



Wake Up Call

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Abstract

Emergency room physicians and cardiologists generally feel a great sense of accomplishment when they provide prompt, lifesaving treatment for patients suffering from a heart attack; however, there is even greater long term satisfaction when they are able to work with patients to help them make change in their lifestyle to prevent further heart attacks and repeat hospitalizations.

Wake Up Call

Donna woke up suddenly at two A.M. with a gnawing pressure under her left breast which grew heavier and heavier. Her heart pounded louder and louder. 'Oh, God, is this a heart attack?' she wondered.

She was approaching her mid-thirties, so she had been trying to stop smoking and lose weight, but she had been unsuccessful so far. It was really difficult working in an Italian restaurant and eating starchy foods all day long. She was also putting in longer hours to help pay the rent. She didn't have time for exercise or playing softball in the Women's City League, as she did just a few years ago in her twenties.

The night before, she had brought home a chili cheeseburger deluxe with fries to go. After flipping on the air conditioner when she entered her apartment, she quickly changed out of her tight-fitting waitress uniform and slipped into her baggy shorts and well-worn softball jersey before plopping down on the couch. She finished the take out dinner and smoked a few cigarettes as she paid some overdue bills and read through her e-mails. She must have dozed off while typing a note to her sister telling her how worried she was about money. The soft light from her laptop reflected off some French fry grease still glistening on the keyboard. Glancing out the sliding glass door to her patio, she saw a dark moonless night with its thick, heavy air that hung over the city like a burial shroud. It was July, and Chicago was in the midst of one of its sweltering 95-degree heat waves.

Donna was home alone since her boyfriend Jim had gone fishing in Wisconsin with some of his buddies for the weekend. While she missed Jim, at least he wasn't there to nag her about her smoking.

Sitting up further, Donna took in a deep breath and noticed that, despite the air conditioning; she was sweating and having difficulty catching her breath. She started to worry. This no longer seemed like simple indigestion from a greasy cheeseburger. After a few antacids didn't relieve her discomfort, Donna decided she'd better call 911.

When the ambulance crew arrived and put her on a heart monitor, she initially felt some relief and reassurance. However, this was short lived when a paramedic measured her blood pressure and called out with alarm, "BP 80 over 50, heart rate 35." Suddenly, she started to perspire and felt faint and lightheaded.

Within minutes, one paramedic inserted an IV into her arm to give her fluids and inject atropine to speed up her heart rate, while another quickly placed rubber tubing in her nose to deliver oxygen and gave her an aspirin to chew for a heart attack. Despite feeling the cool oxygen flowing into her nostrils, Donna became even more alarmed as she found herself still gasping for breath.

When the heaviness in her chest intensified, Donna started to panic. "Come on, guys, hurry up and get me to the hospital," she cried out. "This pain is killing me!"

On the drive to the hospital, she heard the sirens from the ambulance break the silence of the night. Every bump in the road jarred her and aggravated the heaviness in her chest. When she arrived in the emergency room, the triage nurse noticed Donna's distress and quickly directed the paramedics to wheel her into the first emergency bed while she reached for the EKG machine and rushed into the room.

"You're having a heart attack!" announced the emergency room physician in a firm voice as he peered up from the tracings he was studying on Donna's electrocardiogram. Dropping her head down towards her chest, Donna felt the gentle touch of the nurse's hand on her arm trying to comfort her.

"Am I going to make it?" Donna sobbed as she fell back on the narrow stretcher under the bright emergency room lights. The nurse shifted around the stretcher to gently adjust the oxygen tubing in her nose and gave Donna an injection of heparin into her intravenous line. Donna felt the sting of the medication as it coursed up her arm.

"Can't your nurse give me some medication to make this chest pain go away?" she said with frustration as the pain escalated.

"We can give you some morphine to help ease the pain," the emergency room physician said. "But, you need to take a quick trip to our cardiac catheterization laboratory. In just a few minutes, the doctor will take pictures of your coronary arteries and hopefully open up the blockage that's causing all the pain in your chest. I've already called in the cardiologist. He and his team of nurses are on their way in right now."

It was at this point that I first met Donna and quickly recognized her fright as she lay in pain on the emergency room stretcher. With several bags of fluids and medications dripping swiftly into Donna's vein from the outstretched arms of her IV pole, we rushed her down

the hall to the cardiac catheterization laboratory. When we entered the cool, dimly lit catheterization laboratory in the early morning hours, I recall Donna saying with apprehension as her shoulders shivered, "Wow, this place is so eerie! I feel like I'm in a NASA command center, with all these TV screens and monitors."

Working in unison, two nurses and I slid Donna onto a plastic "surfboard" to transport her from the stretcher to the x-ray table. Then, one of the nurses attached her to a monitor while the other nurse began to shave her groin and scrub it with a strong smelling disinfectant. As I put on my gloves and gown, I saw Donna wincing from the chill of the cool, orange colored liquid on her skin. She looked embarrassed for her stomach, which hung over the area the nurse was having difficulty trying to clean. Donna's uneasiness increased even more when I struggled to push away her stomach paunch in order to stick a needle into the femoral artery in her groin. Once in the artery, I rapidly went to work and snaked a series of wires and straw-like catheter tubes up to Donna's heart where movie pictures were quickly taken and displayed on the monitor. Looking over her left shoulder, Donna was able to watch as I threaded a wire and then a balloon catheter through the blockage on the screen.

"This is amazing, Doc! The chest pain is starting to go down. Hey, look! I can see the dye trickling through the blockage."

Explaining as I worked, I said, "Now that I have the artery open, I'm going to put in a stent that will act like a scaffolding to keep it open."

Grateful that the oppressive pain was gone, Donna was finally able to relax from the stress built up since she awoke with chest pain. "This is really an incredible scene. Your nurses are racing around like a NASCAR pit crew, and you have a gleam in your eyes like you're enjoying playing a video game inside my heart!"

"Well, in a way, you're right. It's amazing what we can do to treat heart attacks these days. Fortunately, you came in right away, and we were able to open up your artery in less than an hour. Some people ignore their symptoms, and then it's too late. The sooner we can reestablish blood flow, the better. We often say, 'time is muscle!'"

"I'm sure glad you and your team were able to fix my heart so quickly. I don't know what I would've done if that pain hadn't gone down."

Later that night, Donna dozed on and off in a restless daze from the sleeping pill I ordered for her so she could recover from the stresses of the night. While sleeping on her side in the hospital bed, she was abruptly woken from a dream-like state. It was the beep-beep-beep and flashing red light blinking in her face from the medical infusion pump attached to an IV pole towering above her head. "What's going on? Why are all these alarms going off in the middle of the night? Am I having another heart attack? Has my heart stopped?" she screamed her questions in rapid succession. From the soft light filtering in from the hallway, the slender, shiny, stainless steel IV pole startled her as it appeared to be a night watchman looking down and silently observing her. She couldn't tell whether she was dreaming or not.

"How are you doing, honey?" A thin, Asian night nurse dressed in scrubs asked as she rushed in to respond to the alarm. "Let me check your IV."

When she gently rolled Donna over to examine the tangled tubing underneath her, she quickly determined that everything was fine. Donna had merely turned over and kinked the spaghetti-like tubing

which was delivering medication into the vein in her arm. Luckily, no cardiac arrest team was required.

Now that she was awake, Donna started to worry about the possibility of future heart attacks or the need for bypass surgery. Her father and older sister both had high cholesterol and had undergone bypass surgery after heart attacks in their early forties. 'I'm only thirty-four years old and am in the prime of my life when this happens,' she thought. Jim and her doctor had both been after her to stop smoking, get on an exercise program to lose weight and take care of her high cholesterol. 'What am I going to do now?'

The next morning, I checked on Donna in the coronary care unit and confirmed she wasn't oozing any blood where I had inserted the needle in her groin. I watched as her nurse was able to slowly get her up and out of bed. Donna was still feeling a little wobbly, but found her IV pole could serve as a steady shepherd's staff to provide invaluable support as she trudged to the bathroom in her room with all the cumbersome tubes and monitor leads hanging from her arms and torso.

Later that afternoon, Donna received permission to walk in the hall with Jim, who had rushed back from his fishing trip as soon as I had called him to tell him that Donna had a heart attack. While not as overweight, Jim was also portly from lack of exercise.

Other heart attack patients were also walking slowly up and down the corridors.

Similar to hikers passing each other along a country path, they used their IV poles as walking sticks to help support themselves as they stopped to rest and compare stories about their trips to the cardiac catheterization laboratory.

"I feel like I'm in group therapy," Donna told me the next day as I made my morning rounds. "We're all saying we're going to stop smoking, go on a diet and lose weight. Will I have the determination to do it?" she questioned.

"Well, Donna, it's going to take a great deal of effort on your part. I'll be following up with you in the office to give you support."

When Jim came to Donna's room to pick her up, they both thanked me again. Donna took my hand and said, "We truly appreciate what you did. You and your team saved my life. But, I don't want to come back again with the same problem and go through that pain again. God, that was unbearable! I've tried to stop smoking and exercise more regularly in the past but haven't had any luck. Starting tomorrow, I'm determined, I'm going to take my medications, watch my diet, and stop smoking. This heart attack was a real 'wake-up call' for me!"

"Yes, it can be a real life changing experience." I said. "I'm also glad you've decided to change your lifestyle. It's very frustrating for me when I rush in the middle of the night to take care of someone having a heart attack and then see them going back to their old behaviors. Now don't forget to come and see me regularly in the office as you go through your cardiac rehab. I want to make sure you're making progress and have kicked the smoking habit."

Four months later, Donna and Jim returned to my office after she completed her cardiac rehab. She looked quite proud of herself, wearing a new pair of sleek black slacks and a trim white silk blouse. She now appeared quite athletic in her newly styled short blood hair. This was quite a contrast from the overweight young woman I had treated in the middle of the night half a year ago.

I was impressed. “Well, your blood pressure is well controlled, you’ve lost twenty pounds, and your cholesterol is right where we want it to be,” I said. “More importantly, you’ve stopped smoking. How does it feel?”

“I never would have believed it! I have so much more energy now that I’ve lost some weight and am sticking to a regular exercise program. Without the cigarettes, I feel I can walk for hours without having to catch my breath. Jim has even been complimenting me on the way I look when we’re on the treadmills together.”

“She’s really doing a great job, Doc. You finally were able to get her to stop smoking and exercise. Thank you,” said Jim, who also looked slimmer after losing a few pounds.

“Congratulations,” I said, as I looked at Donna with a smile. “I’m proud of you. It’s really satisfying when I see patients make lifestyle changes like you’ve done. You should be a poster woman in my office waiting room. How did you do it?”

“Well, in the first place, I decided I wasn’t going to go through all the pain of another heart attack again.”

“I’m sure that was a big factor, but not all my patients change their lifestyle like you did!”

“All the instruction and support I received from the doctors and nurses in the hospital and cardiac rehab really helped, too. At times, I was tempted to break down and have another cigarette. Then, I would remember that terrible night when I had my heart attack. But what really made the difference for me was talking with all the other heart attack patients in cardiac rehab. I really felt like I was in a ‘coronary club’.”

“Great job!” I said. “Now, make sure you keep it up and don’t slip back into your old habits.”

Donna’s smile widened as she and Jim left my office and walked hand in hand to the “L train” a few blocks away.

Conclusion

This short story emphasizes the importance of calling 911 and getting to an emergency room as soon as possible when having symptoms of a heart attack. It also describes the current catheter-based treatments that are now available for patients suffering from an acute myocardial infarction. More importantly, the story narrates the various emotional feelings and the sense of gratification that transpires between patients and physicians in such an experience.