy of a loving wife and a physician son who were always there at critical moments, and a significant dose of pure good luck. As I write this, a few days before my 82nd birthday, I remain actively engaged in my practice, still work out, albeit more prudently than before, and walk a brisk 16-minute mile. I will forever be grateful for the professionalism and dedication of the health care personnel I encountered and for the astonishing technology and infrastructure that saved my life.

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