

The First Emergency: Bad Signs

Suddenly one evening while watching TV at home, my heart started “fluttering”, which is my non-medical description of what I felt, my heart not beating regularly. The feeling was coming and going, and I felt dizzy and light-headed enough, that I asked my husband to take me to a hospital emergency room.

When we arrived I was taken inside in a wheel chair to the triage nurse station. This is a normal procedure, in which a knowledgeable nurse quickly assesses the condition of incoming patients, to determine the level of emergency the patient is presenting. This also determines the order in which the emergency room staff treats the patient. Severe trauma, such as gunshot wounds or severe automobile accident victims, are given preferential treatment.

While my husband was parking the car, the triage nurse listened to my heart carefully and quickly summoned more staff to get me into a treatment room. I told her I was close to fainting and falling out of the wheel chair. She mentioned a term I had never heard, “atrial fibrillation”, and apparently were the correct words necessary to get me some immediate attention. I was quickly fitted with an intravenous (IV) needle and tube in my arm, attached to an electronic heart monitor machine, and injected with some medication to stop the “a-fib”, a shortened name for atrial fibrillation. Apparently a-fib was and is a dangerous condition of the heart in which one chamber of the heart is not beating normally enough to pass the blood through a valve into the next chamber, where it is destined for circulation to the rest of the body.

By the time my husband arrived in the room, the assemblage of nurses and doctor were watching the heart monitor with some anxiety and some comments about my pulse rate “coming down”. The doctor explained to my husband that the medicine administered should alleviate the rapid pulse and reduce it to the point where my heart functions were stabilized. The medicine worked, and the conversation then turned to admitting me to the hospital for treatment.

The Surgeon’s Advice

The next day in my hospital room my internal medicine doctor was in attendance, and he told me he had invited a surgeon to speak with me about my heart, based on the previous night’s emergency room experience. My husband was there, of course, to help me understand what my condition was and what the near future was going to bring in the way of medical treatment.

My doctor told me that the emergency room session on the previous evening had revealed that one of my main heart valves, called a “mitral” valve, which controls the flow of blood between two chambers of my heart, was leaking badly. This means that some of the blood pumped between chambers was flowing backward and not getting into my main blood stream. The heart works harder and faster trying to pump blood, until it can’t go any faster. This condition results in the “flutter” I felt, called medically “fibrillation”, which means the heart muscle quits beating in a regular pattern, and simply starts quivering, instead of pumping. If this condition continues without relief, death occurs rather quickly. This is where I had been the night before, and only the medication that was administered to alleviate the rapid pulse, or fibrillation, kept me alive. This, of course, was a temporary fix and not a permanent solution.

The surgeon was a kindly-looking middle-aged man, and his demeanor immediately set me at ease. He showed me a small device which meant nothing to me, but he described it as an artificial heart valve made of titanium and extremely hard carbon. He shook it back and forth, and it made a loud clicking sound. The part representing the valve opened and closed as it would when implanted inside a human heart to replace a faulty natural valve. This valve, he said, was a permanent replacement, and would never wear out or malfunction.

Although he did not have a sample to show us, he said they also use with great success a valve made from the heart of a pig, treated so that the human body does not reject it as some sort of foreign tissue. Apparently pigs are very close to humans in some physiological respect. Close enough that pig valves had been and still are used extensively for this purpose. The surgeon went on to say that this type of valve had an 8 to 10 year life expectancy.

Frankly, at this point, getting some assurance that the life of my heart could be extended by another 10 years with a pig valve replacement sounded good. And the metallic clicking of the other artificial valve was a bit disconcerting. I did not know if I could tolerate hearing this noise inside my body for the rest of my life.

The surgeon continued to reassure me by saying that he could give me a “T-shaped” incision scar on my upper chest, where he opens it for surgery. The “T” shape, he said, was instead of a long vertical cut which would show above low-cut blouses. Although superficial, this sounded like a good result from such a serious operation.

I chose the pig valve.