



Bri's

Heart

Author Brian Cripps



An anatomical model of a human heart, showing the four chambers (right and left atria and ventricles) and the major blood vessels (superior and inferior vena cava, aorta, and pulmonary artery and vein). The model is rendered in a realistic, slightly translucent style, with the heart muscle in shades of pink and red, and the vessels in a lighter, more translucent color. The background is a plain, light gray.

**THE PUMP THAT KEEPS US
ALL ALIVE**

TAKE GOOD CARE OF IT

Acknowledgement

The acknowledgement is dedicated to the wonderful and caring people who contributed to my health and welfare while experiencing the invasive surgery relating to heart bypass procedure. To those Individuals who carefully handled a very sensitive human being. The surgeon's hands that so skillfully performed unique techniques in surgery to correct the problem of arterial blockages. Surgical support teams who performed with such intensity during the long period of the operation. Individuals in the ICU and CCU units who performed health related duties with such professionalism, caring and concern for others.

To all of these individuals,

Doctor Wallace

Doctor Cebe

Doctor Appleby

Greenville Hospital System

Administrative Staff

Doctor Webster

administration

Milestone Family Medicine and Staff

Upstate Cardiology and Staff

Surgeons in residence and Staff

ICU and CCU nurses and

Heart Life Center, technicians and

*Jim, Amy, Roger, Susan, Miriam,
Sheri, and Mary*

Friends

*Rehabilitation Support Group Tony
Tommy, Libby, Doug, Bill, Linda*

Family

*Laura, Deborah, Bryan, Kathie,
Heather, and Sandra*

Caregiver

My wonderful wife Pat

***“And those I may have forgotten to acknowledge”
“Thank You all for caring”***

Re: Bri's Heart

Dear Doctor Webster,

As promised during the summer I said I would give you a copy of my novels I wrote next time I went to print. "The Troyidian Contact" was the first, "Sammy" the second and I'm now writing "Bri's Heart".

I have enclosed a copy of the draft of Bri's Heart for you to critique Chapter #1 through Chapter #10 Don't forget it was written by a layman. I have not got into the recovery part that would involve the Heart Life Center. I'm hoping it has some publication potential. Your comments would be welcomed. Bri's Heart is just as I wrote it so it will need work. Any Technical comments would be appreciated

Your ideas are welcomed.

Hope they give you some pleasure as you said you were an avid reader.

*Yours truly
Brian Cripps*

Bri's Heart

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MAY 12TH 2003

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An anatomical model of a human heart, showing the major blood vessels and internal structures. The model is semi-transparent, revealing the internal chambers and valves. The text "CHAPTER NO 1" and "DIAGNOSIS" is overlaid on the model.

CHAPTER NO 1

DIAGNOSIS

Chapter 1

Diagnosis

On this Friday the 30th of June in the morning a drastic event would take place in the life of Brian or Bri as he was affectionately addressed by his friends. He stopped by the local Sphinx gas station to fill up the car with gas. After filling the car, he went directly towards the station. Holding the door open was another patron who politely expressed a good morning allowing him to enter. Excited about the start of the day he looked briefly over towards the donut display knowing full well that he would take a selection of donuts into the Friday morning meeting at a client's office. The display had a wonderful variety of not only donuts but pastries as well. Selecting two-dozen in a variety of flavors, he then proceeded to the front desk holding two dozen in a box. The cashier behind the counter with a wonderful smile said, "Someone is in for a nice treat today," He replied, "I hope so".

He left the gas station feeling good about the treat that he would offer to the staff. The client was just a block away. He entered the premises to the voice of Joe shouting from the back

come on in. It was now seven thirty in the morning and the staff was not due until eight. He presented Joe with the goodies.

“I will make coffee, make yourself at home,” Joe said.

Bri went into the conference room and settled in for a long meeting. He was there to review the finances of all the extras on the construction project downtown. Joe’s company was the general contractor. Bri was the project manager and construction superintendent. They went about their business in a very professional manner. During the short break after two hours’ donuts and coffee were served. In the center of the table were several chocolate croissants. Bri ate one as they went about the business of reviewing all the extras on the project. The meeting came to a conclusion around nine thirty. One remaining chocolate donut sat in the middle of the table. He asked if anyone wanted it and to his amazement the answers were no. Reaching across the table he calmly took the last donut and ate it while cleaning up the paper work and heading for the door. The secretary was now at the front desk and into her daily routine kindly thanked him for all the donuts and he left with a brisk walk towards the car.

Entering the car, he felt as though there was a stuffed feeling in his chest. Shrugging it off in his mind could not be relieved. The

physical condition he felt rather restricted in the chest as though it was slowly tightening up. Arriving downtown, the car was parked at the twenty-two-story building under renovation. He went to the fifth floor dumped the data files in the construction office and proceeded to go to the annex office on Main Street. It was quite a steep climb from the garage level of the building under renovation to the top of the hill on Main Street. Struggling to reach the top he was quite out of breath with an even stronger tightening of his chest when reaching the top of the hill. Reflecting back, he could remember over the past several weeks that the same feeling was quite prevalent when he walked up hills or stairs. Stopping on Main Street he waited for a brief moment to catch his breath. The tightness on his chest had progressed to a severe vice effect. He took his time walking to the annex office. Once inside met up with his son and explained to him the circumstances of his medical condition. His son remarked,

“Dad you need to see a doctor as quickly as possible”.

Bri called his wife on the cell phone and told her to meet him at the doctor’s office. His daughter in-law was a nurse at his local practitioner’s office. Bri addressed Sandra with,

“I think I need help. I’m feeling very tight in the chest.”

Calling back on his cell Sandra relayed the message from his doctor to meet in the office immediately. It was lunchtime, but he would see him just to evaluate his condition.

Waiting in the office seemed in terminal for him, but with his wife by his side giving him encouragement and support kept him calm. Doctor Wallace came to the front and with Sandra by his side said,

“Into the EKG room,”

while pointing the way to the back of the facility. Bri lay on the gurney waiting for the technical nurse in charge. She placed electrode pads in strategic locations on the chest and legs using an ointment that is quite cold when it first hits the skin. His body flinched at the first one, but settled down after the experience of the first. Electrodes were then attached at each pad location. EKG equipment was then calibrated for the test. Doctor Wallace gave instructions and talked to him asking how he was feeling and what he was experiencing. The EKG was taken in a non-stressed condition by not using a treadmill. The results showed no change in the heart from the last EKG performed at the same doctor’s office some four months earlier

Well Doctor Wallace said,

“It looks like you have not had a heart attack.”

“To be sure that you do not have a problem I’m going to send you over to the hospital.”

Doctor Wallace remarked that,

“Doctor Cebe is the resident on today.”

“Doctor Cebe is one of the best in cardiac analysis.”

His instructions were for us to proceed immediately to the hospital and he would inform doctor of the patient’s imminent arrival. Pat was now a little worried as it must be something or Doctor Wallace would not send him to Greenville Memorial Hospital. Doctor Wallace instructed Pat to drive, not Brian. Doctor Wallace assured Pat that it was a precautionary measure and not to worry.

“Doctor Cebe is one of the best cardiologist around he reiterated, as they left the office.”

Like all hospital emergency wards, it’s just one big hassle.



Adults and children were there having been admitted for accidents and major cuts. There was a section strictly for cardiac care. It was while he was being admitted to the hospital he realized that he was about

to establish a new vocabulary relating to hundreds of medical terms. He had not thought about the possibility of having a heart attack, as only recently he had just completed a world tour for Y2K that was a very grueling schedule. During this time period there was no indication of heart problems. The overseas assignment requires vast amount of investigation requiring walking up and down stairs and climbing around on rooftops. He had not experienced any type of discomfort during the one year on the road. Bri thought he was invincible in the back of his mind. He laid on a gurney in the Cardiac Emergency ward for about an hour. During that time, he had monitors placed on him while vials of blood were taken. The nurses were very proficient and did not show emotion. The procedures were all standard routine for them.

Doctor Cebe eventually arrived after two hours.

“Well Mr. Cripps I have read your blood results and it appears that the enzymes have not changed in your blood.”

“No enzyme change is a good sign.”

“So what does that tell you,” Bri retorted.

“You did not suffer a heart attack this time,” Doctor stated.

“That’s also good news because you may not have any damage to it.”

This was spoken with a great deal of authority. He felt this man knows what he's doing. Several thoughts passed quickly through his head. First thought to himself, if people need an engineer they come to him as an expert. For your heart Doctor Cebe seemed to be the right man to him as being the expert. Within minutes of explaining the tests that had been performed Doctor Cebe said,

“I think we need to schedule an angioplasty.” This was to be the first of the new words.

“What does that mean?” Bri questioned again

“First to do the test I will need to secure an operating room.”

His heart sunk; mentally he knew he was in for some sort of major surgery.

“We could postpone it and have you come to the office on Monday to do further test, but as you're here why not have the angioplasty now,” the doctor said.

Easily said by him Bri thought, “

But what does it entail?”

Doctor Cebe explained while sitting down on a small stool adjacent to the gurney. He said, it all so nonchalantly.

“We go up through the artery that's entered in the groin on the right side of your body with a scope.”

“By using the scope I can take a good look at the inside your arteries around your heart. In the event arteries are blocked a stent is attached to the scope and we can deploy it.”

“This will then open up the blocked artery.”

Seemed simple to him, but Bri was a little apprehensive but showed nothing to his wife at bedside. Doctor Cebe said that he would check the availability of an operating room to see if he could perform the routine test, as he put it immediately.

The doctor looked a little tired as it was now about three thirty in the afternoon and it must have been a long day for him. Throughout all his actions were strictly business like. Doctor Cebe was articulate and concerned for his patient it all showed in his manner. He also had a way with him that made him come across as cocky.

One hour later, after being in the emergency ward for about four hours he came back saying, “The operating rooms were all full as emergency heart attack patients had arrived and were being prepared for surgery”. Bri was somewhat relieved as it all seemed to be moving too fast and without concrete proof of anything. After further discussions Doctor Cebe released him under the conditions that on the following Tuesday he would show up for a complete heart scan and stress test. The Doctor stressed,

“No major activity this weekend.”

“Call my office tomorrow and I will leave instructions.” He dismissed himself and disappeared out of site as the curtain around the bed closed behind him.

Again a long wait, but finally a nurse came to the bedside and disconnected the monitoring equipment.

“You're good to go,” she said.

He knew in his heart that this was only the beginning of what was to come.

His wife drove very carefully as if he had already received some form of heart treatment. Pat never showed in her demeanor as to being frightened about what was happening. She was nervous to say the least but never showed the emotion to her husband. The weekend Bri became a couch potato watching TV. Time seemed endless. It was a rare occasion that he watched TV. Most of his time in past weeks was spent in the computer room upstairs. In the past nine years he had spent the majority of his spare time learning the ins and outs of various computer programs and was very skilled at creating artwork and presentations.

The following Tuesday both of them arose early, had no breakfast as this always seems the rule when you have to have any type of office procedure. The cardiologist's office was on the other side of town. Pat asked at about 7:30am,

“Are you ready for the test.?”

Bri remarked, “Let's get it over with.”

The trip across town was quite somber as they had little to talk about. Arriving at the office required Pat to fill out all the papers. Bri hated to fill out these endless questionnaires about your mother or father, etc. All seemed nonsense to him, as they were dead. Why don't they have a central database for all this information, so the medical profession could access it if desired.

It was quite some time before the nurse eventually called. His name echoed around the room. He abruptly stood up, as if to say, this is he, smiled and said to Pat,

“See you in a while.” The whole room of people and patients looked at him as if to say what has he wrong with him. People watching and guessing their problems are on the minds of most of the other patients in the room. The nurse with her clipboard briskly led the way to the lab in the back of the office.

“In here”, as she pointed to a room. Then as a drill sergeant would address his platoon she spelled out a whole slew of orders.

“Take you clothes off including you’re under shorts.”

“No socks.”

“Slip on the robe it ties in the back.”

He thought this is just like school in the old days when you were just eight years old. Do this, do that, in quick time. The nurse left with the remark

“I will be back soon.”

Another word the medical establishment should not use. They never come back soon.

Bri undressed, followed all the orders and proceeded to put on the robe hanging on a peg. Of course he thought to himself, one size fits all. He put his arms through the holes and then tried to button the fasteners. As always they were worn out so it was extremely difficult to button up the robe. Struggling to accomplish the task with both hands behind your back you have to be ambidextrous to accomplish the feat he thought. Frustrated after failing several times he said to himself, “What the heck,” that’s what they get paid for to help you. You wait forever he thought shivering, as the temperature in the building thermostats must have been set at sixty degrees.

Eventually she did return with two other nurses. First he asked for assistance with the buttoning of the robe much to the look of consternation on their faces. Introductions were made. The names he could not recall if asked to. The head nurse said, "Follow me." The three of them marched into another room that had the equipment for an EKG.

"This would be different," she explained.

"First we will take an EKG under stress without injecting the radioactive dye. Then you will have the dye injected and will then have a heart scan."

This seemed easy enough to him standing at the treadmill feeling quite cold. Wired up and ready he went through the routine of having a regular stress test. After reaching the desired speed, pulse rate, and elevation on the treadmill the EKG recordings were removed from the monitor. The nurse said,

"I will look at these during the period you are having your heart x-rayed."

He then slowed down his pace on the treadmill and eventually sat on the gurney to rest.

The next test was the nuclear dye heart test. The dye was already injected in the holding room.

“Come on,”

one of the nurses said. Following the lead of the nurse he entered a pretty large room across the hall. Three or more x-ray machines lined up around the peripheral jutting out from the walls.

“Jump up on this one,” she said.

Obliging he did so as commanded. She explained that the test would take about thirty minutes. Next breath she emphasized that you must lay there dead still. Don’t move, not even to scratch your nose. His body by now was extremely cold as he lay strapped in so that his torso could not move. The x-ray machine was placed to one side and started. The nurse said,

“I will be back in about a half hour.”

While laying so still there a million thoughts went through his head.

What is this silly test going to show?

Am I really sick?

Do I have a heart problem?

To date nothing has shown up at all as a medical problem. Big surprise was to follow. The machine slowly made micro movements around his body taking shots of his heart at rest. It seemed longer than a half hour and by that time the scanning was completed he was feeling quite cold, as the room was freezing. Detaching himself from the gurney he walked back to

the holding room and waited to hear from the head from nurse.

Time marched on. Eventually on entering the holding room the nurse said,

“Your heart looks O.K. except for a small problem on the left lower side.”

“There seems to be a restriction of some sort.”

“It does not look to be a major problem, but I will talk to Doctor Cebe about it and let you know the results. Next you need a blood test.”

He was introduced to a very lovely person, nurse Marjorie. She was so calm and compassionate and made you feel that the testing was all for the good.

“I just need a small sample of you blood.” Three vials later, “I’m finished,” she remarked.

“Doctor Cebe will advise you on all the findings today over the phone sometime during the week.”

She led him out to the waiting room. Pat had been patiently waiting. Two hours had passed by, as usual she was so calm and just said,

“Have they finished?”

“Yes,” he replied. They both walked to the car and made their way home. Little was said in the car, Bri knew something was definitely wrong.

Saturday the call came from Doctor Cebe.

“This is Doctor Cebe.”

“Yes sir,” Bri replied “What’s the prognosis?”

“Well we need to do an angioplasty. Your heart is having problems on the left side I need to know why.”

“Explain the procedure,” Bri said

“I will schedule you to have it done at Greenville Memorial Hospital on Friday the next day.” Doctor remarked.

“It’s quite simple.”

Again another colloquialism simple to a doctor means he has done it umpteen times. To Bri it was major. “Please explain the procedure.”

“Well we go through an artery in the groin with a scope.”

“It is important that I look at your entire cardiovascular system supplying the heart. If I need to put a stent in a particular artery I will at that time.”

Bri knew what a stent was, as several of his friends had the procedure recently. “O.K. you’re the expert,” he said.

His heart sank emotionally as he knew now that things may be more serious than he originally thought. Stents are used to open up clogged arteries so that the blood passes through

efficiently. This procedure is quiet common in heart patients who have blockages.

Doctor Cebe told him to pick up prescriptions that he had already called into the local drug store. The drug was Lipitor one of the statin family of drugs, used to reduce lipids in the blood. He also said,

“That a heart diet was in order so as to bring his cholesterol levels down.”

“Your blood results that Marjorie had given you over the phone were quite high. Your cholesterol is 258 total and your lipids quite high.”

Doctor Cebe said, “If you have any of the following problems with it stop taking it immediately.”

Doctor read of at least six side effects to watch out for. The one that concerned him was muscle pain. “You will receive a call from the hospital when to report.”

The call came from the hospital.

“Mr. Cripps you are scheduled for Monday July 3rd for your angioplasty. Please report to the admitting office at 6:30 am. They will inform you where to go after admission.”

This visit to the hospital was considered an outpatient visit, but would require an overnight stay.

He thanked the lady on the phone. Again the waiting and wondering what the outcome of the testing might be. Deep down he knew it could be quite a major problem. Both of them during the evening discussed the following procedure of an angioplasty. Pat was trying to make him feel calm and not to worry about it.

“You can’t do anything about it so stop worrying,” she said.

An anatomical model of a human heart is shown, viewed from a slightly elevated, anterior perspective. The heart is rendered in a realistic pinkish-red color. A semi-transparent, light-colored overlay is placed over the upper portion of the heart, specifically covering the right atrium and ventricle area. The overlay has a subtle, textured appearance, possibly representing a layer of tissue or a specific anatomical feature. The background is a plain, light gray.

CHAPTER NO2

THE TRUTH UNVEILED

Chapter 2

The Truth Unveiled

The following days of the weekend seemed to drag as Bri awaited the trip to the hospital. To keep himself from going nuts he spent time writing his memoirs, Pop Pop's Chronicles Volume II. It was hard to concentrate, but the involvement in the writings would keep his mind off of the outcome of the Friday visit to the hospital. He was quite calm during the week. The one problem that arose immediately after just four days was the fact that his muscles in the left arm had a burning sensation. He called Marjorie who returned the call after two hours and informed Bri to stop taking the drug Lipitor. This was one of the side effects of taking statins, or the particular drug Lipitor.

The writings were progressing really well and Bri had completed about another four chapters. The Original Pop Pop's Chronicles Volume I was released at the New Millennium to each of the grandchildren. Bri was looking forward to completing the series Volumes #1 thru 3.

Monday morning July 3rd eventually arrived at 4:30am. Both Pat and Bri awoke and laid in bed a short time discussing the day ahead. At five thirty they were both ready to take the trip across town to the hospital. As they exited the house and walked towards the car there was a hush. Very few birds were singing their normal morning song burst. The sunrise would be a hot muggy one and there was a still in the air. The roads were empty as the Lincoln made its way through the back roads. Bri sensed, indeed that this would be the day of reckoning and the results of the tests would confirm his thoughts or gut feelings. The heart or arteries would need some form of surgery.

As they turned into the hospital grounds several cars were ahead of them. Most were nurses reporting for their daily shift. The car pulled into the upper parking lot and Bri and Pat walked slowly across the upper deck towards the admitting entrance. Pat as they went would squeeze Bri's hand as if to say it's going to be all right Bri, don't worry. The hospital was now in full swing with nurses scurrying about the daily routine.

"Good morning," in a soft-spoken voice from the reception desk. Presenting himself at the desk he was given a stack of papers and directed to the upper level. The receptionist indicated that he could use the stairs or elevator. Pat and Bri walked up the stairs and presented the papers to the nurse coordinator at the interviewing desk.

"Mr. Cripps," she said,

"Please fill out the simple form you have. Come straight back to the desk."

Here we go again. Hospitals have no simple forms. He thought wish they would all be honest and say it as it really is. The forms took about ten minutes to complete. Well Pat did them as Bri gave her the information. He had no time for these types of forms. Pat was always so patient with them and read them in detail. Bri never read instruction too well, Too impatient! Some of these traits would change eventually. After completing the forms Bri handed them in at the receptionist desk. A kind voice informed him that he would be called in a short time.

About five minutes passed and a clear and decisive voice from the corridor leading to the prep area said,

"Mr. Cripps". He arose and held Pat's hand with a tight grip and then walked calmly with the nurse to the prep area. About the third bed from the entrance,

“Up here,” She said, then turning and introducing the nurse who would prep him ready for the angioplasty. The time was now about 7:30am and the procedure was scheduled for 8:00am. Time seemed endless as he slowly got into a drowsy state from the IV drip now in his arm. It was his request not to be completely knocked out as he wanted to see the procedure and the scans of the heart as the doctor did the angioplasty.

At about 10:00am the family was advised that the schedule for the day was quite behind. They were lead to the reviewing room. A short movie with instructions about the angiogram was viewed on the TV monitor. There were various nurses that came in to inquire about further details and information. Lunch time would roll around and the family took time to eat in the cafeteria. Kathie and Heather went out for food as there was nothing on the house menu that thrilled them. Bri was now getting a little anxious as things were moving along quite slowly. It was normal hospital routine. The operating rooms had been used for emergency cases. Each family member looked very concerned as Doctor Cebe explained the procedure. Bri was wheeled down to the holding floor. Family members were issued a beeper that would tell them when Bri was in recovery and that they should report to the specific floor and room.

“Time to go,” was announced. The gurney was swiftly maneuvered through corridors and then swung into the receiving area outside of the operating rooms. While resting with nothing on his mind another patient was pulled into the area adjacent to him. The gentleman was very happy and joked with the nurses. Even to the extent that this was his fourth time around. Bri lay there wondering how could that be and to be still alive. This thought faded as he was wheeled into the operating room. His head faced the door and

the doctor in charge of inserting the catheter talked through his mask.

“Are you familiar with the procedure?” he remarked.

Bri replied, “That he was.”

Doctor Cebe came out of the control room that had all the CRT’s and medical computers in it.

“Mr. Cripps, good afternoon are you comfortable”.

Bri replied with a, “Yes.”

“Well we will be underway in a short time. Just relax as it will take about two hours. By the way you can watch it on the monitor next to the gurney.” The assisting doctor pointed to the monitor

From the control room Doctor Cebe communicated directions to the assisting doctor. This transpired for about an hour and then Doctor Cebe came abruptly from the room.

“Mr. Cripps you have several problems in the arteries leading to the various chambers of your heart. They are severe in nature and I will not install stents as there are about five partial or almost fully blocked arteries.” This was the news Bri had suspected. He was now fully sedated and fell completely asleep.

Early afternoon he awoke and while in recovery was visited by Doctor Cebe. With Pat at his side the doctor informed the two of them of the problems.

“Mr. Cripps, he said. You have two arteries that are 90% blocked, two at 60% and one at 50%, he said.”

“All of this restriction in your cardiovascular system is causing your heart to over work and it needs to be corrected. You are extremely lucky not to have experienced a full blown heart attack. Your heart muscles must be very strong. I have also made arrangements for the surgeon Doctor Appleby to visit

you tonight to explain the operation needed to correct these problems. As far as my involvement, it will be limited until Doctor releases you back into my care after surgery.” As he left he remarked.

“If you have any problems before surgery don’t hesitate to call my office. have made arrangements for you to pick up additional medicine at the CVS near your home.”

He left with a pleasing smile on his face as though he had accomplished a mission of discovery. Bri was in some pain from the weight now placed at his groin. This weight was to stop the artery from spilling blood out. The healing of the wound where the catheter was inserted into the artery would take about twelve hours. “It is important to keep the opening completely closed so a weight is placed at the groin. It is very uncomfortable,” he noted to Pat who was by his bedside now in the recovery area. The body groin muscles tend to support the weight and become tired after several hours.

“Not again,” he remarked to his wife a nurse showed her head into the room at about 6-00pm.

“Mr. Cripps I need some information,” she said.

He was very congenial, although upset. The nurse went through a whole slew of questions involving prior history about parents again. At about 6-30pm several of the children showed up at the hospital. Doctor Appleby appeared at 7-00pm. Introductions were made as the family assembled in a small room. Doctor’s first explanation was about the condition of the heart. After this from his clip board produced a very elementary Xerox sketch of the heart with the blockages all shown as to their location.

“These are quite simple to work on as they are in the front of the heart. The back side is lot harder,” he remarked.

“You have no choice. If you are to get well, but to have the blockages, By-passed”. Silence in the room and a scared look on everyone’s face. The expressions on their faces indicated that this was now a serious situation. Bri had already resolved himself to this fact. Pat asked.

“If he would explain the whole procedure in simple terms.”

Doctor outlined the whole scenario from prep to post op. He explained that the vein for the blockages would be harvested from the legs or leg.

“How can you guarantee you have enough,” Bri asked.

“Don’t worry we can always find veins to do the job. You also have an artery we will use and divert it to the one of the blocked arteries”.

“What about the chest”?

“Yes good question?”

“The chest has very few nerves so you will find even though we open you up you will feel less pain in the upper chest. The leg will, as most patients find out, be the one to give you pain. It takes several weeks to heal. During the operation you will be on the heart lung machine for a period of time we will inform the family of this event. Some people have a loss of memory from the use of the machine.”

“It’s temporary so not to worry.”

“Any questions?”

“When?” was Bri’s only response.

“Thursday next week.”

“I will be away that weekend at my son’s tennis tournament but I can work it in before I travel to Hilton Head.” the doctor replied.

“No” I’m not going under the knife and you being 400 miles away if an emergency or complications arise,” Bri remarked.

“O.K.” doctor Appleby said, “We will make it the following week Thursday July 13th. You have to promise me that you will stay home vegetate and watch TV. I’m available at any time if an emergency exists. The hospital will contact you about the whole admission and pre-operative procedures.”

There was light talk and the next thing he said as he left the room,

“I will see you in the operating room on the 13th.”

There was a silence in the room and the family all understood the operation and its positives and negatives. There was a danger that he may not come through the operation.

The success rate was very high, but there was always a chance of failure.

An anatomical model of a human heart, showing the four chambers (right and left atria and ventricles) and major blood vessels. The model is semi-transparent, revealing internal structures like the valves and the coronary artery system. The heart is positioned centrally on the page, with the text overlaid on it.

CHAPTER NO3

TIME TO REFLECT

Chapter 3

Time to Reflect

Angioplasty, by-passes, lipids, arteriosclerosis, and several hundred more strange words were creeping into his vocabulary. These words would haunt him from now to eternity. He was thrown into the world of patient care and rehabilitation pre-op and post-op conditioning. Numerous thoughts would go through his mind as he waited for the days to pass until Thursday the 13th of July. He was very relaxed and calm. The remaining children from Virginia would arrive on the weekend prior to the surgery. The two girls or now ladies were not prepared for what they were told. Pat informed them of the procedure and they were taken back to say the least. Bri was already losing weight and was down to 217 lbs. from 227 lbs. The doctor had neglected to say that he need not go on a diet until after the operation. Mistakenly both Pat and Bri thought the directions were to start immediately after the first diagnosis. This would not cause a problem, but the doctors would have liked him to be ready for the operation in good health.

The night before the operation the family was all at home. Recently Laura, his daughter in Virginia, wrote this for her Masters.

Laura Menger

Professor Rainey

English 111

11 September 2002

Getting to the Heart of Things

There are approximately 753,000 open-heart procedures performed each year. Open-heart surgery is considered one of the most invasive surgical procedures. During the procedure a heart-lung machine is used to support the patient's circulation and keep them alive while the surgeon opens the chest and makes repairs to the heart. On July 13, 2000 my father was one of those 753,000 patients who received an open-heart procedure.

Although there are quite a few open-heart procedures performed each year, to the family of the patient it is the one and only procedure that will save the life of your loved one. Until you have lived through a life or death situation you can't comprehend the enormity of the event. My father's open-heart surgery changed my life forever. It has strengthened my faith in

God, has made me realize just how precious life is and has opened my eyes to the fact that our parents are not immortal.

We all think our parents are immortal. It is not until we are faced with an illness or tragedy that we realize not only their mortality but our own. While on vacation in Martha's Vineyard, Massachusetts in June of 2000 I received the dreaded phone call. My younger sister advised me that my father had chest pains and shortness of breath. He was sent to the hospital by the family physician for testing. There was no indication that he had suffered a heart attack but they would like to send him to a specialist. Lunch on the dock overlooking the picturesque marina soon became clouded by worry. I didn't say much on the bike ride back to our hotel, but the concerned look on my face read fear. Repeatedly, I convinced myself "Dad will be fine, he's too young to have heart problems." It was not until I returned from vacation that I was informed of the results of my father's tests with the specialist.

My father had FIVE blocked arteries that could only be repaired by open-heart surgery. “Not FIVE blocked arteries, not open-heart surgery, not my father!”

I felt an urgency to be with my father. I needed to see him before his surgery. In the back of my mind I knew it was a real possibility I may not see him after.

I boarded a plane a few weeks later but not for a vacation in Martha’s Vineyard, this time it was to see a man who was very ill. When I saw my father his skin looked gray in color, and for the first time in my life my father looked old. The doctors had him pumped with medication to prevent a major heart attack prior to surgery. My father’s body can’t handle aspirin let alone the multitude of medications required to keep his heart pumping. Needless to say, Dad was not feeling or looking very well.

Coming from a large family, I very rarely get a chance to sit down with my father one on one. Miraculously, the afternoon before surgery, I found myself alone with Dad in the house. After discussing the procedure that would take place the

following morning, I asked my father “Dad, are you scared?” I was taken aback by his answer to my question. “No, I have faith in the Lord. God has allowed me to live a good life and whatever he has in store for me is ok.” My Dad is a spiritual person but I never realized to this extent. I wanted to possess the faith my father had. He was calm, appreciative for what he had, and knew exactly where he stood in his faith. How fortunate to have such peace the day before a life threatening surgical procedure. My Dad’s faith helped me through the following day.

July 13th, 2000 could not have come sooner for my father. The day came much too quickly for me. I heard my mother and father leave early that morning. I was awake, but decided they needed their time alone together. The rest of the family was meeting my mother at the hospital at 8:00am. It was going to be a long day. We were in the ICU waiting room throughout the operation. Only family members of critical patients were allowed in this waiting room. Not only was I living through my own stressful situation, I lived through other family’s tragedies and

joys throughout the day. During the grueling six-hour procedure my father was unconscious and felt nothing. I'm however, was feeling terrified and numb from fear, not anesthesia. The nurses kept us informed about the procedure and updated us periodically about my father's progress. At one point we were informed that my father had been placed on the heart-lung machine and the surgeon was repairing the heart. There was total silence amongst my family. This was a very nerve wracking time for me, and a very critical time for my father. I felt very uncomfortable with the fact that a machine was keeping my father alive. After what seemed like an eternity, the nurse came back and informed my family that my father was off the heart-lung machine, his heart was beating on its own. This was comforting news and for the first time I shed a tear, it was a tear of joy. Ironically, just moments after I received such joyous news, I heard screams and crying coming from another area of the ICU waiting room. A young mother of two boys had just lost her husband. My tears of joy quickly turned to tears of sadness

as I felt this woman's pain. I had to remove myself from the ICU waiting room.

A friend of mine had warned me about how a person looks right after open-heart surgery. I was still not prepared for the sight of my father just an hour after surgery. My father's face was completely distorted. His nose was not where it was supposed to be and his face was swollen to twice its normal size. My father was hooked up to at least fifteen machines coming out of all areas of his body. It is difficult to see a loved one in this state. All day long I just wanted to see my Dad, but not in this condition. My father tried to talk to me. He mumbled a few words that were incomprehensible due to the respirator tube down his throat. He seemed to get frustrated but then dozed off to a drug induced sleep. I felt guilty for not being able to understand his words that were apparently important to him. I stayed at the hospital a few more hours feeling the need to be close to my father in case something happened. The first twenty-four hours' after

surgery is the most critical time for open-heart patients.

Eventually, late in the evening of July 13th I went home. I lay awake all night long anticipating a phone call from the hospital saying that something had gone terribly wrong and Dad didn't make it. What had been the longest day of my life was now turning into the longest evening of my life. That phone call in the middle of the night never came. In the morning I was able to see my father and to talk to him.

After a long and tough recovery, my father is in great shape both physically and spiritually. I know that it is a miracle my father did not suffer from a major heart attack. He was one of the lucky ones that caught it before it happened. My father was given a second chance at life, an opportunity he takes very seriously. I value each and every day my father is alive. My faith in God has strengthened since my father's surgery. I am still striving to achieve the same faith my father possessed the day before his surgery. I have learned that life is precious, parents

are not immortal, and God has a plan for each and every one of us.

Pre-Op was performed the day before. This was strange as Bri was completely shaved from head to toe. After he remarked to Pat,

“It feels as though I have lost my skin and I truly feel naked now.”

There was a sense of purity about his feelings. During the visit Pat and Bri would spend time with a hospital staffer who explained all health care options that were to follow. There was a discussion as to follow up care at the Heart Life Center.

Bri did have the luxury of being able to consult with a dear friend Tony during the whole process. Tony only a year earlier had major surgery on his heart and by-passes were installed. He had the misfortune of a by-pass breaking loose from its incision. Overnight his body cavity filled up with blood. In the morning the Doctor was furious that nurses had not caught hold of the situation. No operating room. He just asked for a scalpel and opened him up at bed side to relieve the blood. Tony was then moved into the OR. He did contract a staph infection which caused him to have a lengthy stay at the hospital. From this traumatic experience Bri was able to have the majority of his questions and feelings answered by his close friend. The buddy system is so helpful under the circumstances of invasive heart surgery.

The morning did arrive when Bri would have to make his peace with the Lord. He had lived such a wonderful life he said to himself. What more does a man want. His life had taken him to far corners of the globe. The family was all well-educated with degrees and settled with their own families.

Grandchildren were a close part of his life. It was very early in the day at approximately 4:30am. His daughter, Deborah requested to accompany her mother. All three of them left for what could be his final journey in life. It was a very hot morning. There was calm about the air as he entered the car. Pat would drive. At this point in time as the scenery passed by all he could think about was his wonderful relationship with his wife. He prayed quietly to the Lord saying it was all in his hands. On arrival at the hospital that was becoming common place for him. There was little time for quiet talk between Pat and Bri as he was whisked away quickly into the Pre-Op area.

"O" h

Injections and IV drips in both arms it was now "Show time", He said to himself as his body fell into a deeper and deeper sleep. The last he could remember was the anesthetist saying, "I will take care of you Mr. Cripps."

An anatomical model of a human heart, showing the four chambers (right and left atria and ventricles) and major blood vessels. The model is rendered in a realistic color palette of reds, pinks, and purples. The text 'CHAPTER NO4' and 'POSTOP' is overlaid on the model.

CHAPTER NO4

POSTOP

Chapter 4

Post –Op

Late evening through the haze of a drugged individual Bri could see family standing outside of an ICU receiving room. Each would indicate they recognized him and yet he was in a shocking state with instruments and life support IV's hanging over his

10h

head. The one person he did not want near the holding room was Kathie as she had a cold the day before. Bri could see each family member as silhouette but the effort to acknowledge them was very stressful. He fell back into a deep sleep his day was over. He had made it through the ordeal of heart by-passes.

The next thing he knew his eyes opened it was in the early hours of the morning. Alongside the bed was a nurse who quietly introduced herself as Twyla. She spoke in such a way that he believed she was an angel. As the night passed he would fall in and out of sleep. The bed was uncomfortable and with the oxygen ventilator still in his throat along with many other tubes. One tube was sticking out of his abdomen others in his chest.

21h

Defibrillator electrodes that had been attached to the heart was nestled and tied down on his rib cage. IVs in both arms made it virtually impossible to move. His mind was still in a haze as to what was happening.

Before shift change the young nurse placed a finger clamp on his index finger. He could hear her say “92!” What that meant to him was mystifying. She left at the shift change looking quiet exhausted. The constant watching and monitoring of patients eventually would tell on her.

The new nurse immediately started a routine of logging all the vital signs and checking IVs. When she was satisfied of the condition of the patient’s support systems she asked Bri how he felt. A babble noise sounding like a whale under water splurged out in an incoherent way. Bri was unable to talk as the breathing tube or ventilator had been removed from his throat was very soar. Ice was brought to the lips and it felt fantastic just to feel the slow trickle of cold water pass over the esophagus. Bri fell into a slight sleep again. Within a half hour the nurse was calling to him,

“Mr. Cripps it’s time for us to remove some of your tubes.”

The finger monitor was thrust onto his index finger with a very strong and frustrated hand. It was painful as the clamps scraped the finger. There was no compassion in the nurse’s actions, just a well I got to do it attitude. During the monitoring the word was spoken that his oxygen monitoring was still low “96!” Bri heard her say,

“He won’t be out of here by nine.”

Time now was about 7:30am just seventeen hours after being transported from the operating room. At about this time, a young man appeared on the floor with take-out food. The aroma flowed through the whole floor. To a patient that had not eaten for almost two days this was very upsetting and made Bri hungry. It would have been impossible to eat solid foods but they sure smells good. The next move was the young man or orderly was then to make a move on the nurse as she sat outside of the ICU station next to Bri. He could see the both of them making out and touching each other and holding hands as though they were lovers. Bri was trying to get pain medicine as it had worn off. The pain level was becoming unbearable, but it was to no avail the nurse just kept on talking to her boyfriend. Communicating to the nurse who was just ten feet away outside of the glassed in area was very frustrating to say the least. Bri could only whisper as the throat was still very sore.

24h

Eventually she took notice of her patient now very frustrated.

“Mr. Cripps, what do you need?”

She iterated several questions giving her own answers not allowing him to motion as to his needs. Eventually in a very grouchy voice,

“So you want a pain killer.”

Grudgingly she went away and got the appropriate medicine and offered it to him. While administering the drug she remarked,

“Your tubes in your chest are to come out. We have a new intern who will do it so she gets experience.” Bri was quite annoyed although unable to voice his opinion. The new intern arrived within ten minutes.

“Lay still as Julie will remove your tubes.”

The young trainee was extremely nervous and the tubes did not pull away cleanly. Bri felt each one as it broke away from the inside of his body. In his mind he said,

“You little bitch.”

Meaning the nurse not the intern. The third tube was successfully removed.

“One more try with the oxygen monitor she growled.”

Exclamation 98!

“You’re now ready to leave the ICU (Intensive Care Unit) and go to the CCU (Coronary Care Unit) on the fourth floor.”

The reading was his blood oxygen content as measured at the extremities of his limbs. I will wheel you down with all your paper work and transfer you unto their care. It seemed as though he was just an inconvenience to this nurse. This was a good sign he was now on schedule without cause to hold him at the ICU on the seventh floor.

The CCU floor was a little cool but it felt good to his face as they passed the nurses station. Time was now approaching twenty-four hours after surgery. Bri was wheeled into the new room. He was isolated as were all the CCU patients. Within minutes a colored nurse arrived. Quite a strapping lady six feet with shoulders like a man stood at the door to the room. Her voice did not match her frame. “Kathy” she said a she wrote her name on the bulletin board that was on the wall at the end of the bed. I’m your second shift nurse for the next few days in such an angelic way. She fussed around the bed to tidy the

sheets and pillows making Bri comfortable. She explained the medicine times and wrote them on the bulletin board also. She remarked the next shift will have you up so expect to walk this afternoon. The emergency button is right alongside your hand rail. Bri had been attached with monitors again. She explained they that the monitors read out at the nurse's station and that I would be carefully watched from there. Remember we are here to help in any way possible so don't hesitate to call on the panic button. Bri felt quite relieved to be in the care of such a wonderful lady compassionate and such a caring individual. Kathy handed Bri a small Teddy Bear.

“You're going to need this,” she said.

Bri looked at as if to say why. She answered without him uttering a word. Sir KOFF-A-LOT. The inscription on the back of his tee shirt reads:



SIR-KOFF-A-LOT

“A cough for your lungs.”

“A hug for your help.”

“I’ll help you bear it by doing my part.”

“You will need to use it I can guarantee.” she said as she left the room.

This was heaven compared with the young nurse in ICU prior to his transfer. Shortly after introductions a food tray was placed on the small portable eating table at the end of the bed. It smelled God awful to him and even made him nauseas. It certainly did not look like normal food. The only part of the meal was the jello wobbling around with some form of topping. Pat said you must get something into your stomach. He was reluctant but she insisted and the jello was slowly consumed. Pats face lit up after it was completed. Not all the food was eaten by Bri. Pat tried to eat what was left as small portion of chicken lay on the tray. The family arrived in after and bought Pat a hamburger. Bri’s face lit up. Alas it was not for him.

32h

The afternoon shift change resulted on a new name on the bulletin board.

“I’m Alana Mc Clusky,” she wrote and said in a very upbeat voice.

Well I’m here to help you get through this ordeal and get you on your feet.”

“Literally,” she stated.

Pat his wife was still by his side after thirty-two plus hours in the hospital with little sleep. Her eyes were red and she looked worn out from all the emotion. Pat was the saltwort of the family. Bri knew she would not leave until she thought he was through the major forty-eight hours after surgery. Nurse Mc Clusky left and in about a half hour returned with a trolley or flatbed scale. She was a strapping lady short, but weighed about three hundred pounds, Agile and very strong as she grabbed him around the body and pulled him upright.

“Now wait there a short time as this is your first time in and upright position. You may feel a gush to the head.”

True there was a gush to the head although not enough to make him sway. “Steady as we go” she said. After two minutes she stood him on the scale that now read two hundred and twenty-eight pounds. Bri knew that his body retained fluid, but nearly twenty pounds from the day he entered the hospital came as a surprise.

“Quite common,”

she remarked in her Irish brogue in a flippant way. “

This is going to be your first few steps to recovery.”

“Pat,” she said,

“Hold him on one side”.

She obliged as they squeezed him through the door as he was on IV support. Tubes hung from the portable dolly as he slowly made his first steps. There was a great stiffness in his legs and he felt a little wobbly. In his mind he knew no matter what he would get better.

Bri normally being a type “A” personality would have a mind of his own. The operation changed things as he knew he must follow directions and give his body time to heal. This was a serious operation. They walked about twenty-five yards along the corridor. Bri could see other patients at various stages of

their healing process. Some ready for discharge the next day others in the same condition as himself struggling with their first steps. Nurse Mc Clusky on returning gave him a nice kiss and said, “Well done.” Getting back into bed is not as easy as getting out. The bed was lowered so it was not as high and easy to sit on.

“Now”, she said,

“Just roll yourself over onto your shoulder and I will move you over so that you are comfortable.”

The bed was once more raised. The fluid in the leg had doubled the size of it. One could not see the basic structure. No bones or creases it was dead straight like a tube

42h

from top to bottom. The toes were bulging with fluid. We need to get most of that out of you in the next two days she said.

“Are you going to bathroom?”

“Yes, but what an ordeal.” Bri said.

“It’s at least a twenty-minute routine with Pat helping.”

“I believe she would have made a good nurse also.”

That was one routine he hated to do and took so long. Next question from the nurse, “Have you had bowel movement yet?”

“We must get one so that all the bad stuff in you gets discharged.”

Quite informative Bri thought in a nice way.

“No,”

was his answer.

“If you don’t by the end of my shift we will need to administer a laxative,”

as she withdrew from the room.

Pat smiled as she left saying,

“What a lovely lady.”

“You must listen to them,” Bri she said.

The time was now approaching four in the afternoon the family had been in and out all day. Pat said the girls will travel home tomorrow but will be hear in the morning just to see how you feel. During the melee of people in and out flowers were delivered to the room. This made Bri feel that the real world was close at hand and the warmth of the sun would once more touch his skin. Funny thoughts would go through his head while in the state of critical recovery. Well it was but ten minutes and his nose filled with a tingling sensation he was about to sneeze. Pat immediately placed Sir-Koff-A-lot in his arms. It was a strong one as it lashed out through his mouth. The pain internally was indescribable in the chest. Nurse Kathy knew what she was talking about he thought. Tears streamed down his face as Pat wiped them with a napkin. Boy that really hurt! He exclaimed. It stung for quite some time but eventually went away. Bri told Pat to take the flowers to the nurse’s station so as not to give him another bout of Sneezing. During the afternoon a menu was given to him to select his meals for the next day. Not much of a selection as the meals are geared to suit the patient’s needs. No hamburgers or such on the menu, only diet food.

During the latter part of the afternoon the surgeon’s assistants stopped by to express how well the operation went. He remarked,

“Your heart is very strong.”

“When we lowered your temperature to 72 degrees your heart stopped. “

“After surgery when we raised it again it immediately started at the desired temperature.”

“We did not use electrode pads to get it pumping again.”

“You’re in good spirit and well on the way to a full recovery.”

“I will stop by in the morning and take another look at you and remove the heart catheter attached to your heart.”

He seemed pleased with progress and Bri felt that things were going along O.K. Within a half hour the anesthetist came to visit just to see how he was doing in recovery. She introduced herself to Pat and said,

“I can’t stay long”. Just wanted to see how you were progressing.”

“Mr. Cripps you have beautiful heart.”

It works like a charmer,” she said.

“Sorry about your plumbing though but we have corrected that.”

“Please look after yourself,” as she left the room. The third shift was only a couple of hours away. Bri insisted that Pat go home to get some rest as she had not left the hospital since arrival. She once more said she would stay over he insisted she go as she was looking worn out.

The eleven o'clock shift came on and another lovely lady Marsha wrote her name on the board and immediately gave orders for him that a walk was in order. She maneuvered him into position on the bed. The IV tubes were no longer in his arm. The pain was not that severe. The wound on the leg was the most painful not really he said to Pat. It’s more like a very hot stinging sensation, similarly in the chest every time he moved. Nurse Marsha helped him down from the bed. Pat held on tight as she would walk him through the halls. This time it was one complete loop around the floor. It was slow going with miniature shuffles of the feet. The soreness of his wounds made it hard going. “Mission accomplished” Marsha said, as he passed the nurses station. Bri could feel a bowel movement

coming on and needed to get to the room. There was not to be an accident he made in time to close the door and relieve himself. Problem he could not bend to clean himself his arm movements gave him so much pain in his chest. With a shout to Pat the door swung open and in his dire need she took care of the situation. It was very humiliating for him to have his wife clean up the mess. As always she did it without a fuss. Back into bed he was ready for his last pills and then a good night's rest went through his mind. Pat left just after shift change.

No such luck at 2:00am it was up again and a walk was in order. Marsha led him around.

“Sunday would be a good day.” she said as she left him in comfortable in bed. The IV drugs had long been removed he was feeling pretty good. The pain was bearable through the night. Of course sleep is a precious commodity while in a hospital. There is so much coming and going especially on the CCU floor. Morning would arrive on the shift change at seven o'clock. On Sunday this was also a personnel change. A new set of nurses would handle Bri for the next twenty-four or possibly 30 hours. He had now been in the Cardiac Care Unit for fifty hours

50h

and yet so much had been accomplished. He reflected on how dedicated and resurgent the nurses were. Their demeanor was very professional. All their actions were done with compassion and understanding. Life and death are daily routines on this floor he thought and yet they continue their duties without acknowledgement. No medals just hard work.

The two girls from Virginia would visit early in the morning as their flights were in the afternoon. Pat accompanied by the two of them looked a lot better after a good night's rest. There was cheer in all of their voices as they could see quite an improvement. Still looking pretty sick and pale Bri thanked them for being with mom and helping. During their stay Bri would walk the floor a couple of times. This gave everyone a sense of confidence that the worst was over.

During the morning the assistant surgeon came by on schedule at ten o'clock. Pulling the curtain around the bed and ordering them all to leave room he then went about his business.

"How are you feeling today, Mr. Cripps?"

"Any major problems?"

Bri answered with a, "No".

"How is the chest and leg doing?"

"Pretty much the same," Bri replied.

"Good Good," he spouted out in a loud voice. He removed the gown around Bri and said lay quiet still. His body was tense. Doctor remarked,

"This will only take a minute,"

As he pulled off the band aids holding the electrodes to Bri's body. He did not feel a thing as he was still numb from drugs. A quick slight of the hand moving upwards and out came the electrodes that were attached to the heart. Boy, it was the funniest feeling the heart seemed to go wobbly inside and took several beats to rectify the situation. After a minute it was back to normal or whatever you could call normal under the duress he was in.

Doctor remarked, "That's it,"

"I will release you for 9:00am discharge tomorrow Monday the 17th of July. We will see you in the office in three weeks.

The discharge instructions will be given to the discharge nurse and staff. Please contact our office for further instructions or problems.” The surgeon swung back the curtains and swiftly left the room. Bri was elated, " I'm out of here," he said to himself. A second thought run through his mind. Wow, I'm going to be on my own with no support mechanism to lean on. It was quite a strong feeling of sinking under water when you can't swim.

74+h

Early on the first shift the nurse came to start the discharge proceedings. First she said,

“I want you to walk at least twice around the corridors.”

Bri shuffled his way around his leg was still very swollen. The chest wound was healing although still raw the gap was closing over. The gaping slot left by the surgery. At eight o'clock Pat arrived with his clothes what a site to see. She had a gleam in her eyes as if to say my hubbie friend and soul mate is coming home. It was though a ball and chain had been cut away and he would be free. There is an electricity in the air when a patient is leaving the hospital. Certainly with a sense of wellbeing. Nurses have had a wonderful smile on their faces, a good feeling of a job well done. Bri dressed, but there was a delay of some sort so it took about another two hours to get the paper work to the floor for discharge. Eventually an orderly came with a wheel chair.

“Good morning”, in an upbeat tone.

“Let's get you into this thing and get you out of here.”

He took the paper work and passed several of the forms over to the discharge nurse at the station who signed off.

“Time to go,” he said.

The journey was a short walk to the elevator at the ground level the three of them left the elevator and headed for the discharge office. Paper work was in order so off they went to the receiving patio. Bri could now feel the warmth of the sun the day was quite hot. Pat left the two of them and went for the car. It took some time, but eventually it showed up. Pat parked in the circular driveway adjacent to the wheel chair. The back door was opened. Bri shuddered to think how he was going to get in the back seat. Lifting himself on to the seat left him stranded as he could not move his legs to a crouched position the pain was excruciating. Eventually the orderly just gave them a big shove Bri winched in pain but he was now placed in the back seat of the Lincoln. Pat said,

"Are you O.K.?"

He knew not to say a thing as Pat seemed very frustrated with the day. Bri just thought why don't they let you bring the car in the other way this way your first leg in is your good leg and one can manage the lift and settling in much easier. Pat handed Bri Sir –Koff– A-Lot the two were now good buddies. The teddy bear would follow him everywhere for the next four weeks. He clung to it as though it was his safety blanket. Who cared he thought as long as it serves its purpose and helps when you cough or sneeze.

The Lincoln pulled away slowly from the holding area. He looked straight ahead muttering to himself. “If I can avoid it, I’m not going back there again.” It was sensational that after only 74 plus hours and major invasive heart surgery that he was leaving the hospital. In his mind he thought I guess beds are so important and patients can recover at home. Twenty years ago it was different with heart patients you would be in hospital for two weeks. Cost obviously is the reason. The

complete operation, hospital, and rehabilitation visits to the surgeon's office cost \$69,000. The majority of the cost \$60,000 was the hospital stay just 74+hours.



**LETTER TO THE HOSPITAL
ADMINISTRATION AND
AWARENESS PROGRAM
FOLLOWS**

***Greenville Hospital System
Mr. Frank Pinckney
President
701 Grove Road
Greenville***

SC 29605-5601

Dear Mr. Pinckney

Where does one start to thank all the wonderful people that contributed to my health and welfare during my recovery from surgery? I'm recovering from five by-pass procedures for blocked arteries. Before the decision for surgery, I spent one day at the hospital with an overnight stay. The staff associated with the angiogram including the cardiologist Doctor Cebe and technicians was very professional. Alas, the result was somewhat

of a shock. Five by-passes required. Doctor Cebe passed me over to a marvelous person in Doctor Appleby and staff. The Doctor did visit with the family and showed us all that there are compassionate people still in this new age economy. I could not



have been in better hands. A ten-day period elapsed before surgery but I knew that the skill of the surgeon and deep concerns for me made it all worth the wait.

Admission was expeditious and very friendly. All were concerned with what lay ahead. The steps along the way and instructions as to what to expect were for both family and patient excellent. Information sharing for both family and myself was in itself very good. Prep day before surgery, was well organized and the staff very congenial and expedited the process with care. I can say that the Heart Life Center representative rounded out the staff of excellence with ample information. The experiences, challenges and expectations for the forth coming weeks were outlined clearly. This service is well developed in the cardiac care system.

Operating day was very early and again handled with expedience and gave one a sense of calmness. When turned over to the anesthetist and wheeled into the operating area proper one is under sedation. The preparation staff was very talkative and made you feel comfortable.

ICU was the holding floor until I stabilized. The Nurses in this section are very skilled and show great concern for the patient. I would like to say that Nurse Twyla Pack on the third shift July 13th and the day shift nurse Kathy on the same day were very professional and showed great care for me. I have several negative comments and they are general in nature. First I do not think personnel should eat fast food on the floor as it makes the patient who has not eaten for quite a while hungry. Secondly resident patient's conditions or procedures should not be openly discussed in this area. It was sad but a patient did pass away. General conversation about the incident was heard. All patients on this floor have experienced quite a traumatic event in their lives and patients in ICU do not need to hear these conversations. I believe there should be an area where this could be discussed with the family or staff in a separated room from the normal holding area within the unit. Last comment, before transporting

me to CCU floor the attending nurse on the day shift July 14th had a gentleman friend that may be an employee of the system but not associated with the ICU, was on the floor for at least half an hour or more in deep conversation. This resulted in me personally not receiving my pain medicine for quite some time as requested. I am a very sensitive person and this lack of concern really bothered me while waiting for the medicine to help the pain I was experiencing. This should be corrected

As you well know, after just a few hours one is moved to the Cardiac Care floor for recovery. I would like to compliment two nurses that gave me so such outstanding care and understanding of my condition one was Nurse Alana night shift and Nurse Kathy whose last name I do not know on the first shift. One cannot forget the house keeping staff whose duty is to clean the rooms and they showed such concern when entering the room and tried not to disturb your sleep. The bulletin board in the room allowing the patient to follow progress and messages was an excellent idea,

Discharge was well organized and the only comment here is that I believe along with Sir-Koff –A-Lot one should have a list of home preparation suggestions and I have included them for your PR staff to review.

This was certainly a traumatic time for my spouse and family and friends but the skill, concern and professionalism of all associated with the discovery, procedure and recovery was exemplary

Yours truly

Mr. B R. Cripps

Dischagre Awareness Program

Transportation

- *The wheel chair attendant although courteous and very helpful I believe is only required to transport the patient to curb side. This means that the spouse is required to park the car so that the harvested leg is the lead leg for support. The discharging attendant with the wheel chair needs to make sure the cars are parked in the opposite direction so that the good leg is the supporting leg to enter the back seat of the car.*
- *The back seat is only available if the car has air bags. These bags if initiated would certainly damage the healing or even separate the sternum.*
- *The journey home should be arranged so that local roads and construction are pre-surveyed so that severe bumps or uneven road surfaces are eliminated.*
- *From stop lights fast acceleration should be avoided.*

- *Make sure your hazard lights are on forewarning others of your driving intentions. That is going slower than normal traffic.*

Recovery Room at Home

- *A hospital bed at home with movement up and down is almost a must if you are experiencing ankle swelling.*
- *A second bed down stairs is an ideal situation for the caregiver (spouse.)*
- *Bottled water is a must. Do not rely on tap water it may be tainted as was my case and resulted in a temperature rise close to a fever.*
- *Bottled water should be provided upstairs when one is able to start showers and clean one's teeth.*
- *Breathing exercises and tissues close at hand are a must. These need to be at reach as stretching is painful.*
- *The care giver will sleep at the same frequency the patient sleeps and at first every two hours during the night starting at 10:00pm through 5:00am.*
- *The first four weeks is a very exasperating time for the caregiver since the patient requires total attention.*
- *Keep a sanitized area,*

- *Ask friends to clean their hands when entering the recovery area.*
- *Provide sanitizing packs at door when entering the premises.*
- *People do yard work and poison ivy would be a big problem if one is extremely sensitive to it as I am.*
- *Grandchildren need to be kept away until the harvesting leg is well under way to healing. They have a natural tendency to run and hug your leg.*
- *Do not use a Lazy Boy to rest in. The tension spring for full backward position if released while you are in the chair will certainly hurt your sternum.*

Health and Welfare Tips

- *Keep a very accurate list of all events. Temperature, medicine, breathing, exercise, weight, and diet as you progress. This reference material and data is very helpful to the cardiologist and nurse.*
- *Toilet seat will need to be raised as the harvested leg is very painful and is limited in bending. Toilet seat extenders are available.*
- *Oversized clothes are a must. Sportswear is comfortable and desired.*
- *Button down shirts are needed as one cannot raise your arms to put on a tee shirt.*
- *For walking a light track suit is suggested.*

- *Oversized slippers will be needed for the patient with swollen ankle.*

Showers

- *To enter and exit a shower the spouse will be required on the inside so as not to slip.*
- *Be very careful of the water temperature as the control valves on showers are not very sensitive and showers can go from warm to hot very quickly. This will cause you to move quickly out of the way and could cause a problem.*

Stairs

- *When ready one will need a strong individual to assist in mastering the stairs in the early stages of recovery. Do not overdo it. Take only a few stairs at a time. Rest when at the top before further work on the heart.*

Chairs

- *Seating will be a problem if one has a cut from the ankle to the groin.*
- *Swelling will occur if you sit for long periods of time in a chair.*

- *Pillows may help but it was inevitable in my case to go back to the hospital bed and raise the foot up for two hours.*

Walking

- *Listen to your body to tell you when to rest and how much work you can do with your modified arteries and heart.*

Since this summary was presented to the hospital the head of cardiac care replied to my letter. Her letter informed me that all the points were taken seriously and that the negatives were taken care of internally. The discharge program had now incorporated some of my suggestions.

An anatomical model of a human heart, showing the four chambers (right and left atria and ventricles) and major blood vessels. The model is semi-transparent, revealing internal structures like the valves and the coronary artery system. The text is overlaid on the upper part of the heart.

CHAPTER NO5

HOMECOMING

Chapter 5

Homecoming

The Lincoln passed slowly down the hill and stopped at the light before turning on to the main road. Pat made the left turn. Bri could see little of the hospital but his heart was lifted up just to be homeward bound. The journey was not so uneventful. The route home would take through the back roads with major construction on several of them. Each bump in the road would jolt the pain in the chest which was penetrating and severe. "Slow down" he shouted to Pat, "put on your hazards." Pat obliged she was scared enough without this further tension. She braked at the next light. The lurching from the starting position and stopping of the vehicle caused the same problem each time. Bri was in pain each time. Finally, the Lincoln turned into the side road where they lived. Downhill the car slowly made its way. What a sight to see the house coming up. In the driveway was his son Bryan waiting for the patient to arrive.

Getting out of the Lincoln was as hard as getting in. The pain in the legs was excruciating. To walk to the front door, he needed to conquer a small flight of steps.

This took time. He was supported by his son on his right side. To lift the leg up into place on the tread of the step took a monumental effort. Yes, there was pain and the effort quite exasperating. Bri knew this was the start of his recovery. The real world would offer many challenges in the next few weeks. The door opened. It was a though he had left for a year and yet it was only seventy odd hours ago. He shuffled his way into the den and was propped up on a couch. "Phase one

accomplished.” He said to himself “I’m home.” Bryan left for work. Bri thanked him for helping his Mom. Bryan said, “He would stop by later in the evening” and left.

Time was approaching one o’clock in the afternoon. He would need to take his medicine and start the exercise program with the exhauster.

With the kit when he left the office was a small supply of drugs. Nitro for emergency in a small bottle was included along with the exhauster kit. Next was a home cooked meal. He was already on a heart diet, so it was pretty simple but tasty after the hospital food. After the meal he had to blow at least six times into the exhauster and write down the readings. The goal was to sustain an exhaust pressure that indicated 3000 and above on the measuring gauge on the side of the tube. The medical purpose of this exercise was to clear the lungs of fluids. He accomplished about a thousand the first try. “Not too good,” he thought. The doctor indicated that he should reach about 2000 at first. In addition, he would need his temperature to be taken each time medicine was administered. Pat had a log book beside the couch entering the results. If it shoots up abruptly she was informed to call the office immediately.

In the den was a Lazy Boy that Pat had purchased so that he could rest in it and watch TV. At present he was quite content to stay put, as his leg was to be elevated at all times There was still an awful amount of fluid in the leg. Obviously every time he walked it filled up. During the first session he would need to walk at least twice around the floor of the home. This he did with a struggle and was glad to get back into bed or on the couch.

Pat would walk him to the bathroom. This was the most humiliating part of the healing process. After a bowel movement Pat would use warm wet towels to wipe him clean. So embarrassing for any man, but what could he do. He was so incapacitated that he could not reach his rear end to perform such a simple task. The pain was just overwhelming. While in the bathroom he looked at the scar in his chest. It looked raw and reddish purple. There were butterfly band aids all down the scar that would drop off eventually. The left leg had at least fifty of the band aids from the ankle to the groin. Each scar nodules indicated stitches on the inside. There was no outside stitching visible. This was the new method of stitching up the scar. The sternum is wired together and remains that way for ever. The important thing is not to get an infection in the wound that could attack the sternum and prevent it from healing. He thought "Oh well," I have to live with it. It was so sensitive. Just to have the warmth of a finger next to it gave him a stinging inside his chest. Pat maneuvered him out of the bathroom and onto the couch. He thought how tiring and demanding it is for the caregivers to go through just one day. Not only the emotions of a loved one, but to see him butchered all over. It takes a very special person to handle the intense care that is needed for recovery. Pat had taken the first week off with sick leave. The company was very gracious and said she could work from home for the other two weeks, until Bri went back to the surgeon.

The one thing Bri wanted was to have a shower and this would have to wait as the facilities were all upstairs and there was no way he was going to climb the stairs. He was resolved to letting his body dictate the steps based on the reactions of his physical actions. After the first treatments Bri fell into a sleep. Of course he was still on drugs from the hospital so it was quite

deep. But right on time, two hours later it was time to pee in the bottle. Fluid would discharge from his bladder every two hours, sometimes a pint or more. He thought, "where does it all come from." Part of the healing process is the fact that the body makes fluid in addition to one drinking it. Eight pints a day was the directions given by the discharge nurse.

It was now time for some of the medicine again and the walk around the rooms on the lower level of the house. The routine was first medicine, secondly, the walk, and thirdly temperature and exhausting. This was required at least four and even five times a day. The drugs were to be administered every four hours. This was his schedule for the next week.

Night came, Bryan, his son, passed by to see if things were O.K.?

"So far so good," Pat replied.

They talked quietly at the breakfast table as the patient was in a twilight zone half listening and the rest of the time dozing off. Pat suggested during the latter part of the evening that maybe he should use the Lazy Boy to sleep in. She said, "Maybe you can control the elevation of your legs better rather than pillows."

She struggled to transpose his body from couch to chair. He was heavy and awkward. Finally, he was in place and comfortable and fell off to sleep. Pat nestled down on the couch beside him. His needs were more important than anything else in the world.

At twelve o'clock or just after Bri woke up ready for the medicine and a short walk etc. Pat went to release the Lazy Boy elevated, platform so he could get out of the chair. A major problem arose. The Lazy Boy had inadvertently

jammed under the door handle of the door leading to the garage. This was where it had been placed. As she released the spring the chair had nowhere to go or move, so all the energy from the spring was released reverberating through out the chair. Bri's body shock violently from the springs movements. The pain was just tremendous and he screamed out. Pat felt so bad. He could see it in her eyes that were red and sore from no sleep she was exhausted to say the least. Panic set in,

“What can I do?”

“How do you feel?” in panic so many questions all at once. Bri was stuck in the chair and hurting with pain. He said,

“Get Bryan on the cell phone. Have him come over so that I get back onto the couch.” he said in a strained way. Within twenty minutes Bryan was at the home. It took all of two minutes to get Bri out of the chair and onto the couch. Bryan was a very strong man and kept up his training and fitness. For Pat Bri was just too heavy and could not help at all. With a smile on his face Bryan left with a,

“Good night. I will let myself out,”

as he closed the front door.

Tuesday was going to be a better day Bri thought as the morning sun shone through the windows. It was summer, so it was very hot. Early morning temperature was 72 degrees. Bri told Pat to order a medical bed that could raise and lower his legs just like the hospital. During the eight o'clock treatments Pat recorded a temperature of 101.9. This gave her some concern. Maybe the problem last night has damaged or overstressed the by-passes.

“What's wrong?” Bri asked.

“Your temperature is on the rise.”

Bri thought a little. “You know the water I used yesterday seemed to smell like sewage. May be that’s the problem,” he said.

At the second session at mid-day the temperature had sky rocketed to 103.1. Pat immediately consulted with the surgeon’s office. She said, “make him take plenty of water.” Pat told her about the water problem. The nurse’s office said check your fire department. Pat checked to find out that the prior day they had been testing the main water pressures and had shut off the whole road for a short period of time. That’s the problem. Pat called the office to the nurse to explain her findings. She was given instructions to monitor closely even every hour, if it doesn’t go down bring him in immediately. Pat went out and got bottled water. This would be the only type of water he would drink until he was once more well again. During the afternoon the hospital bed arrived. After assembly Bri moved into his new bed that was to be around for some time. It was a lot more comfortable than the couch or Lazy Boy. The only thing missing was a panic button. Pat was glad of that.

As luck would have it the temperature by evening went down slowly to 102.9 and then 102. Pat was now beside herself. Bri could see the strain on her two major events in just twenty-four hours. He could not hold her although he dearly felt that she needed to be hugged and consoled. Pat just went on with the routine and took cat-naps when Bri would fall off. Bri was experiencing an odd phenomenon. His body would levitate some inches off the bed at times with a tremendous force totally uncontrollable. It scared the living daylight out of him as he thought it might tear the new by-passes loose. Pat did call the office on this problem. They thought the cause was the shock that his body went through and possibly the medicines.

Let it go through its natural healing process and it will gradually subside.

The next day the routine was the same, although Bri walked or shuffled around the home about four times. He was still very weak and it took quite some time to circulate through the rooms. During one of his saunters he felt a stinging pain in his ankle as though a stitch had let loose. The soreness did not go away for some time. The leg scar was so raw and so sensitive one could not touch the skin within four inches of it. To Bri it looked like the Pelham Road line of the New York subway. The notches at each stitch location he imagined as stops. It was long and ugly it looked like they were in a hurry when they cut into the leg. Can't do much about it now. It's there for life. Several of the butterfly aids had fallen off as they were intended to do. He was worried about every little thing that was happening to him. It really was out of his control. He was positive about his goals and achievements and at times proud of his accomplishments.

**Thursday was to be special. Pat had arranged for Bryan to come over in the evening to see if he could master the twenty stairs and have a shower. Water was not to get on the butterfly aids. At six in the evening Bryan was ready for the big lift upstairs. He stood on Bri's right,
"O.K. let's do it." He said.**

The two of them maneuvered into position at the bottom of the stairs. As he looked up Bri thought this will be like conquering Mount Everest.

"He Lift!

"He Lift!

"Stair two! and again stair three!"

It took twenty minutes to eventually get to the top. There were several stops along the way as Bri was tiring. It was a shuffle into the bathroom. Pat was ready to give him a shower. The next hardest move was to step over the stall shower raised step. Pat lifted the bad leg into the shower. Bri sat on the ledge inside to rest. He turned with his back to the shower Pat had already run the water so it came out warm. She scrubbed his back and the backs of the right and left leg. Shutting off the water, she just cleaned his head and front with a warm damp cloth. This was a start. One giant step for Bri. His hair was washed and he was now ready for drying down. He put on a loose button-down shirt and thought how important that is. It would have been impossible to raise his arms to put on a tee shirt. A tee shirt would also irritate the wounds as it lies on the body very tightly. This whole operation took twenty-five minutes. The return journey was much more difficult than the upward direction. Young Bryan could only assist from the left side. Bri would need to hang on to the banister with his hands and lower his body at the same time. It was painful, but it was accomplished. He settled into bed, took the medicine, and blew into the exhauster ten times reaching 3000 on several occasions and was now ready to sleep. He felt wonderful. Bryan said, “don’t forget I will be here Saturday and we are going for your first walk outside.” Young Bryan was determined to see his father well again. The two had not bonded that much over several years. This setback in his father’s life had flung the two together. Bri felt very happy that it had.

The pain in his body was never severe enough to want medicine. It was a constant stinging and very uncomfortable to move. He still could not get his arms to his backside or above his head to comb his hair. Very frustrating. Pat having to wash him down each time he went to the bathroom still humiliated

him. His stool was very loose owing to the medicine prescribed to do just that. This was purposely done so as not to strain his insides. He was a mess each time. She did it without reservation. The wounds in the chest were just too painful when he raised his arms or stretch around his body to the back. He said, "Time will come and I will do it." Pat's week must have been so stressful. Caregivers, especially in the case of invasive heart surgery, need medals, as it's all so stressful. There is so much unknown and you're cut off from the medical world it seems.

The phrase, "You can always call," doesn't ring a bell. One thinks that each little concern the medical staff don't want to hear about. The two of you are in an abyss.

An anatomical model of a human heart, showing the four chambers (right and left atria and ventricles) and major blood vessels. The model is rendered in a realistic, slightly translucent style. The text "CHAPTER NO6" and "ETERNITY" is overlaid on the upper portion of the heart model.

CHAPTER NO6

ETERNITY

Chapter 6

Eternity

Saturday was to be a day of reckoning. Bri was to leave the confines and security of the house for the first time since arriving home. He was really looking forward to the walk. Bryan his son arrived at about ten o'clock. Pat and young Bryan talked for a while at the breakfast table.

“O.K. let’s go,” he said. Bri was able now to get out of bed at least by himself. A little shaky every time he would raise his body to the upright position. He would get light headed and have to pause for just a minute before fully extending himself to the walking position. He put on some very loose socks as his ankles were still very large and swollen. Slippers with the toes removed were the only shoes that would fit

“Give me Sir-Koff-A-Lot,”

he requested as it had fallen to the floor. He needed his safety blanket just like a little child. Outside in the open air he was not sure if any of the weeds and or tree pollen would give cause to sneeze. He was prepared for the worst. Once up Bryan stayed on his left side to guide him along and support his bad leg. The door was opened and the daylight was so strong to his eyes, but it felt good. The real world was ahead. The adrenalin was flowing in his body, yet caution prevailed. The sun stinging his wounds still felt so good. He would tolerate the stinging just to feel the warmth.

“Down the steps,” Bryan retorted. One at a time, and it took about two minutes to master four steps. Slowly they made their way to the road. It was a fairly cool day for mid-summer. No

traffic around so they could walk to one side not interfering with the oncoming traffic.

“The stop sign,” young Bryan shouted.

“That’s how far we will go today.”

Well, it was fifty yards away and with the return journey be at least ten times what Bri had previously accomplished. It took quite some time. I believe this sojourn gave Pat a little rest from the constant caring of her main man, as she called him. Back in the house after at least forty minutes Bri was exhausted but happy that the mission was completed as planned. One good thing came out of it and that was that he would need a walking stick to support his body on the left side where the veins were removed. Bri realized that it was just one week after the invasive surgery. What progress he thought to himself. The next two weeks would seem like eternity waiting for the first visit to the surgeon’s office.

The house where he lived was on the shore line of a lake that had a public road around it. This would be ideal for the challenges that lay ahead. The following day he had made up his mind to walk as far as the first telephone pole that provided electrical service to the homes on the other side of the lake. Determined with Pat at his side, after the morning routine of a bowel movement and a wash down in the bathroom down stairs. “I’m only small,” Pat replied as she helped lower him once more down the steps leading to the road. “Hold on to the bottom rail you forgot Sir-Koff-A-Lot and your cane.” she said. Bri propped himself against the rail and waited. She placed the Teddy Bear in his arms and cane would support his left side. Off they shuffled for the trip. Several joggers were exercising around the lake. One lady even enquired as to why he carried a Teddy Bear. Five by-passes, he explained. The lady was in shock,
“How long ago?”

“Eight days,”

“No,” she exclaimed “and you’re out walking.”

Pat conversed with the lady a short time and then it was all about business. Shuffle shuffle as his slippers scraped along the tarmac road. It still stung in the leg and chest although moderately compared to a week ago. Pat was in no hurry as they made the telephone pole.

“Good job, Bishy boy,” she said.

This was a statement of self-will as Bri was always so competitive in everything he dealt with. His competitiveness stemmed from his childhood days. The return journey took quite some time as they had walked about a quarter of a mile to the pole. All in all, it took about thirty minutes. As Bri turned into the driveway he said “It’s going to take two hours to walk the lake at this rate.”

The leg was slowly healing, but still full of fluid. The breathing exercises were going along fine. Bri achieved 3000+ on several of the tries during the procedure. His temperature was consistent at around 99.2 just a little high but he thought this may be due to the medicines he was taking. There were no major instances causing alarm. It was during the second week that Bri could finally wipe himself after a bowel movement. Pat was going to work early morning every other day to get assignments to do at home. This worked out really well. His recovery was progressing well. Bri had heard about other patients who healed in two weeks. He was amazed as to their good fortune. They must have had different circumstances. The major one is how the veins are harvested from the leg. Some surgeons use a less invasive method of arthroscopic procedure. This method requires minimal scars as only small holes are used, whereas Bri had a massive scar from the very bottom of the ankle to the groin. It was very tender and would go numb if touched. Bri always looked on the bright side. The

Lord had given him a second chance at life. This gift he would always keep in his mind. He would be very dedicated to the doctors' orders and exercise programs.

With these thoughts in his head the phone rang. It was Tony his friend.

"How you doing?" he asked.

"Well this is what's happening," Bri replied They conversed for some time. Tony answered all of Bri's questions.

Bri said, "Did your sternum sound like a ship at sea stalled that creaked and cracked?" Tony laughed "O yours too," he replied.

"Yes, Brian its quite common but it is annoying at night."

Pat was quite worried about the noise, she thought something had come loose inside. They spoke for some time until all Bri's questions were answered. After hanging up he thought. "What a great friend to have in Tony."

By the second week Bri had met several people who regularly walked the shore line of the lake. They would ask how his progress was. One man even stopped and said that he had had bypass surgery nine years earlier and was still in good health, " Just a little slower," he remarked as he was seventy-five now. The Teddy Bear attracted many of the curious as to why it was carried. Bri would explain its purpose and need. The amount of time in bed was diminishing as the week wore on and his movements were getting much more mechanical. He was in good spirit, with goals set each passing day. On the Friday he completed one circle of the lake, about a mile, with Pat at his side. She commented, "That he would be on his own the following week as he was doing fine." He could not fit into regular shoes as the foot was still swollen with fluid.

The past three weeks had provided Bri with loving care from Pat. The result was that Bri himself was very positive. He did not have a bad day as was expected. Patients having had

corrective heart surgery or bypasses normally have down days. This is quite common. Bri was upbeat and ready for the challenges that lay ahead. He did not allow himself to be drawn into his old ways of I can push myself past my normal limits. This self-control would eventually pay off for him.

Walking around the lake would be refreshing each day and he looked forward to the contact with other people. The only thing he feared was a dog or a large animal approaching him and jumping up at him. This would need quick movements of his arms and feet both of which were still painful to move. One day during the week this was the case. As he set out to walk around the lake a pack of roaming dogs appeared at the lake side. He could see them from his front porch, so did not venture out that day. Communication during this time period were by cell phone. The new technology has given people this opportunity to be at hand if the emergency arises. This is the most advantageous use of the cell phone. Pat and Bri used the cell phone for the next few weeks during recovery.

On the Wednesday those long awaited days had arrived, Bri was to report to the surgeon's office for his evaluation as to his status. He was told to report at 1:00pm to room 107. It was another hot day. The trip from the house to the hospital was full of excitement and anticipation. Would he be released or be required to wait another week or two before the surgeon would release him back to the care of the cardiologist; Room 107 was on the x-ray floor. Pat lead Bri into the room and filled out the arrival forms. About an hour passed and he was admitted into the x-ray area. The young lady was very polite and instructed him to remove all of his outer garments and once more drape himself in the robe. Completing the whole procedure in a minute flat he was told as to proceed with the lady to the x-ray room. "Stand here," she said.

X on the floor marked the spot. Normal directions for an x-ray of the chest were given.

“Hold your breath,” she shouted from the booth about ten feet away.

“Release good.”

“Now turn left, hold your breath.” A buzzing sound from the booth.

“Good” echoed from within.

“One more, turn right,” echoed out again.

“Deep breath hold,”

“Release,” a buzz again,

“You're done.”

Marvelous! make your way to the waiting room and I will deliver the plates to you.” About twenty minutes passed and the plated were handed to Bri with directions to go to the 4th floor room 422. The building was an annex to the main building but was interconnected at the Heart Life floors. The fourth being the CCU floor. Surgeons and the nursing teams could be called at a minute’s notice and be in the CCU unit. Bri thought this was well organized.

**Suite 422 was the suite for Doctor Appleby. Bri had not seen him since he talked to him the night before the operation. So he was anxious to obtain a diagnosis of his recovery. The room was crowded. It was now 2:00pm. The plates were passed on to the receptionist who requested additional chairs to be brought out from the evaluation booths. There were at least twenty people in the room or more. During the long wait a patient arrived with his son. Now bear in mind his son was Bri’s age. His father was eighty-six. Very chipper. he said, “
“A great hello!” to all as he entered the suite. Sitting down in the corner he held conversation with all as his voice was so loud. At one time he said,**

“Do you know that they put a darn pigs valve in me. I have real problem when it rains it makes me just want to go out in the mud a waddle around in it. Now ain’t that something.”

Well this caused a complete uproar amongst all the patients and caregivers. He continued for about ten minutes explaining

various experiences about his heart problems, all too much laughter. This individual certainly broke the barrier of silence in the room. Bri's name was called and he was led into a small booth. Just enough room for a bed and stool. First the attending physicians called to inspect his progress. The youngest gentlemen of the team had attended to Bri in the hospital. He pressed and prodded on Bri's chest.

"Boy, he remarked your sternum is healed beautifully."

"We need to make sure your scar stays clean and healthy so as not to inflame the sternum. Right now it looks a little inflamed so we will have to watch it," he said.

He left saying, "Doctor will be with you shortly."

"Not bad," Bri thought as it was only ten minutes later.

"Mr. Cripps," as he entered.

"Well I must admit your heart is in great shape. Keep it that way it's very, very, strong."

"Your plumbing we can handle. Your sternum has healed well. That's exceptional as it normally takes a good six weeks yours just three. You may drive in three days. Give it until the end of the week with Pat driving for you."

He placed a tee shirt reading Upstate Cardiology with a big red heart on it by his side and said,

"You're ready to be released to Doctor Cebe."

"I can't do anything more for you. Best of luck."

"Make sure you enter the Life Center rehab program," and left. Bri was quite curious as to why he did not say, "I don't want to see you back here." This would stick in his mind for quite some time.

It wasn't, but four days later Bri was back in the office. The scar had become inflamed with puss was streaming out of it. Back to the surgeon's office for minor surgery. The young doctor with a scalpel opened up the top part of the scar. It was festering and it was actually a relief when the doctor opened him up and cleaned up the scar. He remarked,

“It has not affected your sternum so don't worry.” In doing so he removed the remaining butterfly band aids that were still floating around the scar. With this completed Bri was now ready to report back to Doctor Cebe.

“Good morning Mr. Cripps,” as Doctor Cebe entered the room.

“You're looking well.” He replied,

“So far so good.” “Well give me your list of problems.” Bri went over the list one by one:

Q Why does the leg still tingle?

A It will be that way most probably forever, so get used to it

Q Why do I get flushes when I sit up straight?

A Your plumbing has been changed and it will take time for it to adjust.

Q Why does the chest creak at night?

A The sternum was cut down the middle and the ribs expanded. It takes time for the ribs to get back into position.

Q Why am I still experiencing the sudden uncontrollable body movements?

A The medicine caused this problem. It should subside.

Q Why is the foot still swollen?

A Your foot may take a long time to heal as it has lost a lot of veins in the leg that supported the flow of blood to and from your toes.

Q Why are my left two fingers still numb from the operation?

A You need to get a rubber ball and keep working it. In time it will go away

Q Can I resume sex?

A As long as it's not with your girlfriend. That would be too dramatic, jokingly he said. "Yes, you are O.K."

Q When is the next time we meet?

A After your blood test today in about two weeks.

Q Are you releasing me to the Heart Life Center?

A Yes, you can start immediately. They will guide you through the next three months

"You're good to go. Please see Marjorie on the way out and get some blood samples taken. I only have the results from just before you went in the hospital. I would like to see a set of new ones now that you have been on a diet."

He guided Bri into Marjorie's office.

"She will take care of you, I will see you in two weeks," as he left the room. Marjorie was her sweet self. Very efficient and caring.

"Now Mr. Cripps let's hope these new readings show an improvement,"

she said after drawing three vials of blood. She pricked his finger and took a quick sample to feed into the machine on her desk. It read only total cholesterol.

"Not bad. It's about 166. That's down from 258," she said.

"The full report in two weeks will confirm our initial reading." She led him to the front and Bri went on his merry way.

Arriving home, he was pleased to tell Pat about the fact that he was released into the care of the Heart Life Center. I have to

get an appointment tomorrow for Monday he told her. “Great news,” she said over the phone

An anatomical model of a human heart, viewed from a slightly elevated anterior perspective. The heart is shown in a light pinkish-red color. A white, semi-transparent mesh or grid is overlaid on the ventricles, possibly representing a medical device or a specific anatomical layer. The text is centered over the heart.

CHAPTER NO7
REHABILITATION PHASE II

Chapter 7

Rehabilitation Phase II

That same afternoon Bri called the office of the Heart Life Center. The appointment was set up for Monday the 7th of August. He was to report to Doctor Webster's office at 10:00am. During this time period both Bri would walk around the lake. He did not shuffle any longer and could stride at a fairly good pace. One complete lap of the lake in about 30 minutes was a



good time for his condition. The lake was about one mile around. He was very happy with the progress and was getting stronger each day. The hospital bed was returned and he was now climbing the stairs on a regular basis. The

steps would be time consuming but he managed it without concern. Occasionally he would get out of breath. Sleeping at night was a little inconvenient as he could only lay dead straight with no top blankets tucked in. The severe arthritis in his knees would flare up if they were restricted in anyway. Rolling to the right or left would create a pain in the chest that would last for some time. "Best keep himself straight," he would say under his breath. Most nights he would rest comfortably but he needed to visit the bathroom about five times a night to relieve his bladder. This problem would persist for quite a few months. He was not getting a full night's rest, but this did not change his disposition. He was upbeat and ready for whatever the Heart Life Center would throw at him.

Monday Pat would accompany him to the Heart Life Center to register. They were cordially greeted by a secretary that provided the usual six pages of forms to fill out.

These were quite extensive as there was a great responsibility that would be taken on by the staff at the Heart Life Center. The rehabilitation of a heart patient is intense and requires close monitoring of the individual. The evaluation sheets outline patient's past and present conditions and habits.

"Mr. Cripps, Doctor will see you now." the secretary said. She had the door open leading into his office. Pat and Bri entered. They were kindly greeted by Doctor Webster. Immaculately dressed Bri noticed his French cuffs with links. His shirt so starched it was perfect. The room was not cluttered. Every item was strategically placed. Doctor Webster was reading the sheets on Bri. He abruptly arose from his seat and introduced himself. Placing an extra chair in front of the desk for Pat and seating her he then started to give an outline on what was to come in the future weeks.

"First let me tell you little about the continuing services that you're about to undertake. The Heart Life Center is for the rehabilitation of heart, diabetes and women's related illnesses. This is an extension of your hospital operation and recovery phase. We call that part phase I. It's our job in Phases II, III, and IV to gradually get you back into the workplace or if retired to a better understanding of your new lifestyle.

"Yes this is the start of a new lifestyle."

"You have been through a very invasive type of surgery that requires special treatment and health needs as you go forward if you are to stay healthy. The first three months will be strictly concentrated in the area of the facility we call the Heart Life Center. There is a cost associated with it, but normally or under most circumstances the insurance company covers the associated cost as the continuing services to the Phase I costs."

You will have various tasks to perform and it is not essential, but advisable to wear comfortable clothes such as track suits etc. Heart monitors are attached to you during the exercise program. These monitors report to a master computer that is real time. Its purpose is to show our staff how you are performing and progressing each week. During the early hours 6:00am to 7:30am we have a full time cardiac care doctor on call right at the Heart Life Center. If you prefer to start early this is a very good feature that the doctor is on call. There is a set program for each individual that can be adjusted to suit the individual's needs. Some patients have arthritic

problems and cannot do certain exercise. We work around those issues. Some constraints are direct results of the operation itself. Your next three months of Phase II will start on Wednesday the 10th of August. That's this week."

"Now do you have any questions about what we are all about," Doctor Webster said.

"No" it's quite clear Bri said.

After a short hesitation,

"Just one, what happens after three months?"

"Phase II starts the use of the facility is billed directly to you. Normally insurance companies do not pick up the cost of membership. That's if you stay at the Heart Life Center. Some patients move on to other facilities as they commute quite some distance to this one."

"We have recently opened a facility in Simpsonville and our plans will encompass one on Anderson," Doctor Webster replied.

"Now let's go over your summary and answers to the forty question questionnaire, he said as he reviewed the sheets placed on his desk.

"No smoking that's good,"

"No diabetes great."

"No alcohol,"

"No previous heart problems,"

"Bri interrupted,

The surgeons said my heart was very strong and not damaged."

"As matter of fact it was due to the condition of the heart that saved me from having cardiac arrest."

Bri was showing off here as this was just another word he understood the real meaning of in his new vocabulary.

"So what caused you to have the operation?"

"The plumbing or arteries were not in good shape. Several were blocked to the extent of two @ 90%, 2@60%, 1@ 50% Bri replied."

"Boy, you were in bad shape. You have classic case of cholesterol problems," Doctor replied. "Diet from now on will be extremely important

to you. We have two classes Nutrition I, II. Make sure you go to the class. It's free, but very informative," he said

"Well, from all that we have in front of us pointing to the questionnaire and your openness I would categorize you as a Low Risk factor." This was good news to Bri's ears.

"The staff will set up your exercise program accordingly. Just do as they say and you will heal and get back to full recovery and lead a normal life again."

He shook hands with Pat and Bri and showed them out into the foyer.

"Don't forget to report on Wednesday. Best of luck." I will check in with you in about a month's time."

Wednesday 10th of August couldn't come quick enough. It would mean that Bri would start out on a meaningful journey of recovery. At 4:45am he arose from the night's sleep. Dressed in sports attire which was light in weight as it was summer, off he went. There was not another car on the road as the car wove around the bends heading for the Heart Life Center. He was alone, as he had been driving for at least two weeks by now. As he approached the Heart Life Center he said to himself how many crazies are going to be up at this time of day. As he turned into the parking lot he could see at least twenty cars parked up close to the facility. The lower parking lot had another thirty. "Boy, this is much different than I expected," mumbling as the car stopped. The paper work was completed on Monday prior to him starting.

The time was now 5:25am the doors were not open yet. As he approached the front door groups of members were milling around and talking out-loud. No one spoke to Bri as they did not know him. He quietly stood off to the side. The doors opened at 5:30am sharp. The members all piled in as though it was the day after Thanksgiving Day and all the sales were on. Some even seemed to be hustling to get to the front. He thought Wow! These people are conscientious at this time of the day. It did not dawn on him that may be they have to get to their places of business by a certain time. He was retired so he really was no rush. Presenting his temporary pass, the lady behind the reception desk said,

"Mr. Cripps you will have to wait until 6:00am as the Heart Life Center doesn't start until then. We will get you another permanent pass later. You can sit down and wait over there," pointing to a suite of chairs. Bri

promptly sat and waited. Streams of people came in. He was not sure if they were all heart patients or not.

Finally, 6:00am arrived and it was time for Bri to get with the program. He went into the Heart Life Center, sat down and waited for attention. At 6:05am the first of the staff arrived. Amy introduced herself.

“Good Morning Brian.”

He was wearing his name tag on his pocket quite conspicuously. She showed him to the drawer loaded with monitors. On the top of the file cabinet she had already placed several units. Alongside the monitors was a box of monitoring surgical pads. She said.

“Place the reds pad just above heart and the white one just below your abdomen on the left side of your ribs.” Bri followed her orders placing them strategically on his skin.

“Bring the leads up over your tee shirt.” She then handed him a bodice that the monitor would be held in. The leads were now attached and synchronized with the computer main monitor,

Amy expressed. “What number is on your monitor?” as she looked at the monitor.

Bri said, “Number 111.”

“That agrees with the reading on the monitor,” she remarked.

She then took an orange colored card from the box. Workout directions were very specific.

- Warm up five minutes’ walk slowly around the track.
- Bicycle ten minutes.
- Treadmill ten minutes at speed 2.0 miles per hour,
The first steps now being taken to improving
the **1A** cardiovascular system

Note: Pre-Request was the taking of his blood pressure 160/100 she noted.

“The blood pressure is a little high, but you’re nervous on your first visit.”

Bri said, “That he had problems with the bicycle as it was very painful to bend his knees.”

“O.K. we will have you do extra on the treadmill to make up for it.”

The words 2.0 miles an hour when first spoken seemed to be easy.

Bri had done his warm-up and now ready for the treadmill. The machine was started and he kept pace with its movement. Amy called across the room.

“Good, you’re ready to go.”

“I will be over in a short time to monitor your heart rate and blood pressure.”

The machine made Bri sweat just a tad. He was feeling good for his first visit.

“One thing you don’t want to do is increase the work rate other than that on the card,” Amy remarked.

Amy was now taking his heart rate and blood pressure,

“All a go,” she said.

Bri thought it sounds like a rocket lift off at the launch pads in Florida. Bri spent the allotted time and brought the machine to rest. He felt really good about the first day.

“Take five laps to cool down,” Amy said.

Bri went to the track and did as she said. He kept thinking, “I must obey orders.” Not one of his strong points listening to others. His type “A” personality would need to change. He knew this to be a fact if he was to be successful and change his lifestyle. His prior places of employment were all high stress jobs, another contributing factor to his condition. He reported back to the Heart Life Center central desk. By now there were at least seven other patients all under the care of three staffers. Bri had his last blood pressure check and was dismissed.

Amy said, “You can take the bodice home and bring it back each time you come.” Bri thanked her for her kindness and left the Heart Life Center area. Outside in the vestibule he called Pat on the cell phone so as to assure her that he was feeling O.K. Pat was very upbeat now that Bri was under the care of the Center. Bri believed this took some of the strain off of her. The time was now close to seven o’clock in the morning. Still there was very little traffic around as he drove home. This whole episode seemed to him as

though he was living in a very different world. The future was not on his mind,

“One day at a time,” he repeatedly,” said to himself.

It was just like his problem with drinking several years ago. He was now clean eleven years.

During the first months of rehabilitation Bri found time to attend the lesson on Nutrition I as applied to heart rehabilitation and life style changes. The first session was at 1:30pm Pat would also attend as she was interested on how to arrange Bri’s meal plan. The one-hour lecture first concentrated on facts about the heart or physiology and the causes of heart and cardiovascular diseases. Then the lecture leads into the lipids (fats) and glucose that the blood has in it.

cholesterol, HDL, LDL, triglycerides, and blood sugar or glucose.

All these components contribute to arteriosclerosis if not kept under control. Bri’s first readings were pretty bad.

Date 6/23/2000 (Before Surgery)

Cholesterol	258	Optimum 150
Triglyceride	166	Optimum 150
HDL (Good Lipids)	34	Optimum 50
LDL	186	Optimum 90-100
Glucose	127	Optimum 110

Date 8/23/2000 (After Surgery diet only)

Cholesterol	165	Optimum 150
Triglyceride	156	Optimum 150
HDL (Good Lipids)	32	Optimum 50
LDL	102	Optimum 90-100
Sugar	93	Optimum 110

Date 11/8/2000 (End of Phase I diet only some improvement)

Cholesterol	183	Optimum 150
Triglyceride	111	Optimum 150
HDL (Good Lipids)	30	Optimum 50
LDL	129	Optimum 90-100
Glucose	107	Optimum 110

These readings were still not optimum as far as the cardiologist Doctor Cebe was concerned. Zocor was prescribed at the visit 11/8/2000. By 2001 the following results.

Date 10/5/2001 (Diet and Zocor, statin drug) below optimum achieved

Cholesterol	143	Optimum 150
Triglyceride	88	Optimum 150
HDL (Good Lipids)	37	Optimum 50
LDL	73	Optimum 90-100
Glucose	96	Optimum 110

Susan, the nutritionist, went on to explain the various fats we have in the food we eat. Saturated, Monounsaturated, Polyunsaturated, and Hydrogenated (Trans Fats). Each of these types of fats affects the blood lipid levels. Some of these fats are good for the body others detrimental She even had a calculator for monitoring your daily diet intake. Dietary recommendations vary from person to person. The range to observe is 25-50 fat grams per day. One should emphasize on the good fats. This range is considerably lower than the average diet. Susan outlined three golden rules and how to apply them.

Golden Rules:

- 1 No egg Yolks**
- 2 No organ meats**
- 3 No animal flesh**
- 4 3-6 oz. of baked or broiled fish / white meat**

Helpful Hints:

- 1 All cereals / crackers less than 2 fg (fat grams per serving)
- 2 2 fg Exceptions olive and canola oil and nuts
- 3 Avoid all fried foods
- 4 Choose only fat free dairy products

Note:

Susan made note of the fact that.

“Eggs have 220mg of cholesterol in each egg.”

“You should try to limit your daily intake to 100-150mg per day of dietary cholesterol.”

The lecture brought home to Bri why he had arteriosclerosis. Bri’s diet in the past had been very poor. Some days he would eat at least four eggs in what he thought was a diet meal of egg salad. Chinese Egg Fo-Yung was another one of Bri’s favorite meal. Margarine was smeared thick on slices and slices of bread. Fried food when eating out with plenty of French fries another No-No. All of these types of meals had contributed to the problem.



Typical Breakfast 60-75 fat grams

Bri knew he needed to change his meal plans drastically. He was on a diet of strictly carbohydrates. It was working along with the Heart life exercise program, but it would need fine tuning. Pat when they both left said, “Boy

I'm glad I came to this lecture. We need to make a more corrections in your eating habits.”

Nutrition II followed two weeks later and Bri attended without Pat as she had already started changing his diet plan. The lecture outlined the various foods that contribute to a healthy heart, Vitamin “C” “E”, selenium and minerals. In addition to vitamins it is important to ingest adequate amounts of the following:

- Carotenes,
- Flavonoids
- Isoflavones,
- Sulphides

along with soy protein products which are essential in one’s diet. This part of nutritional sense seemed quite complicated as it took a while to change eating habits to include the important foods.

Two weeks later there was a visit to a supermarket to help in the selection of foods in your diet. Bri found this the best part of the nutritional guidelines as it related to actual consumer products available in the market place. Again it was watching the labels at all times. 2fg was the limit on a label check saturated and hydrogenated fats are particularly dangerous. Some foods should have less than 2 fg. Bri found that the nutritional aspect of his recovery was well under way. His plan for a day in Phase IV was as follows:

First	Normal Day			fat
	Food	calories	carb	grams
Breakfast	Cereal (Measured)	100	24	1
	Can Fruit no syrup	50	13	0
	milk 1/2 cup	90		0
After Exercise	Brazil nut (2-3)	30		8

	Soy milk 1//3 cups	183	30	4.5
	Banana medium	85	20	1
Lunch	Granola Bar	110	23	2
	Tortilla	100	17	2.5
	½ cup Baked beans	130	24	0
	Gram Crackers	120	26	1.5
Supper	3 oz of salmon	205		15
	½ cup apple sauce	90	20	0
	sauce unsweetened	ri		
	Stove top 1 cup	170	20	1.5
	Green beans 1/2 cup	25	4	0
Dessert	Pear	100	20	5
	Totals	1598	241	35
	Recommended	1800	358	40
	with exercise 2 miles a day			
	Bri's burn rate 700-800			
	calories a day			
	5 miles a day			

The physical rehabilitation of a patient is the responsibility of the Heart Life Center. It is open three days a week on Monday, Wednesday, Friday, so the first week you use cards 1A, 1B, 1C and then one other day 1D the following week. Each card gradually increases your capacity to endure the exercise program. By the fourth week Bri had met several patients and there was quite a camaraderie amongst them. Mary was the first to be friendly and then Frank. Mary was suffering with diabetes along with her heart problems. Stents had been placed in her arteries. Frank had open heart surgery, but was having trouble progressing with his work rate.

Tommy was always at the treadmill even though he was not now considered a Heart Life Center victim. Tommy had his operation nine years earlier but used the Heart Life Center equipment for reasons only he would know. Tommy always had a kind word with Bri. They became heart buddies and talked about many things while slugging out on the treadmill. During the 4C exercise program Frank informed Bri that he was having major pains again in his back and would need a doctor's visit. The suffering had reduced his ability to exercise properly and he was quite worried about his progress. Mary was still trying to balance the diabetes. She came most mornings before work as she was a nurse directly across from the Heart Life Center at the Shiners Hospital. During the session 5D

- Treadmill 3MPH
5min.
- Treadmill 3MPH (2.5% grade)
10min.
- Treadmill 3MPH (5% grade)
15min
- Treadmill 3MPH (2.5% grade)
5min
- Treadmill 3MPH
5min.
- Weights 3-5lbs, 5D

Bri caught up with Mary around the track to be informed that Frank had passed away. The heart pain was a lot more serious than he thought the artery in the back of the heart was 90% blocked and in the end caused cardiac arrest. Obviously his heart was under duress from the original heart surgery. The latest developments only complicated his recovery to the extent that his heart failed. There is always a sense that life will come to end for many of the patients at the Heart Life Center. The Center has at least 7200 members of which 80% are heart patients all in various stages of life. The majority are over the age of sixty. It's gratifying to see them all at least trying to change their lifestyles and improve their physical conditioning. Some just walk, others, lifted weights, while many others used the bicycle or rowing machines.

The dietary values and notes were taken from my Nutritional I and II lectures attended at The Heart Life Center. Each individual should consult a **Doctor and Qualified Nutritionist** before starting his or her Life Style Change. Each individual will require his or own tailored made Diet. The included values are as a guide line **Only. Salt Intake** is also to be monitored and were discussed only for Bri's Heart Healthy recommendations.

An anatomical model of a human heart, showing the four chambers (right and left atria and ventricles) and major blood vessels. A white, semi-transparent mesh or grid is overlaid on the ventricles, possibly representing a medical device or a specific anatomical feature. The heart is shown in a slightly elevated and rotated perspective.

CHAPTER NO8
REHABILITATION PAHSE III

Chapter 8

Re-Habilitation Phase III

Phase II was coming to an end. He was now using a purple card 5D. The course of some thirty week days prepared him as it did for others to advance into the workplace once again. Bri was feeling pretty fit as he was also down to 195 lbs. He had not been at that weight for twenty-five years. Jimmy, one of the staffers, informed him that he would need to fill out paper work and get a new card as a full member of the Heart Life Center. With this done he would be allowed out into the main arena and track, but not the weight room fitness center. Jim told Bri to meet him on Wednesday to go over a program that would be geared to his needs for goals during his Phase III re-habilitation. It's amazing how many people suffer with some form of Arterial or Heart ailments. You find once you have the problem yourself that people come out of the woodwork or are referenced to you as having the same type of problem. In the South, heart related disease is very prevalent. The eating habits of the Southerners are such that nearly all veggies and meats are deep-fried in fats. Doctor Appleby informed Bri that the team in Upstate Cardiology performs about 2000 plus heart-related operations a year. This is quite an alarming rate. Obesity is very high also, causing side effects such as diabetes. Staffers at the Heart Life Center are very dedicated. After a while there is a bond between all the patients, members and staff. Phase II was a very rewarding experiences for Bri. He now looked forward to expanding his exercise routine. During the operation he had lost a considerable amount of muscle. His flesh just hung on the bones without definition. Phase III he thought might change all that, or he hoped it would.

Phase III would start with Jim explaining that Bri could now workout with light weights. The exercise program was depicted on a set of drawings in one corner of the bicycling area. Jim went over all the required lifts and stretches that one could perform in Phase III. “

“Don't forget,” he remarked,

“The limit is eight lbs. so don't lift anything above that weight.”

“You can also use the rowing machines. You don't need to be monitored now. Just be sensible about what you do. If the body tells you its tired, slow down listen to it.”

Bri's eyes lit up as he was now somewhat on his own with limitations. It was during this period that he was introduced to Charlie, and Henry. The three of them called themselves the 567 club: Bri 5 bypasses, Henry 6 and Charlie 7. Doctor Appleby had remarked at one time that he had personally done nine bypasses on an individual. Bri had now increased his work out to approximately an hour. Walking twenty minutes, then an additional twenty minutes using the treadmill, rowing ten and the balance in the weight area doing calisthenics.

Bri still arrived at 5:00am and was now slowly meeting several of the members. Bri would hold open the door every morning so the initial rush of some thirty people at 5:30am could all get to their exercise programs quickly. This is where he got to say "Good morning" to each member that responded to his gesture of holding the doors open. He was now permitted to start training immediately also. The Heart Life Center had dismissed him so there was no monitor to wear. He was completely free to do as he pleased within the limits that Jimmy had given him. It was also imperative that he check in every time with a staffer to get his blood pressure at the start and end of his routine. There would be at all times two of the medical staff ready to take Bri's blood pressure. Most morning it was in the range of 120 /78 which was quite good or close to normal for a healthy individual without arterial sclerosis. For him it was really good. Before the operation his blood pressure would be on the high side of normal at 160 /110.

The treadmill speed was now up to 3.0 miles an hour with 0% incline for twenty minutes. This would accomplish about 1.0 miles. He would then take a five lap cool down and then row on the rowing machine for ten minutes at a max work rate of max of 75 Jim had outline. This was quite an effort and he only burnt 87 calories.

Bri was slowly starting to count calories as an indication of overall performance. Moving over to the weights he would go through all the exercises that his body would allow. Some he could not accomplish, as he would be in great pain. Leg lifts with a small weight around the ankle was impossible for him. The routine would bring him in contact with several other patients all of whom shared their experiences of why they were in the program. Some had some very sad stories to share. Others were just happy to be at the Life Center. After the work out several of the members would congregate in one corner of the vestibule to have coffee and just chat about current affairs or someone having an affair. Bri would look over towards

the crowd and would think himself that this is where the elders met and made all the decisions about the Life Center. This was good; one needed a social life stimulated by people with the same or similar ailments. There seemed someone always looking out for your interest. The medical staff was so friendly and helpful. He believed that they were gifted with the passion for healing others.

During this time period in early 2001 Bri visited his cardiologist Doctor Cebe. He was not very pleased with Bri's attempt at trying to diet only to reduce his cholesterol levels. The results were minimal to say the least.

"Well, Mr. Cripps, we need to get you on Zocor."

"I'm positive this will reduce your levels to the optimum levels we in heart care would like you to achieve. I have seen your work out results and you're coming along fine. The 1500 miles walking you already have completed is really something."

"Don't overdo it," he stressed.

"However, it is important now that I have prescribed statins that you keep burning calories so as the liver is not overworked or damaged by the drug you are using." Bri inwardly was a little concerned as his liver had suffered years ago because of heavy drinking, but had repaired itself. This was an alarm bell that he would need to follow very carefully he thought. Other than that I would like to see you in six months after you have taken another lab test. Marjorie will make out all the paper work and send it to you for your next test.

"Keep up the good work," he said as he left the room.

During the time period of Phase III Bri changed his routine and included two days of walking around the mall. Pat wanted to walk also as it was approaching spring and a few pounds needed to come off. They both arrived on the first day at 5-30am. The doors were open as Tony his friend had told him. Pat and Bri walked three laps completely around the upper perimeter. That should have been three miles, he thought. Later after talking to Tony it was only 0.75 miles per lap they had accomplished the first day. Tony said, "You have to go around the food court twice on each lap to make it a mile." During the week Bri picked up an odometer and set his pace on it. He was going to make sure the mileage was correct. The following Thursday when they walked, both Pat and Bri set out to walk four laps and eight food courts. After completing, the laps odometer read 4.2 miles. He had checked it out also around the lake in the neighborhood as

there were one tenth of mile markers all around painted on the ground. The result was that the odometer set points were correct. Bri was now getting very technical with his program and monitoring calorie workouts along with food consumption. He was now accomplishing about seventeen miles a week walking, resulting in about 1700 calories being burned. The Zocor immediately caused him to put on weight and he went up to 198 lbs. in a hurry, much to his annoyance. Within two months it was up to 202 lbs. He was now pretty upset with his weight gain.

As time went by during the early part 2001 his workout schedule was up to seven days a week. Visits to the Life Center three days and walking either around the lake or mall on the other days. The mall walkers were another group of health enthusiasts who were very conscientious about their life style. While walking around the lake several other acquaintances had developed, even neighbors he had never spoken to. All these people in some small way contributed to his mental stamina. Bri had never looked back and felt sorry for himself. This was unusual as it is quite common for heart surgery patients to go into a bad slump and feel very negative about their lives. The Bishy Boy would focus on all of his strengths and forge forward with his health and fitness plans. Each week he had goals to meet. On one occasion Bri over-did it. He had walked at a pretty good pace and for a long period. When he went to the computers to enter his daily routine and get credit for his workout things went

all “Kahowie”!

He could not see the text and he started to faint. He managed to get to a chair inside the Heart Life Center. Immediately there were several staffers around him. Within a minute the cardiologist was at the scene.

“What’s wrong?” with stethoscope already prodding around Bri’s chest. First question from doctor was,

“Did you eat this morning?”

“Negative,” Bri said.

“Did you have water during your exercise program?”

“Negative,” Bri said

Doctor told a staffer to get water immediately. Soon there were at least three of them stood around with water available.

“Your blood pressure is only 70/40. That’s pretty low, no wonder you are having trouble, he remarked.

“Is this the first time this has happened?”

Bri replied “Yes.”

“From now on no coming to the Life Center without food in your stomach, and secondly drink water at least three times during your work out.”

“It’s foolish not to.”

After taking the water and a rest of ten minutes his blood pressure returned to normal and the doctor released him.

“Don’t forget what I’ve told you,” he remarked in a very stern and commanding voice.

Bri considered this a setback in his progress, but after following the orders of the doctor he was back on track going about his usual routine within a week. This had been a warning and Bri knew he needed to abide by the rules that the doctor had laid down. He was worried as if to tell Pat. In his heart he knew she would once more worry about him leaving for the Life Center each day. Bri convinced her that would need to get up early enough to have breakfast before leaving for the Life Center. Pat quite willingly changed her morning routine to accommodate Bri. From that day on he never experienced another problem with his heart or blood pressure.

His routine at the Life Center was strenuous. He was now walking at about a 4,2 mile an hour pace and staying on the treadmill for thirty minutes. In rowing the work out was up to a 100 work rate burning now 107 calories. Weight lifting took another ten minutes. He would complete 10 laps prior to start as a warm up and then 10 laps as a cool down. The total calories burnt were around 500. During the warm up Bri would try and keep up with a gentleman known as Headhunter (Ron). He was an exceptional walker and his pace was at 4.8 just below running. Ron was fairly short but was very strong. He worked out his upper body every day on the bicep machine.

There was also Grady, a gentleman with a huge gait. He could walk at an alarming rate. These men were Bri’s rabbits and he would try to keep up with them during warm up. Occasionally he would go into his Olympic walk with a waddle and increase his speed that way. The two others were just too good for him. But it was an aerobic workout and that was the purpose of going to the Life Center.

Jim the staffer and Bri became kind of buddies and joked about general behavioral tasks in the center. They could joke about his achievements and how far to push himself. Jim, he believed, did this to check on those who might go out on a limb and get into trouble. There was a psychology to this to keep patients in line. Each of these associations made it so important to the total recovery process. Bri, if he knew another person who had heart surgery or problems would call and see if there was any way he could help in their recovery. Sharing the problems and helping by just listening just as Tony did help him.

“It’s the support mechanism that gets you through the ordeal he would say to people.”

Pat during this time period said to Bri, “Why don’t you write a book as your memoirs were so good.” One day during the long winter months he had nothing to do so he started an outline for a book. Pat thought it would be good therapy as he was now fully retired. So began Bri’s venture into writing a novel. Since the inception he has now written three books. It’s good for him to have this love of writing. His mind is always thinking now of the next book or a sequel to the others. The books, when finished, are printed for copyright protection and sent off to Washington (Library of Congress). They are distributed to friends and associates it has been quite rewarding for him. The physiological stimulus of constantly researching for ideas and writing them down in the production of a book has been enlightenment as to what he can achieve.

Recovery is not all diet and fitness. There are other elements that have to be part of the healing process and the person becoming and feeling whole again. Bri would continue his fitness routine for the next three months heading towards April and achieving Phase IV. Again it was as though it would never come. The next Phase IV was extremely important as the patient would be released on his own cognizance.

An anatomical model of a human heart, showing the major blood vessels and internal structures. The model is rendered in a semi-transparent, light pinkish-red color, allowing the internal chambers and valves to be visible. The text is overlaid on the upper portion of the heart model.

CHAPTER NO9
REHABILITATION PHASE IV

Chapter 9

Rehabilitation Phase IV (PREP)

Finally, March 10th, 2001 rolled around. Jim the medical staffer informed him that he would be released from the medical environment into the Life Center program. The paper work and a new card would follow. This meant that he was on his own. The medical status of his recovery was excellent except for the same old problem, the leg bothering him and the chest pain limited his weight lifting capability. Bri still walked with an Olympic style walk or waddle with no shoes on. He prefers bare feet or stocking feet. He still has made very few friends at the Life Center. Tommy was his closest and they talked about world affairs and Tommy's girlfriends as he was quite a lady's man. Tommy would talk to most of the women in the spa. His work ethics were limited, as he would stop very often just to have a talk with his girlfriends.

During this time period or just before, Bri finished the second book of his memoirs. He now had plenty of time to spend on the research and compilation of the memoirs. Tommy had a copy and was delighted with it. Tommy obviously told several members about the book. The result was that the book went into publication at Kinko's and distributed to several other members that requested a copy. Writing had become a passion with him. This newfound expression of his passions was very rewarding and beneficial to his wellbeing after the major surgery that he had been subjected too. Bill, a pastor friend, wanted a copy. Linda, the lady he walked around the track with every day also wanted a copy. They were rolling out of the door pretty fast; all in all, sixty copies were distributed to friends and associates.

Bri was now slowly increasing his workout routine that lasted about one and half hours. He was up to one hour and fifteen minutes of treadmill and walking exercise.

His total mileage a week was now approaching thirty miles. His heart rate was now in the aerobic range of 120 to 150. Specifically, his heart rate for a 61-year-old is 140 plus range. This was to be his benchmark during the visits to the Life Center. The rowing machine would be an additional ten minutes and weight exercise program fifteen minutes. He was now logging at least fifty sit ups and his weight lifts were all in the range of 35 lbs. Leg

strength exercise machine would be set at 190 lbs. The Actified condition of his muscles was no longer a concern they were gradually tightening up and expanding. This resulted in a further weight gain. He was now 205 lbs. He was fit and tight as they say. During this period his total miles walked was 1500 miles over one year. This was the fittest he had been since he played professional soccer as an eighteen-year-old in England. People would ask as to his welfare. Bri would remark,

“I feel good”

Summer would be very rewarding as life was really getting back to normal. Medically the only problem was that he still had to wear dress slippers as his foot was still swollen. The chest due to weight lifting was slowly healing and resulted in less pain.

Bri would become friendly with both the ladies at the front desk. Both Mary and Sheri were just wonderful people. These two ladies start your day with such a great “Hello, how are you today?”

There’s always an aroma around the desk of take-out food. This type of breakfast is not normally what one would expect for personnel working in a Heart Life Center. He used to think to each his own. The admissions and support staff were all so helpful. Each person you make contact with during your daily routine while at the Heart Life Center eliminates the stress and boredom of a program.

Bri did attend Stress in Your Daily Life class session NO.1 and NO.2. This class was conducted in conjunction with the South Carolina Vocational Rehab Training Department. The obvious reason for this class is to help program the individual back into the workplace. For those retired the advantage of this lecture was what stressors to avoid to help your healing heart. Bri worked through the classes with enthusiasm. In each class were friends and associates contributed to the healing process. A support mechanism is a must to become whole again both mentally and physically.

The year 2001 would turn out to be a very successful year. During the latter part Bri wrote a book The Troyidian Contact. This was good therapy and occupied quite a large amount of his time. The undertaking would take the best part of six weeks. He gave them out as Christmas presents. His friends gave his first book a B+. It was his first and so he would continue into the early spring writing Sammy.

Health problems did arise in June. Bri was having trouble with his neck being strained and also the lower lumbar of his spine. Plenty of Icy Hot rub was not doing the trick. His family insisted that he visit a chiropractor. On the June 23rd he would visit with a doctor that his daughter recommended. Well, the first visit turned out disastrous. The chiropractor prodded and pulled his spine and racked his back up to a position that was extremely uncomfortable. Within hours of arriving home Bri was in such excruciating pain that he could not move his body or walk. This pain was far worse than the operation. It completely immobilized him to the extent that lying down was just as excruciating. He applied Icy Hot again and in the end called his wife to come home from work. He just could not move. Pat was able to help with at least hot water bottles. Bri kept bitching and complaining about why he had listened to the family and their preaching about Chiropractors. It took three days for him to recover whereby he could walk with a limp on his right side.

On Tuesday the following week, he visited the chiropractor as it was to review his x-rays. The doctor informed him that he had a severe case of D.I.S.H. The symptoms he showed Bri from a medical book. He had a classic case. It is fairly rare the doctor quoted may be one in every 100,000 people suffer with it. One can see from the x-ray plates large calcium spurs growing out of the spinal cord and also at the back of the neck. The neck can be troublesome if it chokes off the esophagus. D.I.S.H. also attacks the tendons if they have been over strained. Bri's weight lifting and the use of the exercise apparatus was causing great pain at the tendon joints. The doctor immediately advised Bri to stop all activity in the weight program. D.I.S.H. medically is called dysfunctional, idiopathic skeletal hypertosis.

"Well that's what you have," Doctor Dave said.

"I can do nothing for you so you will need to visit with your GP," meaning general practitioner. Bri would now have to rearrange his workout schedule. It took quite some time to work out an equivalent program whereby he would use up the same calories as before. This was of great concern for him. Weight now crept up again to 210 lbs. He was deeply concerned at this level as it would indicate that there are fats once more in his blood stream. "A No No."

Today Bri is still searching for the right workout routine that would keep his weight stable. The big problem is carbohydrates. Dairy products and meat are not an issue. He does not eat either. Breads, low fat muffins, Thomas English muffins, and rolls are a constant battle, not to eat them. Bri knows this is his

weakness and needs to align his diet once again due to the reduced of exercise routine. For the Heart life patient there is always a balancing act going on between acceptable eating habits and exercise program so as not to gain weight.

Workout results after thirty months in the program:

Health Log

Brian R. Cripps
02/25/2003 Program Phase PREP
Prevention Program

	Home	Program	Total
Minutes of exercise	0	75	75
Miles	0.00	5.65	5.65
Total miles in February	30.14	60.41	90.56
Total miles on file	1089.17	2398.17	3487.36

your

Goals

Miles per month
: 67(135%)

Target heart rate : 140

Target weight : 183
Your weight
: 205

Relax and Eat Healthy!

Developed in collaboration with the Heart Life Program of the Heart Institute of Greenville Hospital System. William, A. Webster IV, Ph.D., of the Heart Life Program in collaboration with Mark D. Senn, Ph.D. of the South Carolina Heart Center

Chapter 10

The Whole Person

Being whole and once more accepting the responsibilities of life as it affects each and every one of us on a daily basis is of upper most importance in recovery. Individuals who have gone through the process of invasive surgery and heart operations need to start a program that originates from the first time one is forced out of bed at the hospital. A positive attitude and a direction with milestones and goals to achieve within your medical limits is a must. You must not look back in pity reflecting on such negative feelings as,

“Why me, this is just not acceptable.”

There is experience, knowledge, and caring all around you us, these avenues to go forward with your life. People are so willing to help if you let them into your life. Do not shut yourself off from this world.

“With a positive attitude the body heals quicker.”

I did not falter from this first moment of recovery. I remember saying to myself,

“Just one small step for me.”

When my feet hit the ground for the first time in the hospital bedroom in CCU I knew I was going to heal no matter what it took. Maybe it's because of my station in life when I was younger. Competition and competing were inherent in my nature having been nurtured so young. To win has great spiritual reward in itself. In the case of the heart patient it is the reward of being whole again. The heart operation or bypasses were not going to get me down. As I write this book I would be remiss not to mention that for the first time in three years I had a bad day recently. I was not feeling sorry just had tears in my eyes all day for what reason only God knows. It passed and the next day was glorious. My leg has not fully healed; it will always have a severe tingling when touched. The chest is the same although not as painful. These are medical conditions one has to live, without complaining.

Sir-Koff-A-Lot accompanies me on my daily routine. He sits in the Lincoln as a constant reminder that I need to take care of myself and avoid what may be in time an inevitable trip back to the hospital.

I'm hoping in some small way this book helps all those who need to go through the procedures of invasive surgery and heart operations. The family members who

will need to support the caregivers. To those who think at this time differently about their eating habits and lifestyles. And the young who always think they are invincible.

One can prolong the inevitable with great care and respect for the body and corrective daily eating habits. I'm hoping that my life will be extended until the Lord calls me for other duties without the trip to the hospital for more corrective surgery.

For those who have to go down a similar path,

“Think Positive.”

Each day a constantly recall the inspiration of James Brown as he would say,

“I feel good.”

Author of Bri's Heart

Brian R. Cripps