

My Cardiac Ordeal

“You need a new heart valve!” he said. Wow!

This declaration came right out of the blue in the fall of 2001 following what I thought would be a pretty normal physical exam.

Dr. M. pushed his glasses up over his forehead, placed his stethoscope on my chest, and listened intently for several seconds. He then moved the stethoscope all over my chest and my lower neck. He looked into my eyes, checked my blood pressure and pulse, and then delivered the news. He was wise looking and I did not doubt his opinion. He, however, felt more tests were indicated to confirm his suspicion.

How did I get here? I am a runner! A six-time marathoner currently training for the 2002 Big Sur International Marathon. I was already registered, had my bib number and hotel and plane reservations. This couldn't be happening to me!

My diagnosis, it turns out, was on the basis of a congenital (birth) abnormal heart valve that eventually began to get stiff and restrict the amount of blood leaving my heart for the rest of my body, specifically my running muscles. This diagnosis was confirmed by another test called an echocardiogram, which showed “severe” narrowing of my aortic valve. The official diagnosis being Aortic Stenosis (AS).

Anticipating me requiring surgery the cardiologist told me to stop running immediately but remain active. (AS can result in sudden death—so I was somewhat scared!) In retrospect, I had suspected symptoms during the Edmonton Festival Marathon in May 2001. I had been struggling with some of my long training runs also. I became too fatigued to complete the runs without a temporary rest—a walk break of a minute or so—but then again some of my other runs were OK. I had no chest pain or shortness of breath. I attributed the “off” feelings to weather, fatigue, dehydration, mental issues, and even overtraining—all the usual excuses we use for our bad runs, which are OK occasionally but not on a consistent or repetitive basis.

Now my past medical history and genes have come back to haunt me. An angiogram was done, which also revealed that I had coronary artery disease (CAD). Although I had no symptoms of it, CAD can lead to heart attacks and also sudden death!

As an immortal growing up in the 60's and 70's I was a light smoker and probably thought nothing could happen to me. But a smoker nonetheless! Every little bit counts. The CAD also meant I needed a double Coronary Artery Bypass Graft (CABG). More scary!

So, I underwent the valve replacement and bypass surgery successfully. I am now sitting here in the hospital following the surgery. I know the waiting period up until the surgery was the hardest time for me. However, the time away from me for my family during the actual surgery was the hardest for them!

Back on the cardiac ward, Emma sent me a fruit basket, Jim a coughing doll to hold against my chest for extra support when doing that all-important chest physiotherapy. I had had a sternotomy (my breastbone was cut completely through and repaired with steel sutures) to allow the surgeons access to my heart for the valve replacement and the bypasses. The sternotomy is the major concern post-operatively that limits my recovery to eight weeks before resuming aggressive rehabilitation. I had received many well wishes through cards and gifts; however, the “best” gift was the presence of my family throughout the ordeal. My “second best” gift was a card from my Running Room group. There were almost 60 best wish messages from friends pulling for my family and me. I received a card from my wife's Brownie group where she is a leader known as Brown Owl and for whom I have contributed some woodworking objects. The card began “Get Well, Mr. Brown Owl”! I also received a very inspirational note from John Stanton prior to my surgery comparing the proposed operation to a unique marathon of my own. All of these motivations both pre- and postoperatively were clearly big factors in my successful physical and psychological recovery from cardiac surgery, at least in the early phase.