

Perspective

PATIENT LETTER

No Fun at All



“Cathie, wake up,” (gasping), “Call 9-1-1. I can’t breathe.”

It was 2:30 AM, March 18, 2010. Within 10 min, there were several emergency medical technicians in my bedroom, getting my vitals and loading me on a gurney. Twenty min later, I was wheeled into the emergency room (ER) of the closest hospital. After a brief examination, the ER doctor told me I was having a heart attack. I said, “No, I’m not.” I had had a heart attack several years earlier and this was not the same. I later became familiar with the term “end-stage heart failure.” My blood pressure was bottoming out and my heart rate was racing. They did not have a catheterization laboratory open, so arrangements were made and I was life-flighted to a larger hospital downtown.

In the months leading up to this very dire situation, I had been getting progressively sicker and weaker. It was a gradual process and not necessarily linear. Some days (and nights) were worse than others. I was involved in quite a bit of physical work at the time in an effort to rehabilitate my wife’s recently deceased parents’ older home on a large waterfront property to put it on the market. It was located about a 5-h commute from my home. I would make the trip on alternating weeks while still trying to run my executive search business at the same time. Cathie, my wife, meanwhile was over there almost full time, managing the rehab and handling all the related details regarding the estate.

By then, it was summertime in Florida, hot and very humid. The work and travel were exhausting. Getting a good night’s sleep was almost impossible owing to labored breathing. I was gradually beginning to lose my appetite because of the difficulty in digesting solid food. Finally, the work on the house was completed and the house was sold. At Christmas time, our daughter and her family came to our house for the holidays. Our 1-year-old grandson arrived with a serious cold or flu of some sort, which I promptly caught. After a week or so, my lungs started filling up with fluid and breathing was becoming increasingly difficult. I began to get up in the middle of the night

after a couple of hours of barely sleeping in bed to spend the rest of the night partially upright in a recliner, unable to sleep and barely able to breathe. This went on, progressively getting more unbearable, until that fateful night of March 18th.

Back to the helipad: As we lifted off and proceeded at a high speed and low altitude over a sleeping city, I was tucked snugly under a heated blanket as protection against the cold early spring air. As a Marine combat veteran who had flown many times in and out of combat by helicopter, I briefly relished the thought that we were not taking any ground fire. I later learned that the emergency medical technicians and the ER doctor were dubious that I would survive the night. Personally, I had no intention of dying just yet.

The next hours were a blur. At the downtown ER, I first underwent an endoscopy to be sure there was no lurking blood clot, and then a heart catheterization. No arterial blockages were detected, but I was experiencing serious atrial fibrillation. I remember signing a form authorizing a coronary ablation and awakening in a hospital room some time later. This began what was to be a truly miserable week as an in-patient. Each day I was becoming increasingly bloated, nauseous, and miserable. I remember getting shots in my belly every few hours, probably enoxaparin (Lovenox) or something similar, and not being allowed liquids. No fun at all.

In the midst of all this, Cathie was in a near panic. As I was being rolled out of the first ER to the helipad, someone asked her if she wanted to tell me “good-bye” before being lifted off. It sounded a bit final and she was in tears as she drove 30 min to downtown, not knowing if I would be alive or not when she arrived. For the next several days, after learning that I was in late-stage heart failure, she repeatedly asked members of the cardiology team if I might be a candidate for a heart transplant. For reasons we still do not understand many years later, she never got a straight answer, only shrugs and blank stares. I was miserable and she was desperate.

Finally, we received a ray of hope, and from an unlikely source. The gastroenterologist who had performed the endoscopy right after my arrival several days earlier stopped by my room daily to check up on me even though I was technically not his patient. When Cathie asked him the same question, he said we should contact his son who was a surgeon on the heart transplant team at the University of

Florida—Shands Hospital in Gainesville, a suggestion that was one that literally saved my life.

After a week as an in-patient I was released, only slightly better than when I arrived, and went directly to a previously scheduled appointment with my regular cardiologist. He was openly shocked at my condition resulting in my being referred to the heart failure group at UFHealth in Gainesville. There I met with cardiologist Dr. Juan Aranda, a meeting that literally began the next chapter of my journey.

Story to be continued in the October issue...

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Please note: Mr. Tatum has reported that he has no relationships relevant to the contents of this paper to disclose.