

As Funny as a Heart Attack
Part 1 of 2: Pay Attention—You're Next!

By Mitch Hellman

It all started sometime between Christmas and New Year's Eve, when both my wife and I managed to catch a cold/flu bug that was making the rounds: we were by turns coughing, wheezing, sneezing, feverish, chilled, and raspy in the throat—the usual. As I write this a month later, I still get an occasional 'hitch' when I speak that causes me to break out in a dry cough.

Two weeks into this misery I began to notice something strange: whenever I exerted myself a little, I would feel a dull ache running from each elbow to the wrist. (I had felt this before when exercising heavily, and it always went away as soon as I stopped, so I didn't think much of it.) I told my wife that I would contact my doctor if the problem didn't clear up by the end of the week; I never got the chance.

On the morning of Friday, January 19, I noticed that the pain in my arms had returned, and the only thing I had done was to sit at my desk and talk to some people. Worse yet, I now felt a pain in the center of my chest—something new and alarming.

I waited a few minutes for the pain to go away, but it hung right in there. I haven't talked to too many people who have shared this experience, but I believe that I am not unique in what I was thinking at the time: am I *really* having a heart attack? How do I know? I've never had one before. Other than being born, I had never been hospitalized before. Is it time to call for help? Is this a result of my age (47), weight (230 lbs. on a six-foot frame with a noticeable gut), lifestyle (sedentary, but I had been working out twice a week for nearly a year), eating habits (red meat, plenty of fried foods, lots of candy, not enough veggies, too much food in general—which is how I got the gut), personality (not quite Type A; I don't get stressed so much as *induce* stress in others)—in short, am I to blame? What if it turns out that I need surgery, or a transplant? What if it's a false alarm? More importantly, what if I treat it as a false alarm and guess wrong? This whole situation of calling someone for help was embarrassing—but I decided that my wife would be really pissed at me if I died of embarrassment. *Important Tip #1: Don't worry about feeling like a dork—make the call!*

I quietly shut down my notebook, arranged my desk and asked my co-worker in the adjoining cube to call for an ambulance. She handled it pretty well, except that she had to be reminded that it's 911, not 411. Maybe she doesn't like me after all.

The paramedics arrived pretty soon after the call; the pain kept on unabated. One of the questions they asked me was "On a scale of 1 to 10, how bad is the pain?" I rated it a 5; if you want an idea of what a 5 is to me, a leg cramp that wakes you in the middle of the night and makes you thrash around in bed and grit your teeth while trying to find a way to make it stop rates about an 8.5 in Mitch's Big Book o' Pain.

One of the first things the paramedics did was hook me up to an EKG machine. They immediately saw some irregularities—it's not a false alarm, yay! For once in my life I wasn't in denial and did the right thing! I felt almost smug as they wheeled me into the ambulance. On the way to the hospital, I even asked if we could stop at McDonalds for some drive-thru—Happy Meals for everyone, I'm buying.

My elation was extremely short-lived. I was taken to a nearby hospital, and the real fun began. The doctors first tried to stop the pain with nitroglycerin, a common practice with chest pains; no luck. Next they went to the other extreme: they shot me up with morphine. *Important Tip #2: if there is something unusual about you, let everybody know and remind them often.* In my case it so happens that the vast majority of painkillers and depressants simply don't work on me—living through the Sixties gave me plenty of opportunity to find that out. Even if the doctors and nurses are arrogant and don't believe you, at least you will have warned them.

After three doses, they gave up on the morphine, too. A couple of hours passed, and though the pain wasn't getting any worse, the fact that it was dragging on with no end in sight was beginning to get to me.

Somewhere in the middle of all this my wife arrived, much to my relief. *Important Tip #3: even in the best of hospitals, you want someone there with you who knows you—preferably someone who also knows enough about medicine to ask the right questions and understand the answers.* My wife is both my guardian angel and, when necessary, the avenging variety. Long may she wave! Finally, the doctors found something that eased my symptoms and the pain began to gradually recede.

My treatment was complicated by the fact that they weren't entirely sure whether I was actually experiencing a heart attack. Some of my symptoms seemed consistent with pericarditis, an inflammation of

the sac that surrounds the heart—something that could have resulted from the aforementioned cold/flu/virus/demonic possession that had been lingering on for so long. A blood test eventually settled that issue; it showed enzymes that appear when part of the heart is damaged—heart attack: yes, pericarditis: no. Note that it was the *third* blood test that finally told the tale; I guess the plan was to keep on drawing blood until the results showed something useful or I died of anemia—whichever came first.

The rest of that day and much of the next is somewhat blurry. Part of that blurriness was due to the headache I had from the IV nitroglycerin meant to reduce my blood pressure. I kept after my nurses to reduce the dosage, but they just kept giving me Tylenol to reduce the headache—and remember what I said about my immunity to analgesics? Finally one of my doctors removed the IV and gave me nitroglycerin paste on a bandage at my ankle in order to alleviate the headache—at which point my nurse claimed that the Tylenol must now be working since the headache went away. Now I have nothing against Tylenol or the company that makes it; it helps thousands of people each day, I'm sure. But how it fosters such a near-religious belief in its restorative powers even in the face of obvious evidence to the contrary is beyond my understanding.

I recall that three chest x-rays were taken at various times. The portable machine that they use for this rolls up to your bed and looks like a small Zamboni, which might explain why the plates are as cold as ice. The frigid plates were a minor annoyance; there were other, more serious inconveniences. At one point I was hooked up to four different IVs, with lines running out of the backs of both hands. I also had close to a dozen wires stuck on various portions of my anatomy to provide readouts on heart activity, pulse rate, etc., a blood pressure cuff that automatically inflated at fifteen-minute intervals, a clothespin-like gadget clamped to one finger to measure the oxygen in my blood, and one of those two-pronged thingies that go in your nostrils and connect you to a tank of oxygen so the clothespin gadget is happy. And then they have the nerve to ask you if you're resting comfortably; whatever you do, don't say yes—they'll just come back and ask for another blood sample.

Sleeping was a problem. Each of the IVs was hooked to a pump that measured the flow and started beeping when it was nearly empty—and with four of them running, I could expect to be awakened by one of them every hour or so. There wasn't much slack on the wires that hooked me to the heart monitor, so one or another was always popping off and causing the monitor to beep. I already mentioned the blood pressure

cuff; thankfully, they lengthened the interval after a while. There were all kinds of human interruptions, too: people coming in to give me pills, take blood, bring me meals (most of the time I felt too queasy to eat much), take the chest x-rays, sign papers, and much, much more.

Hospital food isn't all that bad. It's like airline food minus any attempt at pretension—what you see is what you get. I especially enjoyed the generic-brand 'crispy rice' cereal; it went crack, tinkle and flop because all the good sounds were already taken.

Important Tip #4: you will be surprised at how quickly you can adjust, and the things that you will adjust to. Don't like needles? After a while you don't even notice. The thought of tubes being hooked up to your bloodstream makes you squeamish? Relax to the inevitable. Have any body modesty? Forget about it—nurses have seen it all and doctors don't care.

Aside from time spent sleeping and dealing with all the various comings and goings of doctors, nurses and technicians, most of what I did was—nothing. I had a TV, books, magazines, a newspaper, and I could have asked for my notebook so I could play FreeCell all night, but mostly I just lay there. It felt a lot like when I used to fly to Europe, Asia and Australia for my work: your freedom of movement and personal space are restricted, you eat when you're hungry, watch the movies if you want to, read when you're in the mood, sleep when you feel like it, get up once in a while to pee, and somehow the time passes. *Important Tip #5: you have to find a way to do your time. If cranking down your perceptions and minimizing your active participation in the world at large (like I did) works for you, go with it. If reading everything in sight or watching talk shows and soap operas or having lots of visitors or knitting a sweater or praying to your choice of deity is what makes the time pass for you, great. But you have to find something, because if you don't your perceptions will turn inward—and you'll end up calling the nurse every ten minutes to complain that your eyelids feel loose and your elbows are flaking or the mole on the side of your nose seems to be getting larger or something like that, and the time STILL won't pass for you.*

Coping with time isn't the only survival skill I learned during my hospital stay. I found that my sense of humor was blessedly unimpaired by the gravity of my situation. I held onto my ability to wisecrack like a toddler clutches a security blanket. Whenever someone asked me if there was anything I needed, my answer was always the same: "A frozen margarita—no salt." (After all, I should restrict my

intake of sodium.) Though it cheered me up and made people laugh, this ability to make a joke about nearly anything eventually became a two-edged sword; you'll read about it later in Part 2.