

As Funny as a Heart Attack
Part 2 of 2: Fun's Fun, Until Somebody Gets Hurt

By Mitch Hellman

Monday morning January 22 dawned rather early for me. I was being transferred by ambulance from one hospital to another, a bigger facility with more people and technology to handle cardiac problems; I was scheduled for a coronary catheterization at something like 7:30 AM, so I was awakened at about 5:30 AM or so.

I tried not to think too much about what was going to be done to me. In fact, I had had a mild disagreement with one of my doctors on this issue; he felt that I should have taken more of an interest. I pointed to my upper thigh and said, "You're going in here," then pointed to the center of my chest and said, ". . . and you're going up here. Other than that, I'm not really excited about the details of how you'll be threading the catheter, using it to squirt dye in various arteries and so forth. To me it's like a monster movie: the monster is right around the corner from the girl, he's going to jump on her any second, and the *anticipation* is far worse to me than anything the monster is going to do. So don't expect me to ask a whole lot of questions."

Actually, it was a piece of cake. Other than the needle with the anesthetic, there was no pain, no sensation of any kind. They found that one branch of a lesser artery that supplies the back of the heart was partly blocked; rather than using more aggressive treatment (Plan B—more on that later), they were hoping that I would respond to drugs to open things up. The good news was that everything else appeared to be in good shape. The problem appeared to be more a matter of someone peeing in my gene pool than anything I personally may have done to myself—not that this hasn't given even total strangers the opportunity to tell me that all this was a warning that I should go on a low-fat diet, run several miles a day, and think Good Thoughts. Thanks anyway, but the heart attack was easier to handle.

Once they wheeled me into the recovery area, I began to find out some of the differences between the first hospital and the second one: I got to hang around for several hours until they found an open bed for me on the cardiac floor. I was reminded of the old adage that a hospital is no place in which to get well, because this one was bursting at the seams with all manner of sick and injured folk. While I was waiting, I was not allowed to sit up or move my right leg. I don't know about you guys, but I find it very difficult to

lie flat on my back and keep the aforementioned limb immobile while at the same time trying to take a whiz into a plastic jug with only a flimsy translucent curtain separating me from all the people scurrying hither and yon. Even Mitch's Mincturation Mantra ("There are no bashful bladders, only bashful people") didn't help at all. Finally I was able to let fly after dropping the left side rail of the bed and moving my *left* leg as far as I could from my right one; don't ask me why, but it worked.

At the first hospital I was in a private room in the Critical Care Unit, with eight beds covered by as many as five nurses to a shift. At the second hospital I was in a two-person room, and the entire floor of sixty or seventy cardiac patients was being served by roughly eight nurses to a shift. The difference is equivalent to that between a sit-down restaurant and a fast-food joint: the quality may be good at both, but one of them deals primarily with volume. *Important Tip #6: What this means is that you must actively participate in your care. Make sure you're getting the drugs you're supposed to, make sure that when they take your vital signs they actually compare them to previous readings, etc.* For example: I was taking medication daily to lower my blood pressure, but my early-morning BP readings were running high. I pointed this out and indicated that the dosage was either too small or running out too soon; my doctor agreed, the dosage was raised and the BP dropped to a lower level.

The biggest difference between the first hospital and the second was that I now had a roomie. In this case it was a nice old guy in his late sixties who had been a patient for about two weeks. One problem was that he was profoundly hard of hearing, and he often had one or both of his hearing aids turned off or removed entirely. Even if I had wanted to strike up a conversation, it would have been pretty fruitless for us both. It was especially rough on him because he would press the button to call for assistance and never be sure when (or if) someone was responding to him on the speaker. As a result, he ended up wetting his bed twice that night because he couldn't get the help he needed in time; I tried to help, but I didn't wake up in time to do anything.

The next day, Tuesday January 23, started out bad and got worse. My roommate was being given a sponge bath when he slumped in his chair and became unresponsive. It turned out that he had had a mild stroke and was moved elsewhere in the hospital to remedy this condition. Luckily, he improved and was returned to the room later in the day. That night, a little before midnight and only a few minutes after the nurse had checked on him, he started having breathing problems. I think that he may have been asleep

briefly, awakened in a confused state, then had a panic attack. All I know for sure is that he said he was having trouble breathing and wanted to sit up in his chair. I called for the nurse just seconds before one arrived because his heart monitor had signaled that something was wrong.

He went downhill from there. It never actually reached the point when someone broadcasted a ‘code blue’ or whatever, but the guy pretty much went into respiratory arrest. Over the next hour about a dozen people were at his bedside, intubating him and trying to stabilize him, only to find that he was stroking out again just as he had earlier in the day.

Here comes the part I’m not proud of. While all these people were working on him, there was a certain amount of banter going on mixed with the instructions and exchange of info. Imagine some of the scenes in the operating room on “M*A*S*H” and you might get an idea about what it was like. Keep in mind that these people weren’t making fun of the guy, they weren’t being cruel to him; I sincerely believe that they were all good people trying to cope with the tension by trying to make light of a bad situation—and, stuck there on the other side of the curtain from a desperately ill man and the people who were striving to keep him alive, my sense of humor came out to play.

A nurse peeked around the curtain and, concerned about my state of mind amid the chaos nearby, asked me if I was OK. I replied, “This has got to be the *noisiest* goddamned hotel room I have *ever* been in! I want you all to know that I’m having a thallium scan done early tomorrow morning, and I’d better not see *any* of you there. Geez, and to think that I turned down a sleeping pill before bedtime tonight!” I had quite a monologue going for a while.

It was finally around 2:00 AM before they found my roommate a bed down in Intensive Care. Meanwhile I started to feel that my conduct, while understandable, was inexcusable. My nurse and a couple of the techs sat with me for a while and helped me realize that it was a traumatic time for all of us, participants and bystanders alike. My actions of that night still bother me, but nobody got hurt. I think John Lennon had the right idea: whatever gets you through the night . . .

But my night wasn’t over yet. The room was a disaster, so a cleaning crew was called in to tidy up. Then, at nearly 5:00 AM, they wheeled in my *new* roommate—a loud, garrulous old fart in his eighties. He was talking up a storm with the nurse, the guy who pushed his gurney and anyone within earshot. The nurse tried to gently shut him up, but he seemed to be oblivious to the fact that there was someone on the

other side of the curtain who had had a bad night and was trying to sleep. Finally when he was all tucked in and the nurse asked him if he needed anything else, I piped up from the other side of the curtain, “Yes—a little silence and subtlety would do just fine right about now.”

The next morning he tried to apologize to me. He said that he had been moved from his previous room because he had a problem with his roommate, who apparently was a howler—someone who carried on a loud three-way conversation with two imaginary friends in the middle of the night. I coldly told him that it just goes to show you how the term “problem” was a relative one, and that his opportunity to inflict himself on me was related to the “problem” that my previous roommate had had, i.e.: nearly checking out permanently. I avoided contact with this selfish bastard for the rest of my stay. I suppose I should have been more compassionate, because he was seriously ill and definitely hadn’t learned about Important Tip #5: he fidgeted almost constantly, and called the nurse on any pretext. What he needed was attention, and I wasn’t going to play.

The thallium scan brought both good news and bad. The bad news first: the drugs I had been given were not opening up the clogged artery. The good news was that the scan showed that there was less damage and more viable tissue than originally thought, making me a good candidate for Plan B.

Plan B consisted of waiting until the next day and doing the coronary catheterization all over again (through the same thigh), with some important additions: a balloon angioplasty to clear the crud out of the affected artery, and the insertion of two stents, little stainless steel mesh sleeves, to support the weak sections of the artery. All this was predicated on finding me an open slot on the schedule.

Meanwhile, I spent that day as I had most of the others: reading, sleeping, and walking laps around the cardiac floor (which had all the rooms on the outside of the hallway with offices, storerooms and nurses stations in the central core). On one of these laps I saw four young doctors-to-be, or interns, or residents or whatever they call them these days. All I know is that none of them looked old enough to remember the Bicentennial and they were the only people I ever saw wearing white lab coats (the doctors wore either surgical scrubs or three-piece suits). They were examining a patient’s chart with intense concentration and serious demeanor all around. I approached these four fresh-faced young healers of tomorrow and said, “As long as you are available at the moment, I have an important medical question I hope you can help me with.” They looked up at me eagerly. I pointed to the hem of my hospital gown and

said, “Do you think this is a good look for me, or should I consider something a little above the knee?”

Yep, my artery was clogged, but the joke slipped through anyway.

And it came to pass that Plan B was enacted in Thursday, January 25 and went off without a hitch. I left the hospital Friday afternoon with instructions not to lift anything over five pounds, admonitions to take it easy, and prescriptions galore. Do you remember the scene in “The Day the Earth Stood Still” when Michael Rennie addresses the robot Gort: “Gort, klaatu barada nikto”? I think if they ever remake the movie the line should be changed to something I can relate to, like “Gort, Norvasc Zocor Plavix Toprol—and Zantac twice a day to prevent stomach upset.”

I’m now home, alive, well, catching up on my correspondence, and have a nifty before-and-after picture of my artery to show off. Maybe I’ll post it on my website—it beats pictures of cute little kittens any day. I’m scheduled to meet with my cardiologist soon (on Valentine’s day, oddly enough), and I’m putting together a list of questions to ask him; so far, I’ve got three:

1. When can I have sex with my wife?
2. When can I have sex with *your* wife?
3. If they weigh less than five pounds, when can I have sex with small furry animals?

Have I forgotten anything important?