

DON'T COME BACK (DCB) by Ernie Bies January 1, 2016

I have picked "DCB" as my new mantra going forward. Elvis had "TCB", (Taking Care of Business) but mine came from Nurse Bridget at the Heart Institute as she saw me off. She said she was happy to meet me and to take care of me and then her farewell words were, "Don't come back".

Perhaps an explanation is in order. I am sharing the details of my recent experience for the benefit of my friends who, like me, think it could not happen to them. Others may have friends and relatives who need a dose of reality, a reminder that they must listen to their bodies and heed the warning signs. I was lucky but I had some close friends who ignored the warnings and did not survive.

We were at the cottage on the weekend of December 12, 2015, when I noticed I was extremely fatigued after moving five wheelbarrow loads of muck from the beach. This fatigue has been an ongoing issue for 10 years. In 2007 a cardiologist ran me through three stress tests which indicated my heart was sound. The next investigation indicated I had acid reflux and I have been taking Losec off and on since then and it has done the trick. An endoscopy and regular colonoscopies did not reveal any problems upstairs or downstairs.

Two years ago, I had a sleep lab test which determined I had extreme sleep Apnea, waking up 55 times an hour. A CPAP machine has been my nightly companion since then and it worked wonders allowing me eight or nine hours of uninterrupted sleep every night. I have felt more rested but still experienced extreme fatigue with a bit of exertion, like shoveling snow or heavy digging at the cottage. I could work for five or ten minutes and then had to sit down and rest for five minutes. I always had a chair beside my jobsite and I attributed it to my age, 70, and the fact I was 40 pounds overweight and out of shape.

My good intentions of losing weight and exercising more got trumped by a heart attack in December. After experiencing the fatigue at the cottage on Saturday, December 12, I took it easy the next day and worked on an article about Johnny Carrere from Cochrane. On Monday I had a feeling of general malaise as we drove back to Ottawa. On Tuesday I was delivering Kiwanis Christmas cakes to a friend in Gatineau (Hull) and was extremely frustrated when I got to the end of Booth Street to see that the road was closed and there was no clear indication of the new route to Hull. I ended up in downtown Ottawa before I could circle back and find the new access to Hull. Cakes delivered a half hour late, I began to experience some indigestion pain which I attributed to acid reflux and ignored. That evening I

was awakened by extreme indigestion pain right behind my breastbone so I got up and took some Maalox and walked around for about a half an hour. Had no pain during the day on Wednesday but it returned with a vengeance after midnight and I was up again walking the floor and taking Maalox. Thursday morning I had to cut short a meeting at the bank because I felt so badly. I stopped at a pharmacy on the way home and the pharmacist suggested I go to my doctor, which I did. I was feeling a bit better then so he suggested I double up on my acid reflux medication. No major pain the rest of the day or Thursday night but on Friday morning I had extreme back pain between my shoulder blades. No position would ease the pain. Tried a Robax and it calmed it down. I thought I was having muscle spasms because of my restless nights where I slept propped up on pillows to ease the acid reflux problem.

Friday night I went to bed and the back pains came back so badly that I did not sleep till 4:30 in the morning, and was actually up googling back pain related to acid reflux. I would say on the pain scale I was about the maximum, or 10. Never once did I think it was heart related though I have never experienced ongoing pain like that before. Robax and Tylenol 3 with codeine did not help at first so I decided it was time to go to the hospital and Sandy drove me to the Queensway Carleton. By now my pain had subsided to about a 3 and there were no tell-tale signs of a heart attack. No shooting pains in my arms, legs or jaw, no shortness of breath, no nausea, no sweating. Just a constant pain between my shoulder blades.

I was fast tracked through triage and an ECG showed an irregularity but nothing major as far as I could tell from the calm demeanor of the attending staff. The Doctor called the Heart Institute to discuss my case. They gave me three nitroglycerin sprays under my tongue and finally a shot of morphine and tossed me in an ambulance and sent me to the Heart Institute where a team of 6 was waiting for me and started prodding and poking, taking blood and running ECGs. They said I needed an angiogram to determine what the problem was and whether it could be fixed on the spot or required surgery.

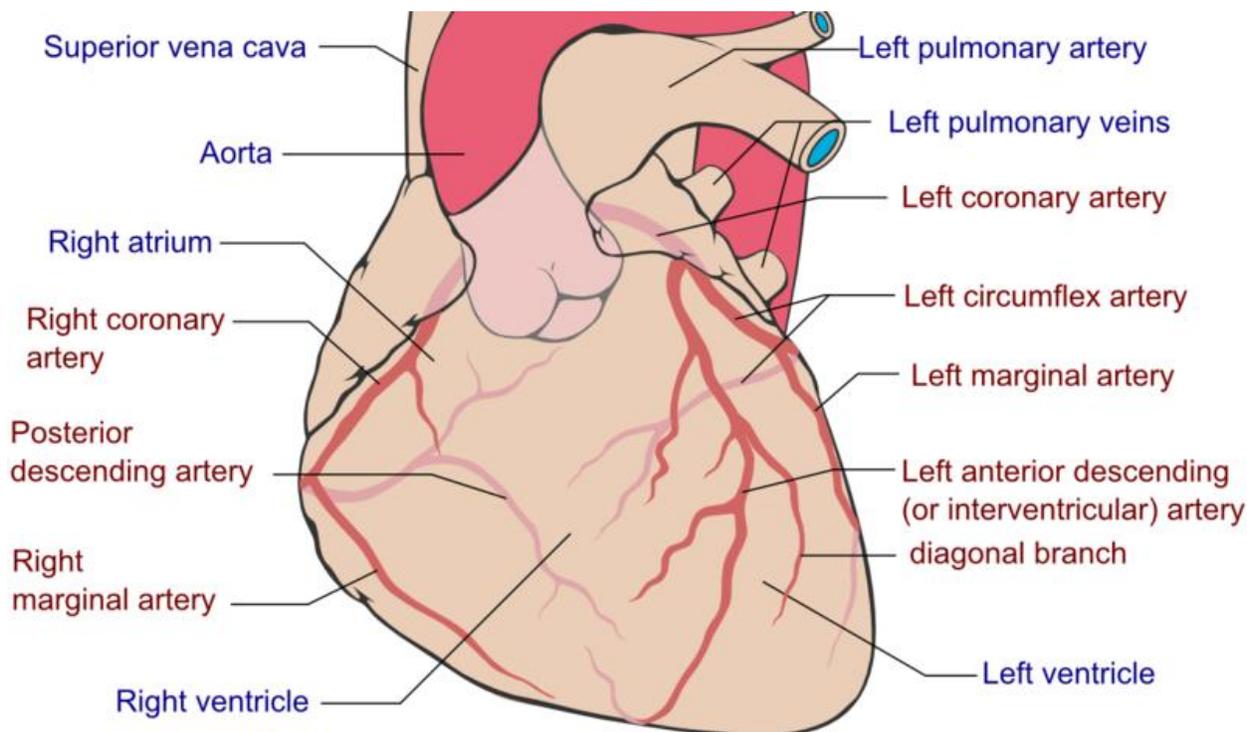
I finally realized that I was having a heart attack.

They wheeled me into the Cardiac Catheterization Lab where it turns out the attending nurse was a good friend of a neighbour from the cottage whose mother is from Cochrane. The Angiogram revealed that my Left Anterior Descending Coronary Artery (LAD) was 100% blocked and no blood was getting to the front of my heart. They were able to rectify it with a stent and the pain stopped immediately. The catheterization involved inserting a small tube into the femoral

artery in the groin and guiding it up into the heart. A dye was injected through the tube and the coronary arteries so they could be seen by an X-ray. This identifies blood flow and plaque buildup in the arteries and allows the doctor to plan remedial action. In my case, with the 100% blockage, a stainless steel stent was sent up the tube and opened up by inflating a balloon to pack the plaque against the arterial wall. As an old highway engineer it is appropriate that I now have a permanent culvert in my heart. The process can be seen in the following short video.

<http://www.webmd.com/heart-disease/video/cardiac-catheterization> .

There is danger of rejection and further blockage so I will be on a regimen of drugs for the rest of my life to thin my blood, lower my blood pressure, reduce my cholesterol and prevent the platelets from getting sticky and creating another blockage. The picture below shows the arteries of the heart.



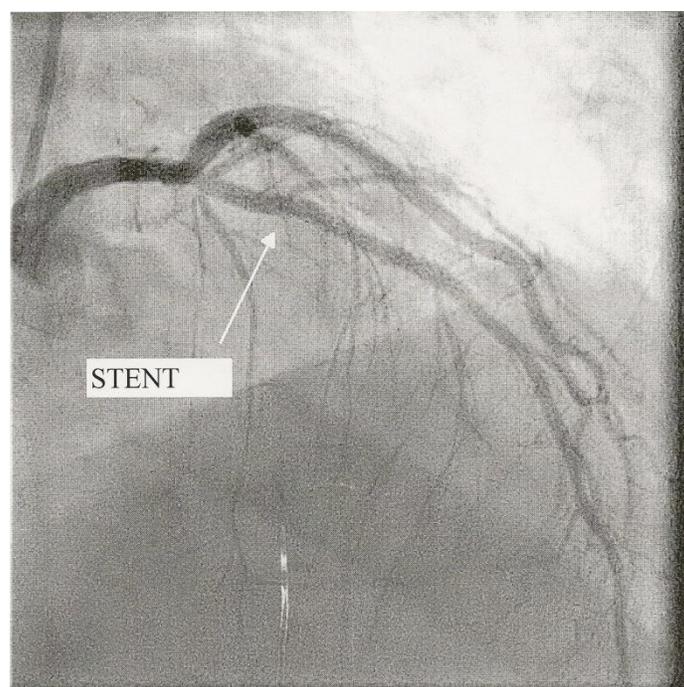
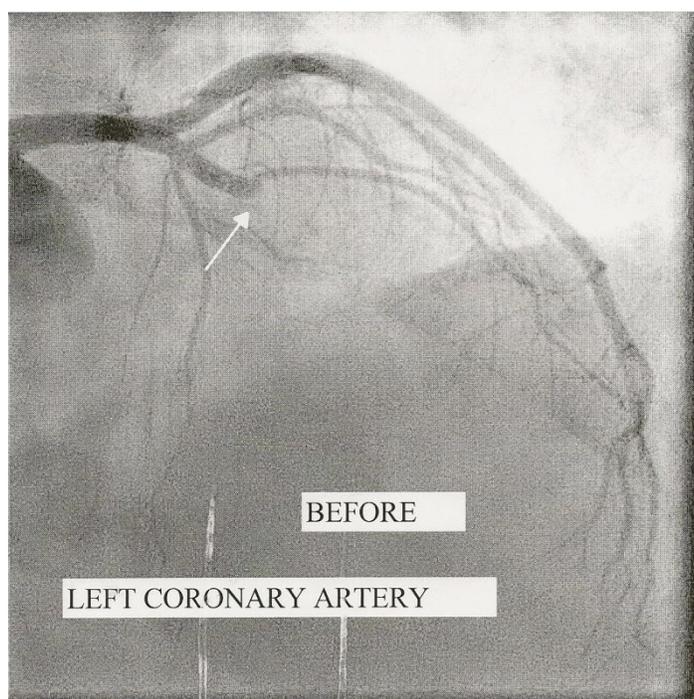
There was concern about heart damage and I was scheduled for an Echocardiogram for Monday to determine the extent of the damage and to see if any blood had pooled and clotted in the bottom of my heart. With my type of procedure they kept me for five days to monitor my progress and adjust my medication. They also had me on an intravenous blood thinner to reduce clotting.

The Echogram on Monday revealed I had minimal damage that they said would heal itself and no pooled or clotted blood which could have been disastrous if it got into my system. It also showed that my EF (Ejection Fraction) was 50%. This is a measure of the efficiency rate of the heart, with the normal range being 50 to 75%.

I thought I would be spending Christmas in the hospital but they released me at noon on Christmas Eve and after a trip to the pharmacy to pick up my six new meds and nitro spray I was home. Sandy had the brilliant idea that I use gift bags to wrap my gifts and even that was exhausting.

I was extremely fortunate as I now realize the significance of the LAD artery. If my blockage had been an inch to the left on the other side of the branch to the circumflex coronary artery I would not have made it to the hospital as that is known as the “widow maker” and 100% fatal. I also learned that I should have called 911 as early as Tuesday when I had my first severe bout of heartburn. Perhaps the most important lesson learned is CALL 911. Do not attempt to drive or have someone drive you to the hospital as the ambulance crew can assess you and start treatment in transit. If I had passed out on the way Sandy would not have been able to drive and administer CPR and would have been waiting on the roadside for the ambulance.

The following before and after pictures show my actual blockage and the improved flow after the stent was inserted. (Now you know I do have a heart)



I am immensely grateful to the emergency room staff at the Queensway Carleton Hospital who recognized the seriousness of my problem and whose fast action probably saved my life. Also to all the staff at the Heart Institute, Doctors, nurses and support staff, whose professionalism and calm care are second to none. We are very fortunate to have such a facility here in Ottawa.

I have taken a couple of weeks away from my writing and have hired a contractor to clean my driveway and shovel the front step and sidewalk. Even got a 14 year old boy to come and clean the deck and make a run in the back yard for our dog Bebe who can't handle the deep snow. I'm doing very well and sleeping nine hours a night and starting into my walking program. The Heart Institute has a gym and they will assign a trainer to me as well as providing a dietician to get me on the right track.

My New Year's Resolutions for 2016 are a no brainer and you will see a whole new Ernie the next time you see me. Sweets and treats are banned for a year in the Bies house and I have appointments with a dietician and at the rehab walking clinic in January to help me set my new lifestyle goals and programs. I am also limiting my time at the computer for a while.

I should make a large sign that reads "DCB" and put it on the fridge along with the picture of my heart with the blocked artery to remind me of Nurse Bridget's parting words from the Coronary Care Unit of the Heart Institute. "DON'T COME BACK."