



Oct. 16, 2010 - The day I died... well, my heart actually stopped!

The day was a busy Saturday with several errands to run, there was a first hockey game of the season for my son's team with another afternoon appointment also on schedule at the same time as the hockey game. Little did I know that same afternoon an event would take place and that would change my life forever! I had hurried that afternoon to bring my son to the arena for his hockey game, and had provided some of the paperwork needed for the team, such as the score sheets and player stats form for the team volunteers to use for that game.

I had then drove home quickly to pick up my wife for her afternoon appointment to drop her off and then return to the arena to catch the remaining ½ hour of the hockey game, after all, I really wanted to see the team play their first game of the season!

So, in my hurry to get to the arena and try to find a parking spot, it was quite a packed area and had to settle for a parking spot at near the end of the parking lot. I had then hurried my pace and began a quick jog & run to get into the arena to catch the remaining part of the game.

As I entered the hockey arena, I had immediately begun to feel my heart pounding too fast and then it had quickly become difficult as I began to feel weak and like a wave, it "came over me"... I needed to stop walking and lean against a wall near the entrance of the arena rink. A man I know had seen me and noticed my condition of "not doing well". The man asked me if I was okay, and I responded that I'm not doing well, and quickly I slipped down to the floor and had then completely collapsed due to my heart failure.

Fortunately, I was quickly rescued by a nurse (she works in a ICU at Jewish General Hospital) and then a doctor stopped by to help (apparently they were just at the arena to watch their kids play hockey) and some medical personnel around me trying to revive my heart to start beating again... as the ICU nurse (Linda Hooles) was doing CPR on my heart.

However, during that time, I had experienced myself "transcended" for a brief moment to a place where there were a group of people who looked like "shadows", all huddled around in a "large circle" of friends. It was a place of true peace and rest, and I felt like I "didn't want to leave them" as it was so peaceful and a place of ultimate rest... but something was pulling me back to a place where a bunch of people were huddled around me, and I then started to come awake like out of a deep sleep. At that same moment, I noticed that one of the "shadowed men" had released my arm (and indicated that it wasn't my time yet) and then returned to the circle of friends as I was coming awake in the world we still live in!



The next thing I had felt was the doctor and nurse putting an oxygen mask on my face for me to quickly get some needed oxygen into my lungs.

The crowd of people surrounding me were some people who I knew from my involvement with managing a hockey team, and my parents were also present and had seen my condition while I was on the cold floor in the arena.

The ambulance personnel soon arrived, and had me quickly put on a stretcher and carted off to the ambulance truck outside. A few more questions and details needed to be sorted out and then urgently driven to the closest hospital, Lakeshore General.

I was soon put into the ER, and had noticed that my new shoes and prescription glasses were missing!... my wife had asked the Urgence Santé technicians if they had seen a bag of those items, but they were not able to find them. It took about a week to find them, as they had completely forgot them in the stretcher "pouch" they used for me... so, luckily I was able to have them retrieved. The only problem was being in the hospital for several days without my glasses... everything was quite blurry!... just "another" inconvenience!

Oct 16 – 18, Lakeshore Hospital - Emergency Room:

The first night at the emergency room, such a crowded place... but since I needed to be connected to a heart monitor machine, I had a better option of a "sleeping spot". However the term "sleep" in a hospital is something that is quite impossible to have, as all the extra noises of machines beeping, people complaining, coughing, hacking and spitting up germs... and then of course there's the perpetual lights on, nurses and staff talking and moving about during the night.

There was one "neighbour" patient that wouldn't stop complaining and talking all the time about how he didn't belong in the hospital, and that all these "people" he didn't know... so he tried to get himself dressed in his own clothes (removing his hospital gown etc.) only to have the nurses and staff catch him in the process, which they immediately told him "where do you think you're going?"... he had replied that he was going home!... but he was quickly told that he cannot due to his head injury and that he needed to stay in bed. An argument progressed as the patient persisted to leave... so an orderly man had quickly taken hold of the patient, put some restraining straps on the patient and tied him down to his bed. Of course, the patient became more aggressive and outspoken, but was not able to overcome the binding straps holding him to the bed.



The man became persistent during the night, with complaining about the restraining straps so he began asking everyone that was near him if they had a knife?... obviously he wanted to cut the restraining straps off!... but no one had a knife to give him... such a surprise eh?... why would anyone in emergency have a knife on them?... this man was so delusional and obviously confused about where he was, or the health condition he was in.

So, the night was going really well with this patient disrupting the whole floor, but then the nursing staff had injected him with a calming drug so that this disruption wouldn't persist throughout the night. However, there was another patient in the area who was having problems with breathing and was making all kinds of noises, which sounded like an "animal in heat"... this went on for several hours and had persistently caused several patients to become annoyed, and the delusional man (neighbour) began swearing and yelling at the other patient to shut up... such is a night of no sleep in an emergency room.

The next two nights in emergency room were similar, but not quite as disruptive, perhaps due to more drugs being given to the "problem" patients.

Oct 19th – Transfer to a hospital room, up to the 4th floor!

As I was certainly glad to leave the ER for a nicer hospital room, with only one other patient in a room, it was a nice change to have a better bed to sleep in, to be close to a window, and with some extra comforts of a wardrobe, telephone and personal TV to have nearby. The staff was quite nice too, but seemed already quite stressed and rather busy over all the fuss of having some new patients move into their "work space", but of course this is part of normal hospital procedure, but some of the staff looked rather tired and frustrated in all the commotion of dealing with "more work" etc.

My roommate was an old man of 80 yrs. old... who was undergoing some special care for his cancer illness. The man hardly spoke, but just rested quietly on his bed and slept most of the time. He was soon transferred to a convalescent home for his "final days" as he didn't have much time left to live, due his cancer being quite advanced. The doctor had said to him and his family members that all medication would be stopped for him, except for some medication to relieve the pain he was going through.

I felt so bad for him, as I could tell his life was soon at an end, and I could only hope his passing would go quickly enough, so that he wouldn't suffer much longer.

After the man had left, there was another patient that came in later that afternoon. She was a small frail woman that had some complications of a nasty cough and congestion however



she was also scheduled to have a heart valve operation. Her overall health condition was quite severe with her cough & congestion, she needed special oxygen treatments and medicine to try and get her lungs cleared up. Unfortunately, her condition didn't improve well enough for her to undergo surgery for her heart, so the doctor had told her that they will not operate on her heart, as it would be too risky for her not surviving the operation. The doctor had also mentioned that with her heart valve as it was, it would not be dangerous for her to continue her life as is, but she would need to have someone with her all the time, as she would need to live her life with a reduced "capacity" in her day-to-day activities.

The frail old woman of eighty-something was somewhat mobile but she needed "a walker" helper on occasion, and she would often have conversations with her son mostly about what the doctor had said, and what kind of food we had to eat in the hospital. Also, this frail woman loved to watch the Montreal Canadiens play hockey, so she had a personal TV connected in the room for her to watch the hockey games as well. The hospital TV rental is quite pricey considering a charge of approximately \$10 a day... where at home you can get cable TV for about \$40 a month.

My stay in the Lakeshore hospital room was quite good, considering the "wait time" would be up to 2 weeks before my transfer to the Royal Victoria hospital for the heart operation. My time was spent mostly reading, resting and watching some TV, in between meals that were a pre-determined menu, which I had no choice in selecting, but was made by the hospital staff.

So the food was not the greatest stuff to eat for sure, but some of it was edible enough for the most part. I asked for snacks on occasion to make up for the "non-edible" stuff... and also some food was brought in to snack-on as needed :-)

My next event was to go to the Royal Vic hospital for a day, to have a special "angio-gram" done to check the arteries and to check the heart valves... which I will tell that story in my next blog posting.

Oct 21, 2010 – Day trip for the Angiogram...

It was an early morning wake-up and rise by 6:00am to get ready for the day transport from the Lakeshore hospital to the downtown hospital (Royal Victoria). A nurse and transport crew had me all wrapped up in a special blanket and put in a special "transport" wheel chair. The nurse was there to accompany me on the trip and I had a portable heart monitor with probes connected to my chest during this "transfer", of course, the heart



monitor is needed to see if my heart condition is stable and would give a warning to the nurse if there were any complications.

So, we left the Lakeshore hospital early Thursday morning at 6:30am and I was then wheeled out of the hospital and put in a special “medical transport van” to go to the Royal Vic hospital. Our travel time was very good, as there was little traffic on the highway that early in the morning. We soon arrived at the Royal Victoria hospital downtown, despite having to navigate through all the road problems, construction and detours etc.

The transport driver and the nurse soon had me wheeled into the Royal Vic hospital and down a few floors to the cardiac ward. A few of the hospital staff were already on duty, and some were just beginning their shift for the day. There were several cardiac technicians walking about, and most of them were really very young, perhaps in their twenty-something. However, there was also a few much more experienced (i.e. older) staff that would lead the group of younger staff in all the critical procedures.

While I was waiting for my angiogram test, there was a head nurse on duty at the cardiac unit that had a funny story to tell. She had mentioned that just the other day her home alarm had been set off, and though she was quite stressed over that problem, it turned out that it was her little hamster that had triggered the alarm when her cat had walked near the hamster... so that “alarm” ended up costing her about \$200 for having a false alarm! Of course, I thought it was funny, so I laughed and then she laughed too... even though she didn’t find it very funny at the time she “got the bill”!

Anyway, I was soon transferred to the cardiac room to have the angiogram done, the doctor was a short Asian man, with a nice smile and disposition, he reassured me that I would be okay, and that the treatment really doesn’t hurt much at all! He was right, it wasn’t as fearful as I thought it would be.

There were about 5 technicians and one doctor in the cardiac room. I was given a “calming drug” just before the procedure, and then they began the procedure where my right arm was tied down and extended out to my right side on a table. They had to make an incision just near my wrist where an artery is located, to insert a long probe with a tiny camera that would pass through the artery and go to my heart area. Another incision was needed near my groin area, but was for another probe to pass through a vein that also went to the heart area.

For more info on this angiogram procedure, see this link:

<http://www.capitalhealth.ca/EspeciallyFor/HeartSchool/TestsAndProcedures/angiogram.htm>



As I was awake throughout this procedure I could feel the probes passing through me at some points near my chest, it made me feel a bit of nausea, but since I didn't have any food in me I was able to overcome any of the unpleasantness that was happening. I was able to see some of the procedure on the monitors, and it was quite amazing to see this technology at work. The doctor and technicians were absolutely amazing (and I told them so after the procedure too!). This procedure involved taking x-ray photos, and it was done by some real pros at this, I was really impressed!

After the procedure was completed, the doctor had told me that my aortic valve was severely damaged and that it needed to have it replaced soon, as he said: I'm sorry sir, but with this valve you don't have long to live! Of course this was a worry for me, as I didn't know when my heart operation would be scheduled, and having this problem heart valve had now started to concern me even more!

I was patched up and a special clamp (for a high pressure point) was put over my wrist to stop the opened artery from bleeding, then I was sent back to the cardiac unit to have some further discussion with a doctor about my condition, and the details of the angiogram test would be sent to the cardiac surgery unit that same day. The nurse who accompanied me from the Lakeshore was still with me in the cardiac ward, and had quickly gotten some food for me (as I was getting really hungry) a "lunch" of sorts, sandwich, crackers and cheese, and a drink of apple juice etc.

So, we were soon "packed-up" and had to go back to the Lakeshore hospital for my stay and my "wait time" was still to be determined for the heart operation, which would take place about a week later.

I was hoping to return by the special transport van to the Lakeshore hospital, but it was no longer available at that time, so I had to be transported back on an ambulance stretcher, which was not as comfortable of a ride, and the ambulance technician "yacked" my ear off all the way back to the Lakeshore hospital... I was glad to arrive back in my nice room, and then rested up for the remainder of the day.

Next blog posting will be about the "call" for the heart operation.



Oct 25th, 2010 - The call from the cardiac surgeon...

After our 8:00am morning breakfast in the hospital room, the resident cardiologist stops by to mention that my operation is scheduled for October 29th, Friday... so I would need to be transferred the afternoon before the operation. However, on Wednesday of the same week I was told that the operation schedule is delayed to the following Monday (Nov. 1st).

Often the reason of a “conflict” in the operating room schedule was due to insufficient nursing staff for the ICU. Of course, there are other reasons, such as another emergency came up and is more serious to have the patient operated on as a priority. Also, there seems to be sufficient cardiac surgeons available, but not enough support staff for each day of the week, and often near the end of a week such as a Friday. However, this is more likely due to the provincial system being on a “reduced” availability of nursing staff... thanks to our great politicians here!

Anyway, it wasn't too long a delay for the operation day, so I waited and did some reading, watching TV or DVDs in my room... then the day came on Halloween day... yes, this was the day I was transferred from the Lakeshore hospital to the Royal Victoria hospital!

When I arrived at the Royal Vic hospital, it was already quite busy with several areas full of staff rushing about with their duties of moving patients on beds or pushing medical equipment from one room to another. I was assigned to the Cardiac ward on the 8th floor, room 40, bed number 3. This was only temporary location until the operation day. After the operation I would be put in the ICU (5th floor), and then the following day I would be transferred back to the 8th floor to be put in a “step-down” room.

The operation day wasn't delayed for Nov. 1st, I would be the second case of the day, which I will describe more in my next posting.

Nov. 1st – The all-important Operation Day!...

Well, finally, the day came for my operation, and all my days in the hospital before that were filled with waiting, reading and also worrying about all that was happening or about to happen. I guess the difficult part was “fear of the unknown” and if there would be any complications during or after the operation.

The cycle of emotions that you go through for something like this is really quite the turmoil and stressful. I could also “see it” and “hear it” some of the emotion of other patients also going through similar anxieties and feelings of uncertainty. I guess it's just a normal



process that one goes through when faced with the fact that you will soon be undergoing major surgery.

There was one man that was in the same room who had his heart operation done about a week previous, but had to return for more treatment due to some infection from the operation. He was in some pain and discomfort but was able to keep his “good spirit up”. Our first conversation was about the hospital food and he said was pretty bad as his experience with hospital food and their service was that he found they were rather stingy on good food and also quite a limited supply of “snack food”. I would soon find out all about the hospital food at the Royal Vic... and it turned out to be even less good than the food at the Lakeshore hospital. So I would be in for some serious weight loss for the next few weeks.

Well, the day before operation day there are certain “prep details” that involved no eating or drinking anything after midnight and some special cleaning process of my skin. There was an orderly that came to see me the evening before operation day, and helped me understand what parts of the body needed to be cleansed with some special “antiseptic” pads (or something similar, not sure what it is called). This cleansing was also done the following day but only on my chest area. Also, needed to have a large area of my chest shaven... but this was done about a week earlier after my angiogram test... which I found a bit strange why they did that then?

Anyway, I was the “second case” of the day for the operation schedule, so that would be around 1:30pm. However, I was approached by the nurse on duty to get ready and pack-up all my belongings into a large bag at 11:00am... which kind of stressed me out, as she was very “pushy” and demanding that I should have been ready and she was not very helpful in her manner and obviously upset with me for this important detail. I expected to go quite a bit later, but not knowing all the other “prep” details that still needed to be done.

Of course I was also annoyed with her, as some nursing staff don’t always show their “best side manner” as their patience wear thin on matters. However, I’m sure they have their good days too, and for the most part I believe the nursing staffs are really exceptional!

I was soon wrapped up into a special bed stretcher and rolled out of the “temp” room to go down to the Operating Room floor. I was put in a special waiting room which was quite a large room with several beds and other patients being attended to. To my surprise as well as one of the nurses on duty, it was someone I knew from a church I attended a few years ago. She had approached me the moment she recognized me and was in a bit of shock to see me there “getting prepped” for the operating room. We had a brief conversation as I



explained what had happened, and soon I was being rolled out of the waiting room to go to the operating room.

Just before entering the operating room, I was approached by some staff to answer a few questions and to sign a paper that I was in agreement to have the operation done and that I understood the risk involved in this type of operation. Standard procedure I'm sure, as the surgeons and hospital need some official record.

It wasn't long to get rolled into the operating room and I had a hair net put on and then transferred through the air filtered/conditioned hallway. Once inside the operating room, it wasn't quite the way I imagined it to look like, the walls were painted a kind of yucky green color on standard construction block (similar to a school hallway) and the large lights over the table looked like flying saucers. There were about four staff technicians wearing light green garments and with facial masks, skin-tight gloves and hair caps all working around the operating room, it is a circle of machines and computerized equipment, it looked a bit like a Star Trek episode... I was quickly put on the operating table which was really warm (pre-heated) so I was glad that it was at least warm enough to lay down upon as the room temperature was rather cool. The nurse was already preparing a few things and had my right arm connected to some type of apparatus, but I don't recall much detail of as soon the "gas mask" (anesthetic) was coming to make me fall asleep.

I didn't see the surgeon come in the operating room, but the operation took about 2 hours, and then another two hours for the post-op procedures... though I'm not sure when the catheter was put on... glad I was under anesthetic for that procedure, and also had a special drainage tube attached just about 3 inches above my belly button which is connected to a medical box with a small clear vacuum hose.

BTW: That small drainage hole on my belly is still trying to heal, but I now look like a "little alien" with an "extra belly button".

After the post operational procedure, I was transferred to the ICU where I recall coming out of the deep sleep, had a couple of tubes down my throat, mouth and nose covered, however that was so uncomfortable that I had motioned to have it removed, and at some point the tube was removed as it seemed that my lungs were breathing well enough.



Though I only have a vague memory of the ICU staff removing that uncomfortable and rather large tube down my throat!... I was just relieved to have it out!

When in the ICU, I recall the room feeling like a “star trek” unit, with all kinds of computers around me, and the ICU nurse was bringing some crushed ice to chew on and swallow, as my throat was so sore and very dry.

My head was also sweating heavily as there was some hot air being directed under my feet and “into the covers” of the bed I was in. I needed a cool cloth applied to my head as it was just too hot for me.

Soon the ICU technician had removed the extra heat being put on the bed, and I was able to cool down better.



The rest of the time in ICU it seemed strange as I had fallen asleep but I was awake a few times when my wife, my son and a few other family members would stop in to see me. However, I don't recall much of that time, as to what was said or done.





The next day I was transferred to the “step-down” room which is up on the eighth floor... I will describe this in the next posting.

Nov 2, 2010 – Transfer to “Step Down”... and a shocking discovery revealed!

It was mid-morning for the transfer to the “step down” room, which is basically a large room with several beds of patients who are starting their recovery process from surgery. The room is filled with the medical equipment & heart monitors and there are several nurses on rotation duty who stay in the room to watch and monitor the patients at all time. I remember trying to just move a bit, and it was very difficult as every muscle in my body was feeling so weak (felt like I was hit by a train! LOL), no doubt from the surgery and perhaps due to the heavy medication as well.

Soon some food is brought for lunch, but is basically a very light lunch of soup broth and some liquid food, which I found was quite unpleasant tasting (surprise?... hospital food!), but I guess is necessary for anyone who just had surgery and tubes recently removed from their throat!

I had other tubes hooked up to me, one was a rather large tube attached to my stomach just a couple of inches higher than my belly button, this tube went to a portable unit to drain & vacuum “the excess” blood & fluid from the heart area due to the operation. A bunch of “sticker type” probes were also attached to my chest area and connected with wires to a heart monitor device.

The **shocking discovery** was revealed by conversation with the cardiac surgeon concerning the real problem my heart valve. After many years of believing that I was born with a defective valve and had been told that I have a heart murmur, and it must be due to a birth defect, there was never a worry about it until I hit my mid-forties.

After collapsing while I was playing floor hockey (2006 and 2007 & 2008), I was rushed to the hospital to have some diagnosis done. There were several tests done but the diagnosis then was that the heart valve had some calcification on the valve, but it wasn't “dangerous” per se. After my heart operation, the cardiac surgeon told me that there was no calcification on the valve, and there never was!

Apparently my heart valve was **perfectly normal at birth**, but at some point in my childhood I had an infection of some kind that was not taken care of properly, (perhaps some neglect of getting proper medical care), so unknowingly the bacteria from the



infection had **accumulated on my aortic heart valve** and began to slowly close the “valve flaps” and ultimately cause my heart to fail many years later.



Learning of this discovery was very important for me as there was a concern that other family members might have been born with a similar “defective” valve, however this is not the case and no other family member would need to worry about this for their health situation.

So, the **new aortic valve replacement looks like the photo here**, it is a "St-Jude Regent" mechanical valve. It makes a "clicking" sound all the time, but you can only hear it when in a room that is quiet.

Well, the day in the “step down” room was soon coming to an end, and the nighttime sleep was quite difficult as there were several patients complaining and crying out loud to get help for their pain. It was similar to an ER room with different problems of patients “misbehaving” or some were having complications from their surgery and needed more careful attention to help them get some rest.

I also requested a desk fan to have near me through-out the time I was there, as I was going through some un-usual “hot-flashes” ?... of sweating and generally feeling too hot, as the rooms on the surgery ward were quite warm (too much heat for me). *[Later I learned that my” hot flashes” was due to some hormonal imbalance (i.e. in the central nervous system) that was caused by the heart trauma that my body was going through, this was also due to the CPR work that was done on my heart. My osteopath doctor had told me this, and prescribed some medication to help balance the hormone levels, and it worked.. soon the need for a cooling fan had stopped!].*

Some of the other more un-comfortable things that happened this day was having my catheter tube removed, as it was quite painful at the point of removal, but the result was some relief too, as it’s always good to have “tubes removed”!

Then I had to get used to using those “portable urinals”, which isn’t too bad for men, but for women it is not as convenient. There is a “portable toilet” they call a “commode” which is basically a chair toilet on wheels, (the wheels have brakes on them to prevent the chair from moving, un-expectantly!)... so, I also had to use that wonderful “commode” at one



time during the day, which was quite unpleasant, and I had caused a very, very smelly stink for everyone around the room!... you know... its rather embarrassing as you need to use “the commode” in your “semi-private” curtain around your bed area... but in a hospital, just about all the "discreet" things are not easily done... as there's very little privacy to have.

The other items that were given to me included a small heart shaped pillow and a “spirometer”... the heart pillow was to be used when I needed to cough (or sneeze etc.) and to hold the pillow against my chest to prevent the incision from getting damaged, where the metal clips were holding the skin together along the incision. The “spirometer” is a breathing device to be used daily, every hour, to breath inwards (i.e. not to exhale), it helps the lungs to get stronger and help “open the lungs” after the surgery.



Well, this was just the beginning of my recovery... and there’s more to my story, when I get transferred to a “normal” hospital room the next day.

Nov 3, 2010 – Our early morning wake-up... and a day in the life for a surgery patient begins!

After our early wake up of 6:00am by putting on all the lights and the early morning “weigh-in” begins! Each patient needs to have their weight recorded before the day begins.

So, a large weigh scale on wheels is moved around the rooms to each bed by an orderly, and we need to get up off our bed and stand on the digital weigh scale to accurately record our weight... as this is done as regular routine each day.

Then the “nurse of the day” (i.e. your assigned nurse for that day) comes by to take our “vitals”... blood pressure, heart rate and body temperature. This is recorded each day in your “patient binder”, which is basically a logbook of records. The binder is labelled with patient name and room number, and it is kept with the nurse throughout your stay in the hospital.



Soon afterwards, all the patients are given a wash cloth, towel and a wash basin to get washed up... but if it's just the day or two after surgery, you do need some help with your actual movement as your muscles and strength are rather weak. So there is an orderly who helps with that, for some of the patients to get washed up as needed.

Which of course is usually a welcome help, as it is quite difficult to move much with all the tubes connected to you (such as an I.V. or two connected on your arms), these can prevent you from moving easily. Also, for us heart patients we still have the “large drain tube” attached to our belly area, and you really cannot walk with that electronic drain unit that is placed beside your bed. That drain unit is about the size of two laptop computers stacked on each other, it's made of hard plastic and has several digital readouts & settings and with a vacuum hose connected the main wall behind your bed.

Drainage unit looked something similar to this photo:

I was still in a lot of pain from the operation, and it was another thing that made just moving in your bed difficult!... but there was some strong medication to relieve the pain (such as: oxycodone), which really helped, when needed!

Our morning breakfast was then served around 9:00am (quite a long wait from the wake-up time of 6am)... and I would usually eat everything that was served, but on some meals the food was so unpleasant, it just wasn't edible! Another reason why it is so easy to lose weight in the hospital!



Around mid-morning I was then transferred to the “regular” patient room on the floor, it was at the end of the hallway, in room #59. As I was being placed to my new location, I was put with two other men, one was still waiting for his operation day to be scheduled, while the other patient was the man who was operated the same day as I, he was the first case of the day, I was the second.

Within a few moments of settling into the new room, we had introduced ourselves... the man on the left side of me, his name is “Greg”... on the opposite side (diagonal) his name is “Joe”. Joe had an approximate age of 60 and was the man operated the same day as I, he had a double by-pass done on his heart. Whereas, Greg had an approximate age of 63 was waiting to have a 4 or 5 by-pass done on his heart!



Greg was very friendly, and well-spoken and likes to talk and tell jokes, he was quite amusing and had a good sense of humour... Greg is an artist of modern sculpture, and has his business located in the eastern townships. Joe is also quite friendly, but more reserved but has some strong ties with his family and friends. Joe is a businessman and investor, who also lives in the same area that Greg is from... they never met before, but they just so happen to live in the same village in the eastern townships. Joe is a speed reader, and he would read the Wall Street Journal cover to cover within a very brief time! It was amazing to see this man read so much material in so little time!

My stay with these gentlemen certainly was interesting to help pass the time, and sometimes our conversations were interesting as they had some amazing stories about their little town, and the various projects they were working on etc.

Well, as I was still in recovery from my heart operation, there was a noticeable drop in my "hemoglobin" as well as my level of magnesium. So, I was soon connected with a magnesium I.V. and then the blood units were also connected to me to help restore the needed fluids in my body.

The nurse I had on duty that day was a bit strange, as she was having some difficulty in connecting the blood unit bag on the I.V. tube and she had made quite a mess of misconnecting things and some blood from the bag had spilled onto the floor and splattered on a curtain beside my bed. She didn't clean it up either, as it was left for an orderly to do... which wasn't done until a couple of days later!

The same nurse kept checking my temperature about every five minutes while I was having the blood unit and magnesium I.V. and after the second blood unit was connected, the nurse had stopped the flow after only half a bag was used. Apparently my body temperature was a bit too high to continue with that, but I needed to have the two full units of blood transfused to bring the level of hemoglobin to the correct amount... but that didn't happen.

That evening after our supper, I was very tired and went to sleep quite early, and managed to sleep for a while. But I was then awakened later around 8pm to have more things done, a blood test, more magnesium and the heparin (blood thinner) was also connected... though I don't recall when exactly the Heparin had actually begun for the I.V. connections.

More pain medication was needed before my night-time sleep, and though it is effective the actual sleep time is not as good... so the lack of sleep just made it more difficult to recover.



The next day would be something new I was going to experience, however it was not something I could have ever imagined!

Stay posted... for more details in my next posting.

Nov 4, 2010 – Another early morning wake-up... and then the extreme pain... excruciating pain had begun!...

I just couldn't believe the level of pain I was experiencing as I couldn't move my left shoulder without the extreme pain shooting through my whole body!... however, I had made an effort to just push that little "red button" (to call the nurse)... and then waited for almost 15 minutes or so to ask for some pain medication, the nurse had asked me what level of pain I was having, and **I said: "10"!** (the levels are described between a number of 1 to 10, where the higher the number would mean the most extreme pain level).

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Something that I found online about "**Postoperative Muscle Pain (Myalgia)**": *Severe muscle and joint discomfort that may be experienced after surgery is known as postoperative muscle pain (myalgia). This is a fairly common, quite distressing, but rather interesting condition. It usually appears on the first day after surgery, is often described as feeling similar to the pain one might suffer after unaccustomed physical exercise, and is usually located in the neck, shoulder and upper abdominal muscles.*

*There are a few theories about the cause of postoperative myalgia, but it is usually attributed to the use of a muscle relaxant drug called succinylcholine. Hence this is sometimes referred to as "scoline pain".*

## **Succinylcholine and Scoline**

*If the muscle relaxant succinylcholine, also known as scoline, has been used during anesthesia, this may in some patients cause generalized aches and pains in the muscles for two to three days. This drug is sometimes used routinely, though less so now than years ago, and also has a special place in situations when the anesthesiologist needs to place a breathing tube in the patient's throat (intubate) very quickly. These pains, often referred to as scoline pains, are more prevalent in very muscular and fit patients.*

## **What Causes the Pain?**



*Although the problem of postoperative myalgia has been recognized for many years, the exact way in which succinylcholine causes this muscle pain is not fully understood. Most believe that it is due to uncoordinated contraction of muscles that occurs a few seconds before the muscle relaxation that is the desired effect of the drug.*

More info, at this website: <http://www.netwellness.org/healthtopics/anesthesiology/musclepain.cfm>

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So my day wasn't starting off too well!... I had quickly learned that the pain medication (a narcotic) would be needed to relieve my pain and also some "Tylenol" given with this heavier medication. Also, I discovered that the **time it took** to actually get the pain medication from the nurse could take up to 1/2 hour (as they were servicing several patients at the same time)... and once the medication was taken it could take another 15 or 20 minutes for it to work at relieving the pain.

After waiting and hardly moving in my bed for a few hours, I had managed to use some of my right arm to lift myself up enough to sit on the side of the bed... as I expected to have some breakfast soon. There was a physio-therapist lady that came to see me, and asked me a few questions then requested that I make an effort to stand up and try to sit on the chair for breakfast... but I was in too much pain to move anywhere! She was understanding, and then just discussed some important exercise movements I should do, in order for me to start my recovery properly. The breathing device (spirometer) was explained, and how to do some breathing exercises at every hour during the day. This was important to get the lungs working well again from the trauma of the operation I had just been through.

Soon the breakfast meal was served, which really wasn't very good... I don't recall exactly what was served, but I remember most of the meals weren't very edible at all! I ate what I could, remembered what I should try to order for breakfast next time, and soon knew after a couple of days or so, which food I should order on the hospital menu... as there is only a few food items you can have that are actually edible enough!

Well, I then tried to lie down again to get some more sleep... but that lasted for maybe a few minutes as some orderly would come in the room and bring some towels, wash basin etc. I just couldn't move much for anything, so as the heavy medication I was taking started to take effect, I had then managed to get some sleep for a few hours before lunch-time.



The nurse stopped by a few times to check my vitals (blood pressure and temperature) and helped to move my pillow for some better comfort... as I couldn't move my own pillow much due the stiffness and pain I was having.

I was still connected to that "drainage unit" that day, however the doctor had checked the unit that morning and told the nurse that it can be removed!..."finally" I thought, as anything that can be "disconnected" always feels so much better... another small step to gain your "freedom" again.

The removal of the large drain tube from my belly was uncomfortable for sure, and a bit tricky too! However, the nurse was quite good at this... thank-fully... not her first time removing something like that! The tricky part was to "time" it just right for the tube to come out of your belly, breathe, then not, then the pull & pressure applied... then some huge bandages with heavy tape to block the hole etc. After the all the bandages and tape on my belly, I started to look like a "Buddha" belly ... LOL :-)

Well, the remainder of the day was often just waiting and waiting, not sure for what, perhaps just for the next moment to pass... I would sit on the edge of my bed and just stare at nothing, still feeling a lot of pain, and not sure why the pain was getting so extreme! The pain medication was only allowed to take every 6 hours... but the pain would start to return about every 4 hours... so, it was tough to hold out for those extra 2 hours.

Visitors would come and go several times during the day for my room-mates... and it was easy enough to hear their conversations as any little conversation was certainly welcome and sometimes interesting to listen... regardless of the "situation" we were in.

As I was going through all of this, I was certainly feeling frustrated, angry and upset about just about everything... it was hard to deal with nearly dying, and then knowing that the recovery process would take several months... it plays on your mind and emotions... it is difficult. My thoughts would often go out to my wife and son, who were at home and dealing without having "Dad" around the house... there were some many feelings of uncertainty and getting all the important details taken care of.

My wife, son, family members and friends would usually come in the evening to visit... it was certainly nice to see some familiar faces, and to have that special love and care. The extra "food goodies", cookies, some fruits and yogurt... was a welcome "snack" stash to have when the meals we had just weren't sufficient.



Here's a photo taken by my father-in-law... such as amazing look eh!... ;-)



Well, soon the day was coming to an end... and as I was still in need of more pain medication, I would need to ask the doctor in the morning what could be causing so much pain in my left shoulder.

Sleep was difficult, as it was hard to get comfortable... but the pain medication soon took its affect and I managed to get some better sleep that night.

The next day, would be another one to deal with... and I'll update on the next blog posting... thanks for reading!



Below are a couple of photos, taken Nov. 27th of the surgery incision, still now healing!



Nov 5, 2010 – Another early wake-up...

It's about 6:00 AM and the room lights are flicked on as the orderly comes to get us all weighed in for the day, and our happy "vampire" quickly passes to get our blood work for the day!... however my movement was slow going with the lack of sleep and the ongoing severe pain in my left shoulder.

Soon the doctor "Posse" comes by (i.e. several doctors with a rolling cart) with all the patient logbooks to pay their daily visit with all the patients (one by one). A quick review of our file with a brief dialog between doctor and patient begins and on how things are going with our situation.

Knowing that it would be the only time of day I would see them, I quickly asked the doctor that my shoulder pain was becoming unbearable and that I may have an infection or something!... he quickly responded "it's not an infection"... but then assured me that I will be sent for an X-ray to check the area that was giving me so much pain.



Before I could even have breakfast, another orderly came in with a wheel chair to take me to the X-ray department. I was quickly rushed down the corridor, then into the elevator and down a few floors to the x-ray room. The x-ray technician then asked me to stand up and put my left shoulder about my head to hold on to a support to get the x-ray photos done... that was so painful to move my arm that way, I almost felt like I was going to pass out!... however, I managed to pull through that painful ordeal, and then was put back in the wheelchair to wait in the hallway nearby for the orderly to bring me back to my hospital room. This took about 15 minutes or so... and I was getting hungry too, as time was passing and I knew that the morning breakfast was coming to our rooms... I just hoped that there would be a meal left for me when I got back to the room.

I was returned to my room, and thankfully there was a breakfast meal left beside my bed, I was able to eat... even though some of the food was quite unpleasant, and you eat what you can as anything somewhat edible is better than nothing.

Soon the physio-therapist stopped by to see me, and asked that we try to take a walk down the corridor. I stood up slowly (felt like I was dragging a heavy load on my back) as my legs felt so stiff, they were extra heavy and tight with the bloating from the medication and too little movement from staying in bed too long.

It was a difficult walk down the hallway, as I was only able to go a short distance and finding it just difficult to move my body... it was like I was just learning how to walk again! I couldn't believe that it was this difficult just to walk!...

Soon I came back to my room, sat down on my bed again and then just laid back down for some more rest... this was certainly going to take longer to recover than what I was hoping for.

The remainder of the day was rather uneventful, except for the ongoing pain medication and discomfort... just hoping that some pain relief would come my way soon!

Later that evening, I was having more difficulty sleeping and also feeling quite hungry, but I didn't have anything else to eat... just water. Soon the night-time came and as I was just sitting in my bed trying to rest, it was also unusually very quiet in the corridor, as all the lights were out, I saw a man on a wheel chair come into our room... he was another patient, and he was just in our room doorway... looking around.

I didn't say anything, just watched him. He was looking around the room with the dim lighting trying to perhaps find something he was looking for?... I'm not sure. Then the old



man looked over at me and noticed that I was looking at him... he got nervous, quickly rolled his wheel chair back into the corridor and was not to be seen again!... weird I thought, that was just too weird, but perhaps I just averted a small crime of him stealing something from our room. Apparently we were told to be careful not to leave any items like electronics (computers, iPods etc.) as someone had some of their personal items stolen in the hospital.

So, my night was still not over... as I was getting too hungry. I signalled for the orderly or for a nurse to come, and when an orderly came to see me, I asked if I could have some kind of snack to eat... he quickly responded that there was no such thing!... then quickly left the room. However, a few minutes later the night-time nurse came by to check on me, so I asked her if there was anything that I could have to eat. She said that there is something she could bring me to eat. Soon she came back with a nice little snack of crackers, cheese, apple juice and some chocolate pudding too!

After my little late night snack I was able to get some sleep... something I desperately needed!... so signing off for now, to be continued... :-)

Nov 6th & 7th, 2010 – The week-end crew... and learning how to walk again!

The hospital week-end crew is a bit less in number, for nurses, doctors and staff... it gets somewhat quieter on the floor, and the staff seem more relaxed but still quite efficient to do their work well, considering the fewer nurses and orderly staff.



I was still learning how to walk again, movements were quite slow... nevertheless I was determined to try and get my strength back, and to be more mobile again. I had a permanent connection to an IV fluid unit, which you need to roll around with you if you move away from your bed. Another annoying thing about those IV unit pumps, they only last about ten minutes on their internal battery, and then they start beeping like crazy to be plugged back into a wall outlet.

So, regardless of how much I wanted to move, being hooked up to an IV unit was very limiting! The week-end crew sometimes had some student nurses learning with a more experienced nurse, all the necessary duties and



such.

My pain level was finally starting to subside from the previous two days, however I still needed the strong pain medication at the regular intervals, as the pain had not completely disappeared, and it just wasn't as severe!

I had a nice little digital T.V. to help pass some of the time resting, and I had also used the phone to talk with friends and family. My operation recovery was starting, as I was starting to feel some strength come back to me.

I was wondering about my neighbour patient (Greg), who was still waiting after 2 weeks to be called to go for his operation... as he had been re-scheduled up to three times. The main reason was due to lack of nursing staff for the ICU for that particular day, and sometimes other more urgent surgery was priority, so it was difficult for some patients who had to wait much longer than others.

By Sunday (Nov. 7th) I was wondering if I might be sent home on Monday, Nov. 8th. My other neighbour patient (Joe) had left on Saturday, Nov. 6th and he was operated the same day as I was, but earlier in the day. His operation was a double by-pass surgery. Apparently the patients with by-pass surgery have a bit easier time to recover than those with a heart valve replacement.

Well, soon I had another session of exercises with the physiotherapist. It would be of importance to be able to walk a certain distance and to go up and down one flight of stairs. I had managed to do this, and the physiotherapist was pleased to see my strength and balance looking much better.

On Monday morning, I was expecting to return home, if the results of the blood tests were good and with the doctor's discretion; they would decide when I could return home.

So, I was doing whatever I could to be able to return home on the next day... did my breathing exercises more frequently, did some more walking in the hallway, and even though my recovery was still difficult and I was still feeling weak, I was fighting to just push through this, so I thought.

That evening I had some friends come for a visit and we had some good talk with some laughter... it was great to see some friends again.



More story to follow in the next posting... thanks for reading! :-)

Nov 8, 2010 – The return home...

After the usual early morning routine in the hospital I was told by the doctor that I would be returning home for my continued recovery. My neighbour patient (Greg) had moved his bed to the other side of the room since Joe went home on Saturday, and Greg wanted a bit more freedom of not being so “cramped-in” as he was still waiting for his surgery day to actually happen.

Something we quickly discovered about the hospital rooms was that each room could accommodate up to four patients, but there was always one space “not used”... and it was always the one on the “right side” as you came into the room, the beds are numbered 1, 2 ,3, 4... and the number 4 space was always empty, so if you were lucky to be in bed number 3... there would be more space around your bed to put chairs for visitors etc.

After breakfast, I called home to make arrangements for my lift to return home... something that I was certainly anticipating for a few days... and looking forward to be with my wife and son... and to get back to a life at home again.

There were still some details to process, so I needed to wait for the nurse to get all the necessary details & papers from the cardiologist before I left the hospital.

In the meantime, I had packed up all my belongings, got dressed in my regular clothing, as it felt great to have some normal clothing to wear again! I took another walk down the corridor to get some more exercise to build some strength and mobility in my bones and muscles again.

Finally the nurse came to see me, we discussed some details of the medication I needed to take and when I needed to schedule upcoming appointments. I still had the 50 staples on my chest, the ones holding my incision together... it was still uncomfortable having those on, and they felt like a huge zipper on my skin! They would be removed in about a week or so.

Well, my wife came in about 11:00am with my father to pick me up for my return home. I was feeling a bit weak still from the entire ordeal, still rather tired, but yet anxious to be going home.



An orderly had come with a wheelchair to bring me down to the main entrance, as it isn't really safe for heart surgery patients to walk that distance, as we were beginning our recovery process.

Soon I was in my dad's car, heading home and I thought.. wow... only one week after open heart surgery! ... but I was feeling a somewhat scared of going back home, as I was still having some pain and discomfort... just the movement of the car over the bumps on the road home, the stop and go of the traffic was really uncomfortable for me, but I knew I needed to be strong and had to get through this discomfort.



We stopped by the pharmacy to get my prescription medications filled... I was certainly not used to taking so many different medications, it was quite a list! Especially since I never had any prescribed meds that I was taking before my operation... so, this was something new for me.

Also needed to pick-up a "medic-alert" bracelet that I would need to wear for the Coumadin medication warning (a blood-thinner).

When I arrived home, I needed some help to walk... and just getting through a few stairs felt like I was climbing a mountain!... nevertheless, I made it to the living room... sat on the couch and felt glad to be home again!



The remainder of the day was spent resting and talking, reviewing the medication schedule and the details and just getting re-adjusted to being at home again... so, the recovery continues.

Heart valve replacement - animation (link)...

Below is a website with video animation of a mechanical heart valve, the same one put inside my heart... (St-Jude Medical)... see the "**Valve Replacement Procedures**":

<http://health.sjm.com/heart-valve-answers/videos-and-animations.aspx>



Nov 9th – 11th , 2010 – The story continues...

Two days had passed at home as I was still feeling rather weak, still with pain and discomfort. Being home again also brought up some fears of not being well protected due to the 24/7 nursing care was no longer around. And not knowing much about all the new medication I had to take, it was somewhat stressful to keep track of the medication schedule.

My wife was now the “in-house” nurse, and though I appreciated her help on things, I knew that it was an added stress for her to deal with. We had to call the head nurse at the hospital on Wednesday (Nov. 10th), as I my skin was looking anemic, and I may need to have some iron supplements, which wasn't part of my prescribed medications.

My red blood cells were really low at the time, but we didn't know for sure... other than some pale color appearance that was showing on my skin.

The next morning, Nov. 11th I had got up as usual, had some breakfast however I still had some slow movement in walking, especially going up the stairs, it was like lifting a heavy load on my back just to get up one level of stairs! Man did I feel old!

I was determined to just work through this heavy feeling, as I just wanted to get better. I decided to take a shower thinking that it might help in having a good warm shower to make me feel more refreshed.

Then it quickly happened, as I was getting ready to get into the bathtub for my shower, a heavy wave of weakness came over me... all I could remember thinking was, OH NO... NOT AGAIN!... I had collapsed immediately in the bathroom, my chin hit the side of the bathtub as I fell completely unconscious... my wife was downstairs at that moment, she heard the “thud” and ran up the stairs (faster than a speeding bullet!) to rescue me from my demise! She had to lift my “bent-over body” from the bathtub, as I my head & upper body were hanging inside the bathtub as my legs were still on the floor beside the bathtub... a wonderful sight I'm sure!

The 911 call was made and soon there were paramedics from the Fire department who were at my side helping me to my “sleeping room” to get me checked and stabilized. I was still naked from the shower, so had some boxer shorts put on me while they were connecting me to oxygen tubes and monitors. The Urgence Santé (ambulance) arrived a few minutes later, and had then “taken over” the procedures to get me wrapped up, and rushed to the hospital again!



It was cold outside but well wrapped up in blankets, as I was wheeled out the door into the ambulance. My neighbours that were home, would have seen this happening for sure!

As I was rushed back to the closest hospital (Lakeshore)... they had brought me into the critical room where there are lots of medical equipment and two ER nurses and doctor on duty. I was transferred off the ambulance stretcher to the ER bed... but the ambulance staff had to stay for a while in case of another hospital transfer was needed.

A diagnosis was done quickly and then a call to the CT scan technicians. As I was waiting for the transfer to get a CT scan (to check if there was any brain or heart damage from the collapse)... my wife and father-in-law had come into the ER room where I was laying. My wife was wheeled in on a wheel chair, as she was feeling so weak and scared that she couldn't walk! We had some brief conversation and then I was quickly transferred to get a CT scan. I hadn't had a CT scan before, so I didn't know what to expect.

The ER orderly quickly manoeuvred my bed on wheels to transfer to the CT scan room... I was going down the hallways at supersonic speed... with the rush of wind blowing over my body like a wind tunnel! :-)

Once inside the CT scan room, it was rather small I thought, but maybe because the CT scan machine was quite large! Anyway, the medical staff had then transferred me to a special table and hooked up some more tubes and such... then told me briefly what I needed to do, hold your breath, don't move your head... just try to relax! And then sent me into this "star-gate" like experience with my right arm stretched out over my head... they then squirt this hot liquid into my veins.... it was like OW!.. you didn't tell me you would inject me with hot liquid pushing through my veins at supersonic speed! That was painful!... I wanted to swear and punch that guy in nose for doing that to me! Especially because he didn't warn me what he was going to do!...

Well, soon I was wheeled back at supersonic speed to the critical room again, saw the doctor... and had to wait for the CT scan results, which wasn't too long... and then the decision was made to send me back to the Royal Vic hospital, as that's where I had my heart surgery done. Apparently there was some other problem with my heart... which I didn't know about... until later.

So the ambulance technicians got me all wrapped up & connected again, with tubes and oxygen... put me into their truck, with a nurse from the Lakeshore hospital and my wife was riding in the front seat with the driver. We headed out of the Lakeshore with full speed, red lights and siren... the driver was going at full speed to take me to the hospital



downtown... about 25 km away. We had hit the highways soon, and travelling at top speed... with all the bumps and turns we were going through, I remember telling the nurse: “If I survive this ride, I’ll survive anything!”...

Soon we arrived at the ER entrance of the Royal Vic hospital. The ambulance driver, technician, nurse and my wife all waited just outside the ER door in the hallway. We waited for about 30 minutes.

Nov 11, 2010 – More diagnosis, mystery & perplexity

Laying on the ambulance stretcher, wrapped in warm blankets & secure straps... oxygen tank and tubes around my head to help give the extra oxygen my body really needed. I was just waiting, and waiting... not sure when we would be allowed into the ER room... the ambulance technicians and my wife were also getting more anxious as the time was passing by.

After approximately 30 minutes, I was finally rolled into one of the ER resuscitation rooms. The whole place was quite packed with patients all around, crowded would be an easy way of saying... but I was quickly rolled into that special room, transferred from the ambulance stretcher onto another bed in the ER, and again a bunch of tubes and heart monitor probes all hooked up to me.

The ER doctor on duty was young man, quite handsome and smart-looking as my wife pointed out in a conversation we had a bit later. The doctor began his questioning of what happened, and how I was feeling at the time, etc. I was feeling rather calm, but still really weak after the ordeal of the collapse earlier that day. He then brought some computerized equipment for an ultrasound scan (electro-cardio scan) to try to see what was happening with my heart.

The scan showed some dark areas around my heart, and he then said that this must be some “fluid build-up” that was putting pressure on my heart. He called the cardiology department (he used a special hospital cell phone) to request for a cardiologist to come for further diagnosis. A young female cardiologist came to see me, and she did some more scanning with the ultrasound machine. She had also confirmed that there was some fluid build-up around my heart, but since the machine was more of a portable one, and perhaps not as accurate in diagnosis, she had then called the specialists in cardiology to bring down their specialist with a full size machine.



It took about another 15 minutes or so for the specialist to come down with his equipment, so an ER nurse and my wife had tried to help me be more comfortable, while I waited. Of course the time of travel, and the different events that happened that day, well, I just really needed to pee!... as my bladder was just getting too full!

Thankfully, I was quite an “expert” now at using those portable hospital urinals (easier for men to use)... so, I asked to have a couple to finally “relieve myself”... and then felt better too! :-)

The cardio specialist arrived soon enough, with a rather large computerized unit on a cart, he rolled it near my bed in the ER. More tests and scans were done, but took quite a bit longer to do... to be more precise in finding the problem areas. After the specialist finished, another specialist (whom I recognized from the Lakeshore hospital) came to check the scans and redo a few other scans to be sure of what they were finding etc.

After the cardio scans were done, there were more cardiologists that had come by to see, and speak with me about what happened, and basically asked me the same questions that other doctors had asked me. Then, soon a whole bunch of young and older cardiologists were all around my room bed, and then there was some conversation on what needed to be done. It was like seeing a movie with all these young and old professionals learning and discussing my situation, and wondering what they should do.

It was actually somewhat amusing to see... and then a really odd-looking and older cardiologist doctor came close to me at my right side, but he was quite spooky looking... he had an old scruffy grey beard and long messy hair... someone you might see in a city alley holding a bottle wrapped in a brown bag... or perhaps some old western movie character ready to wipe his whisky drip off his mouth and moustache. I call him the “whisky cowboy” doctor, but thankfully he didn't smell of whiskey, otherwise I'd really be worried!



Then this whisky cowboy doctor finally spoke to me, but as he was talking to me he actually wasn't looking directly at me... but rather looking down at my chest area... it was strange I thought... what a weird doctor! I had to assume that he was legit, as there were about 7 or 8 other cardiologists standing by, and they were like being instructed what should be done... like they were at school, in a classroom or something. :-)

Well, he said that I do have too much fluid build-up around my heart and that there were two options they had to remove that fluid, but



which one would be better and more effective? One option is to put a special tube in my side, near the heart and sometimes that works, but is not the best option. The other option is to insert a tube inside the heart cavity, but requires some more surgery. I was told that this option is better overall, as it would ensure that most of the fluid would be removed.

So I thought that would be the decision, but with all the talking and discussion, no decision was yet made. The whole group of cardiologists just started to leave the room, and the old whisky cowboy doctor just said, the decision will need to be made by my surgeon doctor!... Well, I waited and then a couple of other surgeon doctors came by to see me, and said the same thing... I was beginning to think there's no one here that can make a decision?... how peculiar?

Finally, my surgeon doctor arrived to see me... apparently he was off duty, and was "called in" to see me? He immediately made the decision that I would have the surgery to have a tube inserted to remove the fluid, and he indicated that they would just re-open the lower part of my incision, so that there wouldn't be more scaring etc. However, he wouldn't be able to do the surgery this time, it would be another surgeon... a senior surgeon that he was completely confident in, and he reassured me that I was in "good hands".

After the decision was made, I was soon prepared to go to the operating room that same night. Of course I was feeling apprehensive about this, but there wasn't much choice for me, I thought. This was just another step in my recovery?... apparently this sort of problem doesn't happen to many of the heart surgery patients, perhaps only about 4% of heart surgery patients have this sort of problem of too much fluid buildup around the heart post-surgery. Well, I had to be one of the four percent?...



Next posting will be about my second trip to the operating room, and then the recovery room with the Ninja Turtle nurse!

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## **A Special Note: "Waiting to see my Dad..."**

*Below is a story that my son wrote for school, he agreed for me to post it on this blog.*

"It's November. The temperature is  $-25^{\circ}\text{C}$  plus wind-chill. It's 3:00 pm. My grandfather and I dropped off my mother and grandmother.

We parked in P1. We walked into the Royal Victoria Hospital, sanitized our hands and proceeded to the coffee shop, then to the elevator. "Ding!" went the elevator as we arrived on the 5th floor of S pavilion.

This is the surgery and ICU, or Intensive Care Unit, floor. We waited for two hours, my grandfather and I ate supper, and we returned and waited another three more hours.



The wait was excruciating, I was hungry, I was out of cash and we had no entertainment other than my DSi and boring French TV. We finally got news.

The surgery was a complete success and it had ended five hours before. We went to see my father. "Boop! Boop!" went the monitors, in every block the first thing you would notice is





the tube proceeding from underneath the blanket leading to a large tank where the blood was being drained to.

Then you would notice the tube going down the person's throat, leading to the lungs.

There was the smell of latex, alcohol scented sanitizer and medication was in the air.

I only felt the slightest bit comfortable when my father woke, I was the first person he saw.

We only left around 10:30 pm. We got home at 11:00."

*Matt Hamelin*

## **Nov 11th & 12th, 2010 – 2nd Time to the Operating room...**

After the diagnosis from my surgeon doctor to have the surgery to remove the excess fluid around the heart, I needed to have my "blood thinning reversed" before the operation. An intravenous fluid with vitamin K was injected into my blood stream... to make the blood thicken enough, before the operation.

My INR test (blood thinning test) that day had indicated too high a rating of 5.0, but for my case, it should be between 2.5 and 3.5, anything higher or lower is a problem. The lower number meaning it's too thick which could cause my mechanical valve to clog up and fail, and too high a number could be dangerous for some internal bleeding, or excessive bruising, or whatever.

So, once the situation was okay for me to be sent to the operating room, the ER nurse and orderly prepared to take me to the operating room. I was transported on the hospital bed still connected to various tubes, oxygen, intravenous fluids, and brought to the "pre-op" room, where there are several beds, nursing staff and technicians. All the necessary cleaning and bandage dressings are checked, and all tubing connections checked. There was some ongoing chit-chat of the staff talking about the Canadiens hockey game, which caught my attention while I was lying down just waiting for the roll out the operating room.

Well, soon enough it was time to be moved, so off we went to the operation room area. The corridors leading to the operating rooms are well air-conditioned and with some good air filtration, you can sense it as you pass through the area.



I was brought to the main entrance of large glass doors that have automatic rolling to slide the doors open when entering the large corridors that head towards the various operating rooms. At the main entrance, I had to wait for some details to be sorted out with the staff, some OR staff and surgeons were talking over a matter of concern, and then I was asked to sign a special “release” paper that basically states that I understand the risk of an operation, and that I am giving them permission to operate on me.

Another person from the OR staff came to speak with me, and he asked if I was feeling any pain, and I said that I had some pain from the anesthetic they gave me during last operation, which he quickly retorted... “the anesthetic doesn’t cause any pain”... perhaps he didn’t realize that it’s the muscle relaxant that could cause the pain afterwards?... well what do I know?... I’m just the one who had to deal with all that post-op pain!

Anyway, soon I was off to the operating table!... and as I was wheeled into the room, it was a different room than the one I had the major surgery. The room looked a bit like a work shop?... The walls are made of standard construction block, painted a medium green color and all kinds of equipment and OR staff moving about the room. The OR table looked really small I thought... it wasn’t as nice or warm as the one I was on during the open heart surgery.

The staff helped me get on the small table, but there was a problem with the head rest being way too low, I could not put my head that low with my back much higher, so they quickly adjusted the head rest, and it was better for me.

The surgeon doctor was soon at my side and talking to me, and actually was saying silly things that was making me laugh, he had quite the sense of humour. The surgeon is a man I saw on a few occasions, he is Hawaiian and his demeanor was comforting in the way he spoke with people, you can usually tell when someone is a “people person”. This helped ease the stress I was feeling.

The anesthetic was soon applied, and off I was to dreamland again... just remember waking up in the post-op room, there were more tubes inserted, a large one down my throat, and the large tube connected on my belly area (same spot as the previous operation). My hands had to be secured down at my side, as I couldn’t stand the tube in my throat, I would get panicky and try to remove the tube... I hated having that tube down my throat... it was painful and felt like my throat was opened twice its size!



The ICU staff continued to monitor my condition, and within an hour or so I was stabilized enough to be transported to the cardiac ward. I hadn't been on the cardiac ward before, it is a new section in the hospital, not the same floor as the surgical ward.

There wasn't any space in the ICU rooms (over-crowded), so I was transported to the cardiac ward (medical 5) and was then put on a really comfortable hospital bed!... it was the most comfortable bed I've ever been on, I guess it made up for some of the discomfort of having all kinds of tubes hooked up to me. The room was very nicely decorated and arranged in this cardiac ward, it had a large window with a nice view of some trees and landscape. The room also had some individual air and heat control, so the room could be properly adjusted, as needed (contrary to the surgical ward, where the whole floor has one temperature, much too warm!).

As I had this large tube down my throat it was totally impossible to speak... so it was like charades to communicate with the nurse and my wife. I was getting hot with all the covers on me, and since I couldn't move much I needed help just to remove some of the covers etc.

Soon there were some cardiologist doctors that came to see me, and once again this "whisky cowboy doctor" showed up, with a bunch of other cardiologists. Then the whisky cowboy doctor approached me and said something rather peculiar "I know what you're thinking" ... "that your condition of heart fluid build-up will happen again"... "but this is a very rare condition, and it should not happen again". But all I was thinking, "no that's not what I was thinking at all!... I just wanted to have that damn tube removed from my throat!

He then just walked away after that little revelation!... that was the last time I saw him. Then another cardiologist said something really more significant, as he told me that my lungs had some edema (swelling) and that I needed to keep that "special tube" in my throat for a while (turned out I needed to keep it in my throat the whole night!)... to give my lungs a chance to heal. Well, I was in for a rather restless night... and I remember telling myself not to panic and try to relax... and just try to get used to have a large tube down my throat... it was really difficult for sure!

During the night, I recall getting too hot with the covers on, and tried to signal the night duty nurse, but I couldn't find the "special call button"... it had fallen out of reach, so I just started banging the side of the bed with my leg and kept hitting it to hopefully get the nurse to hear me. Finally she did, came in to see what was wrong... and of course I couldn't talk, so I had to do some charades to show that I was getting hot, and needed the covers removed... as at first she thought I needed more!... so, it was annoying but amusing at the same time... finally she got it right, removed the excess covers and adjusted the temperature control in the room to be much cooler!... thank you!



The morning soon came, although I felt like I really didn't sleep... a different nurse came in for the day shift. The nurse was young and quite a cute looking South American, but I'm not really sure, she had a slight Spanish accent. She found the room temperature too cold for her, so she put a special hospital bright yellow slip-over, the color against her dark skin was quite striking, but when she had her sleek rectangular black rimmed glasses on and her hair pulled back and tucked away, that made her totally look like a Ninja turtle!... I tried not to laugh or say anything... but I couldn't speak anyway, at least not yet!

Well, there's still some more story to tell... but will be on my next posting! Thanks for reading! :-)

## **Nov 12th & 13th, 2010 – Transfer back to S8...**

**Nov 12th** The early morning vital checks began... check blood pressure, body temperature, all tubing connections, oxygen level, IV fluids, IV pump... and then "it's time to remove the breathing tube"!... oh yeah!... let's get this long tube out of my throat please!... that's more of what I'm thinking!

Finally, the breathing tube is removed, and it hurt a bit going through that "extraction"... the doctor and nurse also tell me that I'm not to speak for about an hour or so, to give a chance for my throat & vocal chords to heal up. For sure, they were still feeling sore and swollen somewhat.

But I'm beginning to feel hungry, so it's soon time for some breakfast!...oh yeah! ... but hey, it was like yuk!... something like a luke-warm cream of wheat cereal!... little milk, a few other un-mentionables!... hardly a meal eh?

Well, soon the ninja turtle nurse passes by to see me, and then she starts asking me questions to check if I know where I am, what my name is, what day is it etc.

But hello?... I'm not supposed to talk for about hour? Did you hear the doctor say?

Anyway, I answered the questions carefully and just carried on with finishing whatever I could of the breakfast meal. The morning went by rather slowly... so, it was a good chance to catch up on some sleep!... but not to be... as more checks on the patients and more chattering of staff moving about, ah but so is hospital life!

My wife had returned to see me for the day visit, always a pleasure to have a loved one nearby... but unfortunate that I wasn't able to talk much. So, I was just looking around the



room with the occasional glance outside the window... just waiting and waiting for the “next event”.

So, just before lunch time the call was made, and I was going to be transferred from this nice room (cardiac ward) back up to the surgical ward (S8). My wife came with me, and listened to all the chit chat of the staff etc.

There was more commotion, nursing staff, orderly staff come by to disconnect certain tubes and also relocate portable units on the bed. An argument between a nurse and orderly begin on where to put the blood drain unit... the orderly was insistent to put the drain unit at the foot of the bed, but the nurse argued that it could easily break there and said it should be put at the side of the bed. Well, the argument went on for about two minutes or so... then finally the orderly just put the unit where he thought it ought to be, and ignored the nurse completely.

I was then transported through the corridors, hallways and into an elevator... soon arrived on the surgical ward (S8). A quick “check-in” with paperwork with the head nurse and then rolled into the special recovery room again... called the “Step-Down” room. The difference with this step-down room is to have all the recent patients coming from surgery to be closely monitored by the nursing staff (24/7). This is to be sure of no complications and may be acted on immediately, if needed.

However, the problem of having many patients in this room is lack of good rest, which is due to an ongoing activity of nurses and staff with the many patients having some discomfort or complications, either something physical or sometimes psychological depending on the patient.

I recall trying to sleep that night, but there was a man that kept crying out “help”... help me” ... help... it was constant & persistent!... which prevented many of us other patients from trying to sleep! At one point I was so fed up with his annoying crying that I yelled out for him to shut-up! We were all suffering from our surgery too!... but we weren’t constantly complaining of having pain or discomfort... many of us were trying to be considerate of others!... but not him!

An orderly went to see that man, had tried talking to him to stop his constant complaining, as he was disturbing all the other patients in the area... but the man didn’t seem to understand or care about anyone else. Finally, a nurse must have given the man a sedative, as after 20 minutes or so... the room became reasonably quiet, with only the continual sounds of machines beeping, and some patients snoring.



Nursing staff would mingle about during the night, but were always close by and at their work stations keeping close watch on all the patients. Nightly checks on the machines, IV pumps, and the routine BP checks would continue throughout the night.

**Nov. 13th** Soon early morning came with the day routine that began at 6:00 AM with all the patients being weighed, an orderly would bring a rolling weigh scale, and each patient in turn have their weight recorded. Soon the day staff would begin their shift and the routine hand-over of patient's charts and details given.

Many of the patients would try to catch-up on some lost sleep, as we wouldn't have breakfast until 9:00 AM. However, the orderly staff would pass by with towels and face cloths to get cleaned up for the day. But when you're feeling totally wiped out and exhausted, you don't feel like washing up... so the orderly would usually offer to wash the patients, if they accepted some help. It was always done with proper privacy, regardless.

Anyway, the remainder of the morning wasn't too eventful, except that a young girl came into the room with a special rolling cart that she was pushing, it was a heart pump machine that was connected to her! I could hear the heart pump working, making a swooshing sound as the young girl just walked around, talking with some of the nurses and patients.

I thought, wow she's amazing to be walking around with a mechanical heart pump! ... and with a smile on her face as she was talking to patients and nurses... later I had met this young girl as she was walking through the hallways on the S8 ward, her name is Jessica Bondar. I was so impressed by her, and yet felt so bad that she had to be hooked up to that machine, yet it was the main thing keeping her alive!

Noon time came, and it was time for me to be transferred to a "regular" patient room where I would remain for another 11 days in the hospital. On my next posting, I'll describe some of the events that happened and my acquaintance meeting with Jessica Bondar.

## **Nov 13th, 2010 – Return to room S8-42**

Around lunchtime, I was transferred to my "regular" patient room, and it was the room and bed location that I had when I first came into the Royal Vic Hospital... which is quite coincidental, or maybe just a matter random choice, not sure. As I was rolled into the new location, I noticed my new "neighbour" was an elderly man, who was just sitting on the side end of his bed.



He was finishing his lunch meal, and as I was settling into my new spot I noticed that he began falling asleep while sitting beside his food and large jug of ice cold water. His head was “nodding off” and he kept trying to stay awake and tried to put his head on his hand to rest.

Eventually, he fell his head forward onto the large pitcher of ice cold water, and knocked it over... it spilled all over him and onto the floor. Of course this quickly awakened him, and then he looked over at me and just began to laugh!... I said to him, “Are you okay?”... he nodded, and soon an orderly came into to see what happened, and quickly got a mop and towels to clean up the spill and mess.

Little did I realize at the time, that this man and his wife would become an incredible annoyance in the days ahead? The nattering and arguing nonsense was a bit much, I’d say! Enough to drive you a bit crazy when you’re trying to get some peace and rest, as you have to deal with your own discomfort. But as you know, you can’t really “choose your neighbours”, no matter where you live or stay... just have to sometimes tolerate some of the nonsense that happens.

Well, the day continued with all the regular checks from nursing staff on week-end duty. I was hooked up to two IV tubes, one on each arm. One was Heparin (blood thinner) and the other was an antibiotic medicine for an infection I had from the surgery.

They had to alternate with two antibiotic medicines that day, so when I had one IV bag finish, the other bag was immediately hooked up... oh such fun eh? After our supper that day, the night staff of nurses came through to see their patients for their shift and all that needed to be done. Well, for me it was a need for some new blood transfusion... two units (litres?) had to be put into me, but the problem was the IV needle was too small to process the blood?... I don’t know for sure, but the nurse had to call a “blood tech” to come and insert a larger IV needle into my arm, so now I had 3 IV needles plugged into me! Wow, aren’t I the lucky one, eh?



My neighbour also needed a couple of units of blood that night, and also another treatment of lung decongestion... he was in pretty bad shape, and needed to get healthier before being scheduled for an operation.

The nurse that was taking care of the two of us, she was in my opinion just amazing, because she was working so hard at watching all the important details, and still trying to



comfort us as best she could. I think that nurses don't get enough credit for all the incredible things they do... many of them are truly awesome at what they do and "the stuff" they put up with at times.

So, there I was just laying and being all hooked up, you can't really move much... have to use those "portable" urinals, and such. Thinking if this will ever end?... as it takes its toll on your spirit.

Being restricted to much movement, you find yourself "day-dreaming" and hoping for better days. Every little detail in your surroundings suddenly become something of importance... like the clock on the wall that has the wrong time, the windows that don't open because they put thick plastic all over the windows for the upcoming cold winter, and you can't even look outside without it looking blurry. Makes you feel really confined and isolated at times, but the real consolation was the 24/7 nursing care!

The night went on, but it was really a long night of discomfort and very little rest... something that is difficult, but you just need to push through it all, and hope the new day will work out better. Sometimes it felt like the morning just didn't come soon enough, especially if your sleep was so deprived. It's not like you can do much, that's just the way it is... when you're hooked up to IV units, there's very restrictive movement permitted, because you can't just disconnect things and start walking... you have to stay put for the most part.

Well, the next day would be better I thought... and I will update more of that story in the next posting... thanks for reading! :-)

## **Nov 14th, 2010 – Another Day in Room S8-42**

Finally the morning shift began, and with some familiar faces of nurses coming to check up on the patients. Some of the nurses remembered me, as was just there a week ago, but then I'm back again! I had to have an oxygen tube hooked up to my nose to elevate the needed oxygen my body needed.

If you've never had oxygen "pumped" into your system, it actually feels quite uncomfortable, and the "smell" of that pure oxygen is like breathing in a chemical of some kind... perhaps like an ozone smell?... I don't know, it's a bit hard to describe, but once you smell this, you remember it forever.





Anyway, here I was still being poked and prodded with medical equipment, and of course had the long tube coming out of my belly again...and I can't really move much, for sure.

So the morning "wash-down" would soon begin, as an orderly would pass by with a set of towels, wash cloths, wash basin and a clean hospital gown to get cleaned up for the day. But, shaving and a shower are totally not feasible with all the tubes and equipment hooked to you. Just changing a hospital gown, gets pretty tricky with all the IV tubes still connected... so, it was a bit insane just doing some of the little things that normally would not be an issue!

The morning routine would always involve a blood sample test, a weigh in, a regular blood pressure and temperature checks and the distribution of your medication for the day.

I still had those 50 staples (or more, I couldn't count them!)... holding my incision, they are really uncomfortable too... but I knew that I was soon due to have them removed! On my initial "release papers" I was to have a CLSC nurse stop by my house on Nov. 15<sup>th</sup> to do the procedure of removing all those staples!

However, since I was back in the hospital, I was told that I'd have them removed in a couple of days, by one of the nurses on duty. Something to look forward to I guess?... although it's always good to have some of those "things" removed (or disconnected) after all... it just tells you that "you're getting better"! :-)

The afternoon soon came, and I was trying to catch up on **some sleep**?... then my neighbor's wife had come for a visit! And she was quite the character as I soon found out! She too had some health difficulty, as she was pushing a "rolling" walker with some kind of large handbag attached... and then as she came in to see her husband "Charlie" the rather loud conversation would begin!

The conversation was mostly about things like: "did you sleep last night"?... "did you take your medication", or "what did you eat this morning"?... "so and so wants to come and see you"... "have you heard when you're supposed to have your operation"? And the way she would speak is like "slow motion" and very "mother" like towards him.

Well, not so bad if the conversation was some quiet chatting, but oh no!.. it was rather quite loud!

Charlie is elderly and had trouble hearing, so he wore a hearing aid, when he remembered to "put it on" though! Their conversation would "go on and on" about small details and



some little chit-chat... but the real problem that started to get quite annoying was the amount of times everything said had to be repeated over and over! As Charlie couldn't hear well, and even with the hearing aid turn up to full level! Often the questions had to be repeated to him... either the nurses, an orderly, a family member, or some visitor.

Also, Charlie's voice sounded exactly like Homer Simpson's father... you know, the grandfather on the Simpson's show? I never thought I'd hear someone actually speak like that, with the "old-man - shaky" voice, and I can "impersonate" that voice too! ... but I think you get the idea?

So, I just needed to tolerate all those "little conversations" for the remainder of my stay... regardless. Sometimes I just found them totally hilarious, and other times (especially when I was over-tired)... well, those conversations would just get totally annoying, as they would often end-up arguing over small concerns, such as a phone call, or where the electric shaver disappeared to...

The remainder of the day, I would try to read something, or watch TV... there was a small LCD screen TV that you can rent by the day... it helped pass the time while you were pretty much strapped to your bed with all the IV connections etc.

Anyway, tomorrow would be Monday, back to some of the regular staff and perhaps some new visitors too!

## **Nov 15th, 2010 – Just another day of my ongoing story...**

Another Monday morning arrived, and the usual daily routine would begin... let's see what could possibly happen in our little world of our four walls?... wake-up time is 6:00am, with the early morning orderly, nurse visit and our blood technician of the day (a.k.a "the happy vampire")... afterwards it was a long wait to eat something, as breakfast was always served after 9:00am.

I had some small "stash" of fruit, yogurt, or crackers to help hold off the hunger somewhat, and when the meal finally came it was usually good enough to "fill the void"... I know it sounds a bit like being a prisoner, but in a way that is how you feel when you're hooked up to machines and such... minimal movement is the way it is!

So, the morning time was also some movement of patients who are either coming in from surgery, or are heading out for another test or whatever. A new patient was rolled into our room, he had large bandages on his legs, and also hooked up to an I.V. unit.



The man had just had surgery the day before, and it was a “by-pass” surgery... as the bandaged legs were a “give away”, as an artery is removed from the leg to use as a “by-pass” artery on the heart. Although it looks more severe on a patient to have this kind of heart surgery, the more difficult one is a heart valve surgery... as valve replacement surgery usually takes longer to recover from in comparison to a by-pass surgery.

Our new “neighbor” was a rather heavy man, yet he was also quite jovial in his demeanor, we introduced ourselves and his name is “Claude”... he was quite happy to be alive for sure and seemed rather pleased at the result of having open heart surgery again... apparently it wasn't his first time! Claude had his first heart surgery a few years ago, but it seemed that his diet didn't change well enough, so he had to have another surgery to fix his clogged arteries.

I must say that I felt rather uncomfortable with the fact that this man was so “jovial” about having open heart surgery, as this is to some degree a burden on our health system I thought, and our effort to good health should be something we all strive for, and not take for granted that our health system will “bail” us out every time we become too careless or complacent.

My other neighbor patient, Charlie was a bit “out of it” with his ongoing problem of coughing pain and discomfort, his lungs were in real bad shape! Nurses were taking special precaution to have him monitored carefully, as they had to try to get him “healthy enough” for his upcoming operation.

The remainder of my day was spent reading, contemplating life, or watching some TV... and trying to grab some little sleep, if possible.

We all had curtains that could be pulled around our bed area, so that would give us some sense of privacy... but really didn't stop any noise level in the room.

Later that evening I was told that tomorrow (Tuesday) I would have my 50 staples removed... just something to look forward to!

Until the next day in room S8-42... thanks for reading! :-)



## **Nov 16th, 2010 – The “Zipper” gets removed...**

It was a Tuesday morning, another day in room S8-42, still feeling the pain of open heart surgery, and at this point was forgetting about all the other important things in my life, but just thinking about if I'll ever fully recover from this critical operation!

You try not to think about it too much, but you just find yourself wondering when this recovery process will all end, and when you will feel more like “yourself” again.

The usual routine in the hospital ward would go on, with small victories of getting something to eat, or doing something easier today than what it felt like yesterday.

You just want to take a shower, get dressed and just feel normal again!... but alas, there are still many more treatments, daily physio-therapy, breathing exercises, more medications for one thing or another.

My scheduled “zipper” removal of those 50 (or so) surgical staples was finally going to happen... although the mere thought of that was a bit un-easy, as I thought that it would be quite uncomfortable to go through.

The nurse on duty had come to do this treatment in the afternoon, and with some special medical supplies, and then began to remove those staples one by one. It was somewhat uncomfortable for sure, but not unbearable. The nurse asked me if I wanted to keep the staples as a “souvenir”... but no thanks, I was just glad to be rid of them. The nurse used a special tool, something shaped like nose-pliers, and a tin container to drop the heavy staples in... it was like “clip, clip, clunk”... for each staple being removed. It's like I really needed to hear that? Afterwards there was some type of small “bandage tape” (sutures) that was put near each spot where the staples were.

Anyway, after that ordeal was done, I just settled back into bed, did some reading and falling asleep to catch up on the much needed sleep... as you get so few hours of real sleep in a hospital. Just when you'd be falling off to sleep, something would wake you up, or the nurse would stop by to bring you medication or take your blood pressure & temperature, this could happen at different times of the day.

Evenings were always something to look forward to... as sometimes family and friends would visit, or there might be a Canadiens hockey game to watch. Time felt like it was “standing still”... all the time you just keep feeling like will this ever end, when could you finally get back home and start your life again. The thought process would be difficult at



times, especially when you've had an active and busy life to all of a sudden come to a screeching halt!... it was strange to process and try to be positive on things... and the medical system can help heal you of the physical problem you're going through, but the psychological side of things, tend to be forgotten.

Later that evening, I was taking my exercise walk in the hallway and noticed two police officers just sitting outside a patient's room... a bit strange I thought, as they would stay near that room and were watching carefully everyone who came near the room. My guess is that there was a certain police matter about the man. This went on for the remaining week, as different police officers would come and go, and guard this patient's room. Perhaps the man was a criminal who was critically wounded, or maybe he had to be protected from someone, not sure. I was somewhat of a worrisome thought

Well the next day would be another day of recovery, and just trying to build up some strength again with certain physio exercises and walking up and down the hallway and breathing exercises. Always connected to an IV unit, and rolling it around with you all day.

Thanks for reading... until another day then, and still another week or so to go before I finally return home for good! :-)

## **Nov 21st 2010 – Meeting Jessica Bondar a young heart patient...**

It was a November evening in 2010 when the Montreal Alouettes football team were playing and I went just across the hallway into the "family room" to watch the game. The hospital floor has a family room with a TV a couple of couches, some chairs and a table.

As I was settling into a section of the sofa with my IV unit still connected to Heparin... I had to plug the unit into an outlet because the battery in the unit didn't hold a charge for more than 9 minutes! Soon I heard a noise of a mechanical pump working while a young girl came into the TV room while pushing a smart cart with that special mechanical heart. This mechanical heart was connected to Jessica's heart with tubes and as she came into the room she said "hi" and easily started a friendly conversation. She asked me what kind of heart surgery I had, and how I was feeling... and we had a nice conversation about each other's heart condition. Mine being an aortic valve replacement, but for Jessica's heart, it was much more serious.

Jessica's heart was permanently damaged from a rare flu virus causing infection and it caused a serious health condition. There were large bruise type markings on her arms, and in other areas due to that rare and devastating virus!



Jessica had been connected to a mechanical heart for about two years! And at night she was in a special room with a larger mechanical heart that was connected to her during her sleeping hours. Jessica mentioned that she has been waiting for a heart donor for a long time, as her heart couldn't be fixed, she would need a transplant heart.

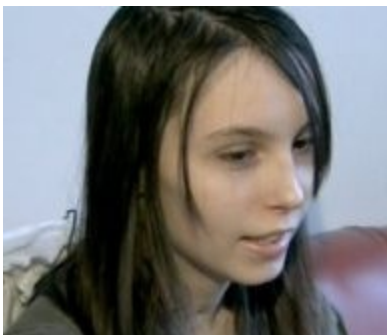
If that weren't complicated enough, the type of heart donor would have to be a young person with her same blood type, which was a rare blood type. The size of the heart also needed to be from a small person, as Jessica had a small frame, and not any size heart donor would do!

Jessica mentioned a few things about her family, and also about her "crazy" boyfriend who had got badly injured from some "stunt" he did, and she joked that he got so badly injured that he would need to stay in the hospital, and that way he could spend more time with her! :-)

Our conversation lasted for about one hour, and I was so pleased to have met Jessica, and I was also saddened by her condition, and was hoping that something could be done soon to get her well again!

Jessica also had spoken with my brother at one time earlier, when I was in my hospital bed sleeping. As my brother came to visit one evening, he wanted to see how I was doing, but since I was asleep, he didn't try to wake me. Jessica had said to him: "if I was sleeping, and a family member came to see me, I would want them to wake me, so I could see them"... and my brother thought that was very nice of Jessica to say that, but he just sat in the room near me, and kept quiet just watching me sleep, then he left to come and visit another day.

I didn't get a chance to speak much more with Jessica after our chat, but I was glad to have met her, and was encouraged to see her so positive and ambitious to get back to living a life she had so many things she wanted to do!



Then later in April, 2011... I heard of Jessica's passing due to a severe heart failure, and she was not able to recover. This news was very sad and painful, as I felt so bad that she wouldn't be able live on to do the things she wanted to do, with her life and great ambitions.

I had written a small note for Jessica, and had posted on her funeral guest book page (online) and also put this note on her



Facebook page:

*Dear Jessica... You were more than just a “candle in the wind”, as you have captured the hearts of many who had the pleasure to meet you.*

*Your smile will forever be remembered, and your gentle spirit and strong character is a positive influence to all who have met you.*

*You will be missed greatly by many, and especially your family and closest friends. You will always be a shining light in this world, and always be remembered for your gentle ways, your genuine spirit and your daily fight to live!*

*I thank-you Jessica, for that brief moment that I was able to meet you and speak with you. My heart will always remember you, and would have wished you had that special donor to help you live on and on.*

*May your soul rest in peace, and may your family also find some peace and rest, and to find the strength again to love the life you celebrated in, regardless of the circumstance.*

*May your spirit forever live on in the hearts of many!*

*...from one damaged heart to another... may the pulse of life remain in those who cherish you forever!*

## **Nov 23rd 2010 – After 37 days my final return home! ...**

It was another early morning in the hospital, and a team of doctors and nurses were taking care of many patients on the surgical ward. The usual group of doctors came into the room, with a large pull cart of binders and medical supplies. They would read out loud for each patient their “situation” for the day, such as: if we would need more tests or if we could be ready to return home.

As I was still waiting for that final “okay” to go home, I was hopeful that the blood test INR reading would be at the point where I could go... but I heard that my reading was just a bit under the correct amount, at 2.4 level (which it should be between 2.5 – 3.5 INR)... the INR reading is a blood test that tells you how thin your blood is, and it needs to be within this range to be safe in a patient with a mechanical heart valve, otherwise the blood could clot easier and cause problems with the proper function of the valve.



However, my reading was at 2.4 but one of the doctors of the team stated: Mr. Hamelin you can go home today!... wow I thought... really?... that's good news! For the past 12 days I was connected to an IV unit for Heparin (blood thinner)... and the dosage had to be done very slowly and gradually, as I had perhaps had too much Heparin in my system that may have caused the internal bleeding around my heart, which caused another collapse on my first return home.

At this point, my blood was still low in iron, as I was still looking rather pale and should have had some iron supplement, but it was not part of my discharge. However, later when I arrived home my wife called the head nurse at the hospital and she mentioned that I should have had some kind of iron supplement prescribed. Luckily for me, there was some iron supplements at home that I could use, and the nurse indicated how much I should take per day etc.



Well, finally I was able to return home, so I made arrangements with family to come to pick me up and it was near lunch time. My wife and father came to get me, and since it was still too difficult to walk too far, all heart surgery patients need to be escorted on a wheelchair by an orderly. The wait was long to get released, as the first part of the release is the paperwork, and all the prescribed medications that a nurse would stop by to explain things and then request for an orderly to take me down to the main lobby for my eventual return home.

I was still feeling somewhat nervous and anxious, and the long wait for an available orderly didn't help the situation. When I was finally able to go, I was feeling somewhat eager to get going, and it really felt strange that I needed to be in a wheelchair to get to the front door... but then there was another wait in the main lobby. The orderly left me with my wife in the lobby, and then I just went to sit down in the lobby area to wait for my father to come near the front door.

The front lobby was busy with people coming to and fro, and was all a buzz of people traffic... I had almost forgotten how busy a hospital could get... especially since I was in somewhat isolation for over thirty-seven days... it was a strange feeling indeed!

Finally my Dad had arrived at the front door, as it was just total traffic congestion in the front parking area. I had managed to walk to the car, got in and sat in the back seat. As we





travelled home, I could feel every little bump and movement of the car on our merciless roads in Montreal, and the bumpiness was somewhat of a shock to my heart and chest area, so I just held on tight, and positioned myself as best as possible to help lessen the impact of those crappy roads!

Our first stop on the way home was at the pharmacy, where I could get the prescription medication. My wife went to get the prescriptions filled while I stayed in the car with my Dad. We talked a bit about a few things, and it wasn't too long to be on our way home.

When I finally arrived home, it was cold outside but I managed to get in the house, walk rather slowly up a few stairs, then sat down in the living room couch... I was finally home!

My recovery process was still to continue... but this time I was home for good I thought.

## **December 2010 – A third heart incident...**

It was cold night at home and I was just resting on the sofa, and my heart was starting to do something unstable like an irregular beat, and I really wasn't sure what was happening. My heart rate was racing and giving a sensation of panic in my mind. I kept resting and mentioned to my wife how I was feeling a strange sensation with my heart.

After a few minutes everything seemed to be okay, and the heart rate settled back down to normal. I rested some more and everything felt like I was okay... until I went downstairs into the basement to get something, and all of a sudden I was feeling very weak again and felt like I was going to pass out, but managed to get stable enough to get back upstairs and then decided I needed to go to the hospital.

My wife drove me to the hospital and I was soon put in emergency to get checked and monitored. I stayed in the hospital for another 3 days. More tests were done, echo cardiograms, and blood tests... the tests found that my calcium levels were very low, so I had to have some IV fluids hooked up and monitored for the remaining days in the ER.

The emergency room was completely packed with patients of all ages, young, middle-age and elderly. There was also a homeless man that was admitted to the ER, as he was rather ill and crying out loud and moaning for all the discomfort he had... he was feeling very stressed about his condition. His clothes were very dirty and his hair was long, tangled and matted and his face weathered, beard untrimmed and discolored... the man was looking quite disoriented, and he was in obvious pain... such a difficult thing to see anyone in such a desperate condition.



The ER nurses soon got the homeless man some food, and gave him some medication to help calm him down. Afterwards the homeless man had settled down and he was moved to another area of the ER. I had walked passed by his bed on my way to the washroom and I couldn't help but notice a strong smell of sewage on his clothing, hair and beard of this young man. Such an awful condition I thought and I felt so sorry for this man as he rested and fell asleep. Such a difficult life I thought how some become so desperate and lost at such a young age too! They truly need help.

That night in the ER was another difficult night to sleep, as there was very old woman but she actually looked like a man, and even the nurses weren't sure if this patient was a man or women, it was quite funny to see their faces when they realized that it was an older woman. The peculiar thing was the number of family visitors (about 10 or more) that came to see her, as they were all so very concerned and stood around and spoke quite loudly in their own language, I believe it was Portuguese or it could have been Italian (not sure). Well, the visiting hour was over, but the group of visitors were not being very courteous of other patients in the ER and didn't leave when they were told. The ER patients were really tired and just wanted some sleep! A nurse had to again come-by and ask the visitors to leave, as they were not being considerate of the other patients.

As the ER was overflowing with patients I was put in a middle row aisle... with several patients on each side, and two other patients were also in the same middle row. Everyone had tried to sleep as best we could... in-between blood pressure checks during the night and all the chit-chat of nurses and staff, but it seemed that it wasn't too long 'til the next morning.

The ER staff soon changed their shifts, and a new group of nurses came in running about and checking on patients. Soon the breakfast meal would arrive as everyone was getting hungry and anxious for something to eat.

An interesting thing happens in the ER with patients that are close-by; we quickly become friends and talk about different things, but mostly about our condition or about the service or sometimes about how bad the food is.

Some patients have more severe conditions, either physical or psychological problems. One patient was brought in the ER one night, a young girl who was having a difficult reaction to some drug that she had taken. Hallucinations, yelling and screaming, crying and moaning in pain... it was an awful state to see and hear her difficulty. The ER staff knew what to do with this type of problem, as this must happen on occasion, perhaps more frequent than I realize... however, the patient after about 30 minutes was calmer and probably due to some sedative to help her quiet down.



Hardly a dull moment in the ER... but sometimes the extreme conditions of certain patients are difficult to understand.

My stay in the ER was for only 3 days and I was tested to see if there was any other fluid build-up around my heart. Thankfully, it was all okay... the reason I was having the irregularity of my heart rate was due to “some normal adjustment” of the heart post-surgery. Something that I wished the heart surgeon or a nurse would have mentioned to me before I left the hospital. The low level of calcium in my blood was soon renewed with the several IV bags I had taken during the 3 day stay in the ER.

I soon returned home again and was glad that my road to a full recovery was still in progress...

Thanks for reading... until another update

TM :-)