Death by coronary

For a physician with the signature scar of the CABG club, a friend’s death brings not only grief but also memories and fear

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The recent loss of a 50-year-old friend to coronary artery disease was a shock to me. My friend had excellent care after an acute coronary thrombosis. She had cooperated fully with her physicians in undergoing investigations and taking medications. She had even begun cardiac rehabilitation.

My friend’s first sign of coronary artery disease was an infarction. After the first crushing sternal pains, sweating and horrified, my friend called 911 and was taken by ambulance to a hospital several kilometres away. She told me later that she had a “sense of impending doom,” just as the medical textbooks describe.

She was cardiogrammed and streptokinased in the emergency department. She was admitted to the coronary care unit, stress-tested, thallium-scanned, echocardiogrammed and monitored while wearing a breezy hospital gown. Finally, in the angiography suite, she was angioplastied and stented.

Her family physician and cardiologist sent her home with broad smiles and a favourable prognosis. Seldom have they been so wrong. When she later died, they too were crushed, their instruments and wisdom proved useless. We physicians are supposed to handle such bad news with concern and self-control. Instead, we wring our hands and hang our heads in shame. Inside, we cry and cry again.

Resting drugged at home after her first infarction, my reassured and compliant friend was thinned of blood, lowered of blood pressure, benzodiazepined into serenity and made proof against arrhythmia with β-blockers.

She was tended with loving care by her anxious husband and children, visited by her parents and siblings, aunts and uncles and friends. My friend and the rest of us had no knowledge of how close her end was to be, barely 2 months later, or of how it would happen, at home in bed beside her sleeping husband.

I suppose my feelings include anger because I have been conditioned to expect better, as a result of my own experience and that of my patients and friends. We have survived and prospered for long years with stable coronary artery disease.

In my family practice, it is obvious that coronary artery disease is a chronic disability, responsive to drugs, lifestyle changes and surgical interventions. My older patients with the disease do not always die from it because they live until the age of neoplasia.

Yet my friend died, and I am truly frustrated, unable to accept this loss or to console the survivors. Most of my patients are old, but my friend was young. She lost the last third of her life, and her children and husband sit desolate in their silent house. Her parents have experienced perhaps the worst tragedy that life offers: they have buried a child.

I speak from fear as well, because coronary artery disease also struck me one cold and windy October day in 1991.

My dog saved me. I was walking her up a hill when my blocked arteries gave me my first anginal pain. As she circled and did her doggy business, I rested and the pain ceased. In an instant, my life had changed forever. We are only as old as our arteries, and I knew then that the last third of my own life was no longer guaranteed.
In short order I too was examined, cardiogrammed, stress-tested, echocardiogrammed and angiogrammed, and I was told that coronary artery bypass grafting (CABG) was essential.

My cardiologist, who had been my medical resident when I was an intern, put me at ease by joking with me as he threaded his way along my vessels, but the fun was over when the most important coronary artery, the left anterior descending artery, denied him access. It was 100% blocked, raising the question of how I was still alive. Luckily, my left ventricle was being fed by branches of less important vessels.

The rest was scary but routine in the hands of my super-surgeon and his staff. LIMA'd and RIMA'd (left and right internal mammary anastamoses) from thoracic arteries to my sternum, with assistance from a left leg saphenous vein, I underwent an uneventful revascularization procedure. My heart was not as good as new, but it was certainly "reconditioned," and it has served me well since 1991.

From a distance of a few years, I remember some highlights.

Serendipity had drawn me to 3 places of worship before my admission, bringing religion onside for the coming battle. After attending my synagogue, I followed signs to a garage sale, which turned out to be at a local Catholic church. After having visited a nearby Zoroastrian temple to vote in a local election that week, I felt extremely well protected.

When I asked my preoperative anesthetist how the paralyzed heart starts thumping again, she said, “The heart resumes beating as soon as it is filled with blood.” She then added without prompting, “If it won’t start, we shock it.”

Apparently I hiccuped constantly as a result of diaphragmatic irritation while sleeping after the operation, until a nurse spoke those wonderful words, “David, the surgery is over. You did fine. We will let you wake up soon.”

The next day, the coronary care unit nurses removed various lines painlessly until one said, “Two of us are going to climb on the bed now to remove the 4 drainage tubes from your chest and pericardium. Hold still.” As one nurse pressed my chest down, the other yanked. This is the only severe pain I remember. It felt like she was pulling my entire insides out through those stab wounds. But the pain lasted only a few seconds.

Everyone dreads the pain caused by the bisection of the sternum, but I had just 1 week of real discomfort, and it was easily relieved by acetaminophen with codeine. My sternum healed within 2 more weeks, like most other very clean fractures, although I recall some funny crunching sounds in my chest if I made any movement during this period.

After the operation, my surgeon had reassured me, “Don’t worry about your heart; internal mammary arteries last a very long time.” Still later, a rabbi, a hospital chaplain, asked, “Can I say a prayer for you?” This brought on the first tears.

After I had done 18 months of supervised exercise, my consultant at the Toronto Rehabilitation Centre said good-bye with, “It’s now up to you. Five times a week, 50 minutes of our exercises, for the rest of your life.” So far, I do it.

Friends and colleagues who do not have heart disease ask, “How do you keep so motivated and do all this exercise?” This is easy for someone who has been CABG’ed.

For friends and colleagues with newly diagnosed heart disease, I am a valuable resource. Bad news travels fast, and when I hear it, I head for the phone. There are many anxious newcomers in any coronary club.

I now count more than 10 close colleagues and more than 45 patients who have been CABG’d, some as long as 15 years ago. We are a gaunt and nervous lot, each stigmatized by a linear sternal scar from neck to epigastrium, where it ends among those four stab wounds. We are held together by metal twist-ties, and our MedicAlert badges dangle over these war zones. Whenever a patient with the distinctive scar disrobes before me, I am beamed up and back to 1991. Scars fade from skin but never from thoughts.

Readers who are not afflicted should not feel smug or safe. I read once that every person diagnosed with coronary artery disease knows 10 “healthy” folks who have identical coronary artery blockages. Those folks just do not yet know that they are affected. I strongly advise my younger colleagues to take out disability insurance while they are healthy, because the transition from well to sick can happen in a heartbeat.

Finally, I must add what an older friend and colleague taught me. We all need a hug sometimes. On the last day before my operation my friend came over, spoke encouraging words about his own CABG and then gave me a fabulous “bear hug.” This meant much more than words to me, and I have done the same with some friends since. Believe me, they needed it.