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**Rob Marshall's**

## **THE ADVENTURES OF A HEART TRIPLE BYPASS**

October 2013, it is now 17 years since Rob had this life saving operation. He can and does do everything that he wants to do without any restrictions; he is a very lucky man. We recently went to Vanuatu for 2 weeks where Rob enjoyed snorkelling in the lagoon taking more of his wonderful underwater photos, averaging up to 5 hours a day in the water. At home we walk the local coastal hills every morning for at least an hour and very often he will repeat this walk again later in the day.

Rob looks on his heart problem as a plumbing problem. His heart is good as he has only had mild heart attacks but his arteries get blocked with cholesterol. Over the years since this triple bypass operation Rob has had to have 7 stents inserted. He knows when he has a problem, in his words "his plumbing is getting blocked", so he get it fixed (a stent) then within a few days his system is back to normal and he can get on with life.

### **Some of the Symptoms Rob feels when he has a problem:**

- \* Pins & needles in fingers.
- \* Pains in jaw (hinge points).
- \* Left arm (only) gets stiff, aches in shoulder.
- \* A tendency to burp under light stress – heavy breathing.
- \* Chest feels 'tight' especially left hand side.
- \* Heart seems to miss a beat under stress.

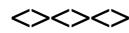
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### **The Marshall family history of heart disease:**

Rob's Dad died from a heart attack at 49. His mother had a cholesterol count of 13, she lived into her 80's. There were 4 children, Rob, Graham, Ian and Lynette. Ian had a

heart attack at 38 and Lynette at 32, but his Dad, Ian & Lynette had all smoked. Rob and Graham had never smoked. In 1992 age 46 Graham discovered he had bad arteries and was admitted into hospital to await a bypass operation. After 2 postponements he decided to go home for the weekend to spend time with his young family. He died that afternoon before the ambulance could get to him; he never made it to Sydney hospitals operating theatre.

Rob and Graham shared the same birthday, Graham arriving 4 years after Rob. It was 4 years to the day that Graham passed that Rob was having his lifesaving operation.



### **This is Robs story... The Wakefield Hospital Experience Wakefield Hospital, Wellington, New Zealand August 1996**

Ten days after the first incision was made in my chest on 7/8/96 this operation has been an outstanding success. None of the predicted possibilities of down days, nightmares nor bouts of depression have occurred to me. Healing has been fast and problem free. It may be that we, i.e. the hospital staff, my family, my friends and I have done everything right. Maybe I'm just lucky, but I don't believe in blind luck. The following is a day by day diary record of my thoughts and feelings. If we have done something right maybe others can benefit from my experience.

**\*Since the operation I have been reminded Graham my brother, suffered a fatal heart attack on the 7 August 1992. My bypass operation was on the same day of the same month 7 August 1996.**

#### **Rob - my first symptom July 1996:**

It was four weeks after we returned from a ten day holiday in Vanuatu where we had lived on fruit and fish and I had averaged at least four hours each day diving. My son in law wanted to go for a mountain bike ride and we headed off around the Wainui coast and into Palliser Bay. Mark is not a fanatic speedster on a bike but on the rough stuff I found I was having trouble keeping up. I became puffed and found catching my breath was causing me some distress. Also we do quite a lot of ballroom dancing and had weekly lessons, but recently I discovered that after several whirls around the floor in the quickstep I would be breathing heavily and wanting to sit down.

With the family history I am a bit paranoid, so I saw John, the local GP.

"I can get you in for a stress test at the Wakefield hospital within a few days. It'll cost a few hundred dollars but this test will show you if there is a problem."

I've been to these stress tests before. You get told to take along some runners and shorts. They shave patches of hair from your chest, sand paper the bald spots and stick on about eight electrode pads with wires going into a monitor. They hooked me up and the adjacent screen showed mysterious zigzag lines and a digital counter indicated the heart beats.

Next to this is a conveyor belt and it began to chug around.

The specialist heart Doctor Sue O'Mally, had described the whole exercise to me and

holding the wiring clear of the mat ordered me to step onto it. I stepped on and found myself walking at a gentle pace. After about 3 minutes the belt elevation increased and so did the speed of the revolving belt. This speed and elevation increase occurred at about 3 minute intervals until at the final stage the belt incline was quite steep and I had to jog to stay on board.

"You're doing really well; you're going to make it to the end of the test."

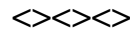
"I don't think so" I gasped. I watched the digital pulse meter as it climbed dramatically.

"Your pulse rate is at maximum now" she agreed and the belt drifted to a stop as I dripped perspiration onto the floor and gasped for breath.

They peered at the screen.

"There is just a little abnormality in this" she said. "Nothing much to worry about, I don't think."

I had a shower and headed off home quite pleased with myself, I'd survived another test, all my efforts at keeping cholesterol down and eating up my fruit and veges was still working.



At the end of the week Lynne paid for the test and in the afternoon a letter arrived. It was from Doctor Sue "I'd like to consult with you again."

PANIC!

I couldn't get an appointment for a week, so cancelled it and went to see my own GP, now, immediately.

John had the report and read through it. "You should not get your pulse rate up too high and I suggest you go back and see her."

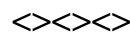
I hate waiting and sitting around in airports. And Hospitals, they are the pits, even ten times worse than airports and they're full of sick people. Ugh!

"Maybe later" I said "she did say I was OK when I did the test."

Ian my brother, found out what I'd done and rang up to give me a rev up. "Get down there and demand an angiogram and that will tell you exactly how you are. Why do you pay your health insurance if you don't take expert advice?"

Sue O'Mally called me at home and with bad grace I agreed to have an angiogram.

I was most unhappy, she'd said I was OK and after studying the tapes wanted me to do more tests, I did not want to have heart problems! and it would not fit in with my future plans. I had a job arranged to do on Sakhalin Island in Russia and had bookings to fly out on the 20th of September.



At 2:00 p.m. on Thursday 1/8/96 just three days since talking to Sue, I arrived for the angiogram. Thank goodness we have the Southern Cross insurance, there is enough stress and worry about your health without wondering where all the money for the tests will come from and they're not cheap those tests.

They took me to my room; it was very nice like a hotel with a little balcony over looked the gardens and an ensuite. I decided to use it, it was dark in there and I groped about for the light switch. I pressed the red light. (In Russia the hotels have little red lights on the light switches). Once I'd pressed it I realised it was not the light but the emergency

call button. I poked and pulled at it and by the time I'd figured out how to switch it off the buzzer had gone off about three times and into the room ran three nurses. (I later learned three rings is the super emergency call!)

"Just testing " I said.

As they went out the door I over heard one say "We're going to have trouble with this one."

A male nurse introduced as Johno came in and presented me with a gown, cap and a blue pair of sex less looking bikini pants. "Put the gown on back to front, it ties at the back." He held up the bikinis "These are optional."

I've stayed in hospital before and if I've learned one thing it is don't worry about being too modest.

"They will be putting a needle into your groin and feeding in dye and will X-ray it as it goes around your heart arteries." He advised.

"So they will take these sexy bikinis off as soon as I get in there anyhow?"

He shrugged his shoulders and smiled. "Yep!"

I put on the gown, took the bikini and left it neatly folded on end of the bed.

A nurse came in with a pill, Ian had told me about these 'funny pills' and soon I felt as if I'd drunk half a bottle of wine.

Who said four walls do not a prison make? The accommodation was very nice but I would have much rather been some where, in fact, anywhere else. I sort of stalked and staggered, about the room like a half cut caged lion.

Then Johno came back again, "I've got to shave you around where the needle will be inserted." He held up a monstrous shaver and proceeded to carve a swath through my pubic hairs and in a flash a great hand full of the black and curly ones dropped onto the floor.

I looked at the job. The area was now half bald and smooth as a babies, but where was the artistry, a real hair dresser would have evened it out, trimmed the other side to match or something.

I thought about the earlier stress test when they had shaved my chest to stick on the pads, it ended up like a threadbare patchwork quilt with clumps of hair sticking up here, there and all over the place. When I got home I had trimmed back the tufts which made it look tidy and any how I believe it is now fashionable to have the bare naked smooth chested look, that made me feel better.

Feeling a bit drunk I was wheeled into the theatre and rolled onto the central table, the centre of attention and surrounded by TV screens. A crowd of operators decked themselves in bullet proof vests to avoid the X-rays and the thought passed through my mind that I was quite vulnerable lying near as damn naked under this dangerous machine. But the thought passed as quickly as it arrived.

"A small prick" said Dr Sue.

'Cheeky damn woman' I thought, but when I felt the sting of a needle in my groin I realised maybe she was not making personal remarks.

"You will feel a warmth going through your body" she said, and a pleasant warm flush ran around my whole body.

The TV screens showed little stick like veins jiggling about on the screen, meaningless to me but quite interesting nonetheless.

They wheeled me back to my room at about 4:30 p.m. and within an hour Dr Sue and a surgeon introduced as John Reardon arrived to show me some photos taken off TV and gave me the news I really did not want to hear. "You need a triple bypass."

"Shit! Damn! I don't want that news. Look if I have this done I'm booked to go to Russia on the 20th of September. Can I do it?"

The surgeon looked me in the eye and said "That shouldn't be a problem you look pretty fit and should be OK by then."

I couldn't believe it "When can you do it?" I asked.

"Come in next Tuesday and we'll do it on Wednesday."

I thought about my brother Graham and asked "Tuesday? You won't postpone it?"

"We won't postpone it, see you on Tuesday. Now you must lie here for another three hours"

My nurse, Debbie, came in and advised "You must lie still on the bed and must not move until 8:00pm." But I wanted to move. I was bursting and wanted to use the toilet.

"Can't I just pop into the loo?" I pleaded.

"Yes. At 8:00 PM! Use a bottle." She bought me a plastic bottle to pee into. It's bloody degrading, I could walk for the couple of feet for goodness sake.

My digital watch slowly ticked onto 8:00pm and I rang the call button. Debbie arrived immediately and I was permitted to use the toilet.

"Can I go home now?"

"You are booked to stay the night with us. Don't you like our accommodation?"

"Your accommodation is very nice, but I don't want to stay the night, I want to go home to my own bed and think about this thing."

She agreed and made sure that I knew that if the hole bled at all I should immediately PANIC. As I left she wagged her finger and said "I knew that we were going to have trouble with you."

The impact of learning you will need to have your chest chopped opened to allow someone to play about with your heart is not nice. A heart is really a very personal part of your body, in fact I'd say it is the most personal part of all and it seems to me to be slightly obscene to have some one fiddling about with it. But this is now a very common operation and very successful. At heart I'm a real wimp, I don't even like the thought of someone sticking a needle into me. At the dentist I refuse the anaesthetic injection because it hurts. So over the next couple of days the negative thoughts tumbled through my mind and several times I awoke at night in a cold sweat. Time passed and after a couple of days I came to my senses. For goodness sake I've been aware of the family history, I've done all the right things and tried to eat all the right foods and now we have discovered this problem before a heart attack could occur. We are covered by health insurance, so have no worries there. Think about it, thirty percent of people only have one heart attack, their first and last.

I'm fit and healthy, I heal quickly, I don't have to wait for weeks or months as the stress builds up and the body deteriorates because you become afraid to do any thing in case it causes an attack. The power of positive thinking.

I was now on track. Let's get this show on the road! I'm prepared for the sweat and pain to get better.

Then a little doubt came to me, someone told me I would not be able to SCUBA dive after a bypass operation. My God I'd just pine away and die if I couldn't go diving. They

may as well just shoot me now!

My mind returned to our recent trip to Vanuatu where the dive master Brett, told me about an old guy from the USA. "You two must be brothers" he'd said "he's just like you, keen and enthusiastic, he's 66 years old and he dives like a twenty year old and the old bugger has had a triple by pass."

Why had Brett given me this guys FAX and phone number? I thought about it and decided this was fate. I wrote out a FAX asking him if I had my facts right. I dialled the FAX number in the USA and waited for the squeak, it didn't come, some one answered the phone, it was the man himself, Mr Maurice D Coutts.

I introduced myself and told him about my meeting with Brett and my fear of not being able to dive.

"Who told you that?" he asked "That is just one great load of bullshit. I've had a triple and regularly dive to 200 feet." For the uninitiated 200 feet is a very deep dive!

"That's a big dive" I said.

"Don't smoke, not too much drink, eat good food and exercise. I do and I can out swim most thirty year olds!"

Fate? Am I just cheeky? I have no idea what the time was in the States when I called but boy that phone call made me feel good.

"Thanks Maurice! You're a little beauty mate."

I awoke in the night and planned a goal program ending in my trip to Russia at the end of September. I also decided to write down the experience of this thing, who knows it may assist some one else in the future. I'm feeling very positive but must admit, am not looking forward to experience.

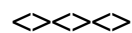
Family and friends: how would you manage without them? The support, the calls and the encouragement from every one over the few days between finding the problem and getting to hospital has been overwhelming and I could not even start to list the people who have given me encouragement.

I'm not a religious person but many people have told me they have offered their prayers for me and it is a surprise to me how much of a soothing effect this simple act has been to me.

My son in law Mark (a catholic) told me he'd had a word with the Big Fellow up there for me.

"I hope you didn't make me out to be too great, he may decide he wants me up there."

"No chance of that mate" he said "you can't bullshit him!"



## **5 August 1996**

Tomorrow is the big day, this evening I went with Lynne to the dance lessons classes, there were about 30 of the friendly crowd on the floor doing their thing. I walked in the door and everyone seemed to notice me enter. Someone gave a little clap and one by one, young and old they came by to give me a word of encouragement and when I left I felt a great wave of emotion.

This whole business would have to be an out standing success, how could I let these good friends down?

I awoke in the night and took stock of my advantages and strengths:-

I had discovered this problem before it had blocked off completely and killed a part of my heart, so my heart is still very strong.

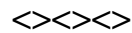
I'm very healthy, fit and I heal well.

Remembering my brother Graham, who had had the same problem diagnosed in Sydney 4 years ago and because the hospital postponed his operation for a week he had died while waiting I would indeed be stupid not to get this job done as urgently as possible.

I have very good breath control. I was New Zealand Spearfishing champion - twice and can still out free dive most of the youngsters of any age who are around these days so post op breathing exercises should be easier for me than many.

I have goals set to achieve results, including attending Cushla's dance in three Saturdays time. The ultimate success - to go to Russia at the end of September.

I also have a secret weapon that has worked for me every time in any illness in the past, a five foot diameter four foot deep wooden hot tub. I've often wondered why the medical profession has not recognised the value and effectiveness of immersing a damaged or injured body into the warm weightlessness of water.



### **6 August 1996 Wakefield Hospital.**

2:00 pm: We arrived at the hospital and the action started immediately. I was first escorted into my designated room then marched down to get a chest X-ray. This was followed by a constant procession of doctors, nurses, physio and anaesthetic personnel advising me of what would happen in the operation, taking blood samples, checking for allergies and explaining the anaesthetic. There was so much information that I can't remember it all and they tell me I'll forget most of it anyway as the drugs and anaesthetic will take out short term memory and jumble the rest like shuffling up the pages in a book. Everyone knows what their job description is and they have made it very clear to me that they are very competent at it.

The registrar pointed out that there is always a risk involved in any operation and I flushed into an instant cold sweat. I knew this already but although I suppose I should be warned, it did not fit anywhere into my goals, it was something I definitely did not want to hear about and I took an immediate dislike to the poor fellow who should be so impertinent to even think such a negative thought.

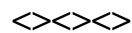
Dying is not on my job description! I am interested in the positive aspects only!

A nice meal arrived and the anaesthetist advised I eat up a hearty meal tonight, I'll be on the table tomorrow afternoon and can only have a piece of toast early in the morning.

The barber arrived after tea, I lay out naked on the bed and he 'protected?' my modesty with a towel as he wielded his electric shaver and shaved my chest, legs and pubic hairs. This was quite relaxing and the removal of all body hair has left my skin with a smooth and tingly, but not unpleasant feeling. This is not the time, nor the place to be thinking of things feeling sensuous, but it does take the mind off other things! It is a long time indeed since I have been this naked. I was issued with a phial of antiseptic 'pre operative body wash' and instructed to go into the shower and wash off the loose hairs and then rub it in carefully everywhere, but watch out for the eyes. Yellow, like iodine, the stuff splattered all over the place. I rubbed it in very carefully, rinsed it off and then did it all over again and again. The stuff kept coming and coming from the little phial that seemed to be bottomless.

I've been told regular coughing, deep breathing and attempting to eat well are all important to aid recovery. Also on the first few days after this operation the patient is always very tired and visitors should be discouraged. Wives and families are OK as they are prepared to keep a lonely vigil while the patient sleeps and can offer quiet security and support if he awakes.

Several visitors arrived tonight and the phone has been busy with well wishers. There are conflicting opinions about whether or not the early recovery I would like is possible. Some tell me it is possible while other say I may be too ambitious, time will tell, goals should be achievable, but can be changed if the circumstances dictate.



### **7 August 1996 The Knife.**

The day has arrived. A sleeping pill I took at 10:00 pm last night sent me into a nice restful sleep. I always sleep naked and as this is a private room it is nice to be comfortable and continue with the practice. Lying on the bed the sheets feel smooth and sensuous against the shaved skin and I quickly dropped into a very restful sleep. Several times in the night as I moved the plastic wrist I.D bracelets grazed against my chest and nipples, sharp as little blunt razor blades they hooked on and I awoke with a start. The feel of the smooth skin and prickliness of my legs immediately reminded me of where I was and of the ordeal ahead, but each time my thoughts and fears were positive and my mind did not dwell on them and I quickly fell back into a deep and soothing sleep.

I awoke at about 5:30am and soon after Lynne arrived to hold my hand. It is very encouraging to have someone you love just be there. My night nurse, Reagan arrived at the door. "Are you ready for some breakfast?" she asked.

Without asking to see the menu I ordered bacon and eggs.

"Yes Sir" she answered and within a few minutes was back with two beautifully cooked pieces of toast and a cup of tea, yum yummy. But her smile was worth two plates of bacon and eggs.

Sandy and Mark arrived soon after and we had a great family party before Mark decided he would have to go off to work.

Polly the physiotherapist arrived with her box of tricks advising me of the adventures ahead we would be sharing; I will need to learn to breathe from lungs and a chest that will just not be all that interested in doing the job they do so well now. They will prefer to take easy shallow little breaths that cause no pain. That sounds sensible to me!

She handed me a little gadget to suck to give an indication of the before and after effect to show me where I would need to get back to. I easily sucked the three little plastic balls to the top of their case and without too much effort held them up there for some time. I want to go diving as soon as possible and I feel I will have a greater incentive than most to get the breathing going properly again!

11:00am Mary One, my very helpful nurse from yesterday arrived at the door "Shower time"

"Yes Mam!"

I clambered back into the shower and soaped up very carefully with the second phial of yellow iodine based soap. I sure don't want an infection and rubbed it in everywhere and



took care not to wash it off too thoroughly, I figured the anti bacterial or whatever it is should have a very thin coating over the skin. As I scrubbed in the soap those bloody plastic wrist bracelets jabbed into my exposed delicate skin and erect nipples and after a few jabs I figured it was because I'm left handed and mostly scrubbed with my left hand, which is the hand fitted with those viscous bracelets. Any normal, sensible right handed person would use their unencumbered right hand.

So now I await the premedication, relaxing pills, a jab in the bum and will awake this evening in the intensive care hooked up to my own private TV show, 'This is your life Robbo bleep bleep whistle honk'.

Mary One just popped in to advise they haven't finished the other op yet, I hope the guy is OK he was in some distress last night and they took him down to the intensive care area to keep an eye on him.

*To my family:-* It's time to go, I'll be seeing you all soon and love you all so much and I am very proud of you all.



### **Post Operation Comments:**

I wrote the above while waiting in my room. I never watched the TV and Nurses peeping in often chastised me for working, but when I explained this was just my way of preventing stress they were more interested and some even asked if they could have a read of it when I'd finished, because it could help give them some insight into what goes on in a patients mind. I agreed that would be OK and Lynne took the disc home and printed it out and it was with me in the Intensive Care when I came around the next morning.



### **8 August 1996 DAYS 1 & 2**

Intensive care, I was alive, awake and I felt very alert. The pain really wasn't as bad as I'd expected. Wires were draped every where, but that had all been explained to me and I soon learned that if I breathed too shallow a bleeping occurred and I was instructed to breathe more deeply onto the oxygen mask.

I'm filling these pages from my diary entries made in the intensive care unit (ICU).

What they told me is true, the memory of the stay in this area fades very quickly from your memory and as I'm typing this up on day three, I am recalling the important reactions that are already fading from my mind.

I had been warned about the activities in this area, bleeps, whistles and so forth. "Don't worry about them they are just keeping us constantly aware of your condition."

I had also set up my own agenda for this operation and one part of it included taking in a tape deck radio and listening on ear phones to a favourite speaking tape I have. The story is 'Wilt' written by Tom Sharpe and read by Dennis Waterman. A very rude and crude story about a little man beating the establishment, I know this story by heart, Wilt continues to win every time and the whole thing just appeals to my warped sense of humour.

The plan was great, until we turned up at ICU, where Lynne, obediently clutching my twin tape radio discovered there were no power points available for such equipment. She raced off and arranged for a small battery powered machine to use instead. This was OK and I used it a few times before the tape jammed. In desperation I borrowed the ICU telephone and called home to Lynne to report this dire emergency. She arrived soon after with my youngest daughter Janice and my old faithful machine with batteries installed. I calmed down as life returned to my complete control and I settled in happily to continue my recovery. (Janice told me later that I 'went ballistic' because of this unprogrammed deviation to my program and it was the ICU staff who had originally suggested to Lynne that my ghetto blaster was a bit large and couldn't she find something a little smaller?)

So if you unsung and unremembered heroines who work in the hospital ICU area ever get to read this I'm sorry about that and love you all and am sad to admit that my memory can only see you all as faceless, but fantastic angels.

In my diary I've noted 'the bleeps and whistles occurring from my control console actually gave me a great feeling of security and the staff responded immediately and confidently to the equipment.'

I remember having to sleep while wearing a plastic oxygen mask, it was purged with a fine mist of water and dribbled uncomfortably from my mouth and onto the pillow and I worried about what my attendants would think of my untidy bed habits. I felt a familiar squeezing on my arm, blood pressure testing and there was no-one near me, all done automatically. The regular squeeze only giving confidence of these familiar checks.

Any cough or movement on my part would bring immediate attention to my side. Along side but partitioned off out of my sight was my neighbour from the ward cubicle 211 next door who had been operated on first in the morning. I heard him talking and was pleased to hear he sounded to be OK. I called over to him to see how he was managing and we both agreed we were OK but could think of more fun things to be doing and figured even mowing the lawn or doing the dishes would have been acceptable.

My brother Ian had warned me about 'Punishing Polly', she had got him walking again recently, the morning after he'd had both hips replaced. Polly arrived looking disgustingly cheerful and ready to issue some torment onto my poor broken body. She passed me her little toy with the three little balls and said "Remember these?"

I remembered them all right and with my pride as a diver at stake sucked on the nozzle until it hurt, but the pain was well worth the great satisfaction I felt as I watched the three balls shoot up and made a satisfying click at the top of their cages as they positively stuck up there! Did I sense a disappointment with Polly? No, I think it was a kind of pride as she called over the duty nurse team and had me do my party trick again. "We don't often get as good a result as that in the intensive care" she said "Well done." What silly little things or comments can encourage and make you feel so good.

I used the phone again and nonchalantly called Lynne, no problem. It is so reassuring not only for me but for Lynne, to be able to communicate and for her to enter into that sacred area of ICU. The spouses and families also require great support at these times, operations cause them a great deal of stress and I could not help but notice Lynne looked very weary. She told me that she and the kids had been allowed in to see me immediately after the operation last night and the Doctor had spoken to them and

reassured them. She said I'd looked dreadful but was breathing, albeit with aid of a machine and this with the Doctors support was enough to show I'd made it through the rough stuff and they all went home relieved and confident I was in good hands and would be OK.

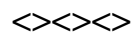
On this visit and on the request of some of the nursing staff, she brought with her the first copy of this record and gave it to the intensive care nurses to read. I could not see their faces but can clearly remember the reactions as they read of the indignities that I had suffered and chuckled together as they discussed my thoughts and feelings. At the end, one was kind enough to come over and console me as she assured me that Sue O'Malley's comment on small pricks, was purely a professional term and was sure I would indeed be very well endowed. (Or something like that.)

But if this is the correct professional term one must also wonder what a female patient will think when advised to "Hold still, you are just about to feel a little prick between your legs."

That 48 hours passed in a drunken blur with the awake periods being clearly in focus and quite lucid, at the time I was sure I would never forget my time in this busy place. But on day three, back in my room 212 I awoke to see a familiar smiling face at my bed side, I spoke to her and we knew each other very well. I knew this woman but from where? I racked my brains and as I spoke to her I searched for clues of where and when we'd met. The clue I needed arrived when she said "My husband bought me that book you told me about the other day and I wanted to thank you for introducing me to this author, I haven't been able to put it down nor stop laughing since I started reading it. The penny dropped - Tom Sharps book 'Wilt on High'- ICU! - Martha. Suddenly the memory of intensive care and its wonderful staff snapped back into place. "So I'm not alone with this twisted sense of humour" I said.

And what were the experiences I remembered? Get them down quick before they fly away or the adventure will be forgotten.

Did it hurt? Not as much as I had expected, one needle stuck in the back of one hand hurt like hell, I complained and they removed it. "We can use another catheter" some one advised. Every thing else was relatively comfortable and when the ICU stay was completed I remember the surprise and interest rather than the pain when like magic, lengths of plastic hose were removed from my belly, needles removed from various places and bunches of goodies pulled out of my throat. And then the dressing from my chest wound was removed and someone gave me a bed bath! Oh the luxury and pleasure of being washed and touched all over with soothing warm water. They helped me into my shorty satin shorts and took me on a quick wheelchair ride (which is now completely gone from my mind) and the next thing I remember was waking up in my room.

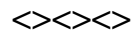


### **10 August 1996 DAY 3**

Awake from a short sleep I tested the body. Had a steam roller hit me? I certainly knew the body had had a bit of a rough time. But it still worked and to prove it I walked down the stairs to the front reception desk and back, I was sore but felt well! How is that

possible? Several visitors arrived with enough food to last for a week. My business partner Eddie, a veteran of many hospital stays, bought a bottle of wine to celebrate, so after checking with a nurse ("just one glass") we drank a toast (mine from a big glass!) to a successful survival. Mary One settled me down into a recovery position and gave me a jab in the bum and I slept the night like a baby, except, as there was no longer a catheter fitted, I awoke several times to pee. I had not realised just how trouble free that thing had made my life.

The shaven hairs are beginning to grow and around the crutch area at the top of the wound from where the spare pipe work was cut, they jab and rub like a wire brush into the wound. The pain from this was excruciating and I removed the satin shorts and packed them over the wound, the soft smoothness immediately calmed the pain and I dropped blissfully back to sleep. In the morning I pulled out the very soft Indian cotton lava-lava I wear in the tropics, if modesty dictates and sleep wear is needed I think a lava lava is ideal. PJs must be wicked to wear and in my humble opinion must significantly slow the healing of open wounds.



#### **11 August 1996 DAY 4**

My progress seems to be significantly faster than my peers and I am constantly advised there will be bad days and feelings of depression. My mood has remained positive and buoyant and the nurse team keep advising me to take it slowly, let the body heal, so I'm playing about on this computer to pass the time.

I popped in to see my neighbour with whom I had shared the time in the intensive care unit and spoke with his wife and relatives. I had seen them tip toe into the ICU not daring to look at me for fear of contaminating me or something. Their eyes almost popped out when they saw me toddle on in and said with genuine surprise "We watched them wheel you in and really we thought you were dead! We were so worried for you and look at you now; you're running about like a two year old."

Today, Julie, my day nurse pulled off the long dressings from the leg wound, it looked good, nice neat internal stitches and it felt so great to have it exposed to the air. She told me that I could wash the wound once the dressing had gone so I leapt happily into the shower, only to find Julie was supposed be there to supervise me.

"You're too impatient." she said "Slow down." But she was in time to scrub my back and the flowing warm water and that back massage was heavenly.

This evening for the first time I felt a little unwell. Low blood pressure, I dozed and awoke puffing and perspiring, the old heart seems to be a bit confused, it doesn't need to pump as hard as it used to and the controls are a bit out of whack.

The nurse told me "That's normal, did you read the little book?"

"Yes, but I forgot most of what I read. I'd rather you told me!"

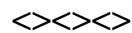
I try to go to bed early each night and get to sleep. It is not always easy, I'm not really tired and for some reason if I do get to nod off I can only manage to stay asleep for a maximum of about three hours at a time. Today the stitches in the leg are biting. It is strange, they can be OK one minute and then for some unknown reason will bite like a row of bee stings and hurt like crazy. I have experienced this before and get relief from knowing it occurs on about the fourth and fifth days and is part of the healing process, I just wish it wasn't so bloody sore!

Tonight when I went to bed early there was a magic feeling, the leg pain had finished, not completely gone but just a dull pain. I flopped onto the bed and luxuriated in the freedom of being able to spread out and move about on the bed. I could toss and turn and move about. I punched at the pillows and rolled them into every conceivable position but just couldn't get comfortable. I couldn't believe it! Here I was feeling almost 100% and I couldn't settle. Up to now I'd not really noticed the uncomfortable plastic covered pillows. I tossed and turned all the night but my mind was working, thinking of the positive things, the sum of the night's thoughts being "hey guys we are almost better, all we need now is to get home and into a decent bed and life will quickly return to normal."

One of the most uncomfortable things with this operation is the damage done to the throat installing and removing equipment down into that area. Any rubbing or scratching can result in a tickle in the throat each time you breathe. Like Chinese torture you await a chest wrenching cough.

I took a sleeping pill, they are great and I dropped off to sleep, but within about 30 minutes a tickle in the throat caused me to give a chest wrenching cough and I was awake again and couldn't get back to sleep and tossed and turned until about 5:30am. At 6:00 am someone (a male - not one of my regular nurses) awoke me from a deep dead sleep to take a blood pressure reading. I was not incredibly impressed and from my semi awakened state I testily asked if they were waking me to give me a sleeping pill.

(Someone did that to me once in the Wellington Hospital "because it was on the card to have a sleeping pill at 9:00 pm"). In my opinion the patients sleep should be sacred. Unnecessary tests should be aborted.



## **12 August 1996 DAY 5**

The weather outside continues to be cold and miserable but a busy day is scheduled, chest Xrays, cardiograph and blood tests. Paul, the chief nurse popped in to advise I will be wheeled down to Xray in a chair, "because it's a long walk and sometimes patients can arrive down there a bit grumpy" adding "You can walk back".

"So if I'm grumpy when I get back to Julie that's OK?" I asked.

"She can handle you." he answered.

I dressed for this occasion in a very soft track suit and nice new runners. The walk back was of course a doddle, but the soft lining of the track suit trousers hurt the leg wound even though it was by now quite well healed and not normally sore. I again wonder at what sort of advice people should receive before coming in for an operation like this, I think I have got it right, soft silky and easily removable. Healing and comfort out weighs modesty any time.

Mary Two saw me all dressed up and suggested "when you come in for checks in the future you must come in and say hello, now that we have seen you in clothes we'll be able to recognise you."

It's OK Mary, I'll just remove my trousers as I come into the ward, but I'm damned if I'll shave!

I don't think I was grumpy when I arrived back and Julie took great delight in removing the electrical heart restart wiring that hung from my lower chest. What a strange feeling, it felt as if she were pulling worms from my chest. And at the instant they came out, a

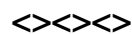
sharp pain occurred and lodged in my shoulder. I closed my eyes, idiot, I didn't look at the wires, so can't imagine what they look like. (Mary One tells me "They look like a loosely wound spring like the ones in a ball point pen.")

Meanwhile the visitors kept coming and they were inevitably positive and happy ones. The ward staff smile at our hilarity and sometimes the laughter has made my chest wound slightly sore, but I'm sure it's a very therapeutic exercise (and it doesn't hurt as much as the coughing that Polly wants me to do). I hope we don't disturb the other patients.

I actually feel a sense of joy at having successfully come through the operation and every little achievement has its own moment of glory and I am revelling in being able to do every little thing I can. For an untrained computer operator I'm even getting great satisfaction at making this damnable machine work. By nature I'm very impatient and only when there is nothing better to do, do I spend much time playing about with it. Paul issued an instruction tonight, "Slow down, not to many visitors, you're going home the day after tomorrow, it will be a big day. If you wear yourself out it will take you several days to pick your self up again."

Trust me Paul I want to get back to 100% as soon as possible, I'll be doing everything I can, thanks for your advice, I am listening!

Meals: A word must be said about the meals. Each day a menu was presented to be filled in for the following day and the selection always gave me some problems. One day I ticked a number of selections that appealed and ended up with enough food to feed half the ward. Each course looks like a photo from a cook book. It always arrives nicely presented delivered by friendly helpful staff, but after the operation the taste buds were not easily excited, food tends to taste a bit bland and eating has not given me the great pleasure it may have. Even Eddies bottle of wine lay open but untouched in my locker until I returned home.



### **13 August 1996 DAY 6:**

The day dawned in a splendid golden sunrise. I pulled open the curtains and looked, it felt great to be alive. Paul came by and spotting the mood, waved his finger and advised "Take it easy!"

Polly came by, told me to breath deeply and advised me to "Take a walk in the gardens and smell the flowers."

Lynne came in and we walked around the garden, smelled the spring flowers and trees. The fragrance of a Macrocapa tree? I couldn't see one but it smelled like one.

Dr John Reardon arrived and discussed medication and any methods we could adopt to lead a better life style or diet. We have been living to these rules for quite a few years now and only useful thing I should have done 55 years ago was select different parents(genetically), but it's a bit late for that now and anyhow I love my old Mum and wouldn't trade her in for anyone!

"Any other questions?" he asked. There was, the big one.

"When can I go diving?"

"I'll see you in about six weeks." He said.

I made a mental note, that was not a "not today," but if the weather was good and I felt

OK in the future! I may even be able to bring him in a crayfish, just to prove I can do it.

Mary two arrived and set up a video for us to watch a film made to give advice on what to do when back home, life style and the after effects from heart surgery. If anyone at Wakefield reads this and is interested in my comments on this video, I hated it. I found it slow, I found it boring and negative and it certainly would never motivate me. I want to know the success stories of what people have achieved, the possibilities. E.g. Interviews with super positive people. Call up someone like 66 year old Mr Maurice D Coutts in the USA, I gained 100 times more motivation from talking to him on a 2 minute accidental international phone call.

Dear Rob,

This is to encourage you .Of course you can dive again, not in a few weeks but in a few months for certain. I had a quadruple by-pass fifteen years ago. I dive over a hundred times a year. Last week I was videoing blue sharks off Rhode Island, temp 45 Deg F. Last year I did a video of the Bonaire Windjammer alone. I dived seventeen dives in eighteen days each of twenty five minutes at 195 feet. Scares most young men shitless! This involved going through surf with twin eighties and a 30 cuft O2 tank plus video camera- swimming out a half mile and videoing at 195' for 25 min. I then récompress while swimming back underwater. Not bad for a 66 year old. I had a new girlfriend and so made love at least once a day in Bonaire! I enjoy diving too! There are several things you must do to gain your health and strength back. Walk every morning, slowly increasing the time and speed. Start with half a mile and chart your progress. I can remember that after the walks I would feel ninety years old, lie down on the bed and sleep. A by-pass is one of the most major operations you can have. and the recovery is a real bastard.

In about a month when your chest muscles are better start swimming. I started scuba six months later at Grand Turk . I found I was not as fit as I thought and was tired by the sun. It took nine months of exercise to bring myself back to a high peak of physical fitness. If you do ,give up smoking,heavy drinking as I did. Change your diet . Oat meal and 2% low fat milk in the morning, salad and soup at lunch ,avoid fatty meats , lower your cholesterol. Above all exercise. I do 1000 m hard swimming daily I was in Wellington this spring My sister lives in Upper Hut and I will visit you if I return there. My cousin Ted lives in Rotorua and also had a heart problem which he cured by Chelation Therapy. Give him a call, Ted Wallace 07-332-2212,he is 76 and spry and a pleasure to talk to.( He is also Scottish, born in NZ) You can try this therapy in Wellington in a few months. There is a chelation clinic at 21-29 Broderic Rd 04-478-3793. Call or fax if you have any questions Yours till all the Seas go Dry

Maurice Dallas Coutts



I received this fax from Maurice, isn't this guy the greatest? He must be an outstanding example of what can be achieved. I will certainly be in touch with him again!

I personally know many positive people who have had this operation and are enjoying exciting and extremely high quality lives.

The second video they wanted us to watch with Peter Snell was better, but in fairness to him I must admit after watching the 'going home' tape I was so bored I soon fell asleep.

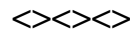
### **The Last Night**

I programmed another early night and crawled into a comfortable recovery position

where I lay for a couple of hours and dozed in and out of sleep. The newly developed pain knifed into the core of my shoulder and when Mary One poked her head in the door for the 10:00 pm check and pill run I commented on the phenomena of removing a wire from down there causing a hurting up here. She gave me the prescribed pills including a sleeping pill, reset me into the recovery position and took to the painful shoulder with some magic ointment. Within 10 minutes I was fast asleep.

5:00am. For the second time of this hospital stay I turned on the TV. It is not fair that a sick man like myself should have to provide assistance to 15 big strong kiwi men dressed in their sexy black costumes to carry a ball from one end of a cow paddock to the other, while some dumb South African idiots seemed to mindlessly get in the way. It took significant assistance from me to get that ball safely to the far end of the paddock where it belonged.

Regan arrived during the half time rest period with a steaming cup of tea. I jumped out of bed to have a nervous one and leaped back into bed only to skittle the tea all over the blankets. Regan did the decent thing, remade the bed, remade a fresh cup of tea, but after that they decided it was time I went home. I called Lynne and she arrived to collect me at 9:00 am.



#### **14 August 1996 Home: DAY 7**

Via the Kilbirnie shops to collect prescriptions etc. and home!

Our chemist Ken is a personal friend. He looked at the prescription for 30 20ml sleeping pills and said "I'll give you 60 10ml sleeping tablets, so you're supposed to take 2 of them to go to sleep, but you don't take many drugs and may find just one is enough."

Can you believe your home of about 25 years can be an alien place? After recuperating in a hospital specifically designed to assist handicapped people your home can present a new challenge. Suddenly there are no emergency buttons to press should immediate assistance be required. Unfamiliar toilets, without the grab handles. Smaller shower cubicles without chairs. It can all be a little daunting.

Lynne tied a 'donkey' to the end of the bed and I flopped onto it, at least the bed was familiar and comfortable and within a few minutes I fell asleep. On awaking, a walk around the block built up my confidence to handle life at home and I returned buoyant.

Mary One had escorted us to the door and as I left advised "Don't over do it and I worry about this Hot Tub of yours." The Hot Tub registered 39 degrees C on the thermometer as I streaked into the backyard and clambered into the steaming cauldron. The wounds stung a little as I slowly immersed myself, but soon the weightlessness and venturi jets blasting bubbles onto taught sore back muscles, massaged cares and pains away. I paid great attention to not getting over heated as I had been warned that over warm showers or baths could cause fainting. The trouble was nobody could put a temperature figure on what was too hot and what was acceptable. If anyone wants a figure I would suggest 40 degrees C (104 degrees F) would be a maximum - and care should be taken at that temperature, don't stop in too long. The sleep after that was two hours of pure ache free bliss.



Today is Lynne's birthday and the kids brought over food and a bottle of Spanish sparkling wine. Nectar, but after two glasses I was anyone's.

Another soak in the Hot Tub. Under the stars with steam drifting through the trees and the bubbles working their magic massaging, maybe I couldn't go diving yet but it is good to be alive. I took one (half measure) sleeping pill and had the best nights sleep since before I'd learned of the need to have the op.



### **15 August 1996 DAY 8:**

We awoke to a cold Southerly wind preventing any sensible thought of walking outside. I wandered through the house and turned on the CD player. Ballroom music drifted through the house, Waltz and English Foxtrot. Like a big Wally I pounced through the house in dance stance, dancing alone the routines I know so well. Spin turns, Whisks, Feathers and Chasses. After a few moments my pulse rate has risen. I can not believe how energetic these routines are and can feel all the muscles in my body working and moving to their familiar positions. If you know a dance routine I'm sure it will be better than the sterile exercises set in the "Coming home after heart surgery" manual. I spent the day entertaining visitors, plunging into the hot tub, playing about with dance steps and messing around on the computer.

This evening is dance lesson night and I wrapped up warm and went into town with Lynne to see the friendly crowd and prove I'd survived. Few people were there yet and a Waltz played. I find such music stimulating and called Lynne over "Just let us try to do a couple of steps".

We took up the hold; Spin turn, chasse, lock, double reverse, it all worked. Our well practised Gold routine flowed and before we knew it we had been twice around the floor and completed the fairly complicated routine. Fantastic; rapt and lightly puffing, I rested on my laurels.



### **16 August 1996 DAY 9:**

Not a nice day! The sort of day I guess that if you were going to feel let down this would be it. A Southerly & bitterly cold. I love the Wellington coast and in a Southerly, Kau Bay is always calm. It's a real pain not being permitted to drive and I bullied Lynne to take me to the Point Halswell light house. Wrapped up warm, but wearing soft shorts to let the wind and sea air at the healing leg wounds we walked to the centre of the bay before Lynne walked back to collect the car. I carried on to the next point before turning back and we met at about the middle of the Bay. A nice little walk we measured on the trip meter as 1.8 km.

A disaster of almost **national** proportions met us at home; neither of us had remembered to switch on the hot tub! It was quickly switched on and we had to wait for several hours before it was ready, fortunately just before bed time we slipped into the warmth and again it worked its magic. I rolled into bed and without a sleeping pill fell into another good nights sleep; **until** midnight. I awoke feeling a bit sore in wounds and body. Immediately out of hospital we had picked up a prescription of pain kill pills, but

I hadn't suffered much pain so had not bothered to take any of them. Now I took two of them with a sleeping pill and good night nurse, another great nights sleep.

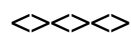


### **17 August 1996 DAY 10:**

Since getting back to my own bed I've slept very well, but unfortunately Lynne has not fared as well. My pattern of awaking after about 3 hours is also waking Lynne and she is having trouble getting back to sleep, especially since she is afraid to move in case she hurts me.

I'm now into a pattern of two walks of about 2km per day and use of the hot tub for short bursts about three times, in the morning after my walk, at evening before bed and in the middle of the night, 4:00 or 5:00 am if I awake. This is magic at removing muscle tensions and wound pain and back in bed I drop quickly back to sleep.

Since this is the final day report I intend to record in this form, it may also be of interest to others to hear how the aches and pains are. The leg wound is looking very neat and healed. In many places the scab has gone but it can still be quite painful especially if it has been left immobile for any time. The chest wound is well healed, also with most of the scab gone. Breathing is still not 100% and on taking a good lung full of air there is a sort of pain and restriction to full breath. Coughing continues to be painful and is often necessary. Something I saw on TV the other day caused me to laugh and cough until I thought I'd break in half. Polly would have been delighted. Noel Edmonds House party should be banned from TV!



### **MY RECOMMENDATIONS TO POTENTIAL BYPASS PATIENTS:**

\***Hospital wear:** Don't buy a new pair of Pyjamas to take to hospital! Get something soft, smooth to the skin and easily removed. Silky, satin or very soft cotton, a lava-lava cloth is great. The wards (at least at Wakefield) are always nice and warm.

\***Dressing gown.** Not a big heavy woolly one. Light and short, and don't let it touch your legs.

\***Laughter:** Laughter does not hurt as much as coughing and Punishing Poll will want you to cough. If you get serious, negative visitors tell them not to come back! You don't need anything negative. Everyone suffers indignities in the hospital system, don't let them upset you, talk and laugh about them! It's your getting well that counts.

\***Attitude:** Remember this is not only going to save your life, but will also improve your quality of living. Plan your recovery, don't be too ambitious and savour every accomplishment you make. I'd prefer to spend my money and go to a Pacific Island, somewhere where it's cheaper - but this is also an adventure in life. Twice I watched the

All Blacks play, they get jumped on and kicked; their bodies must feel as beat up as I feel now - after every game!

Turn any negative thought around or they will make you miserable.

\***Write it down:** Why you are doing it, what you expect to happen, what you are prepared to put up with, where you hope to be in several weeks time. Don't be over ambitious it's very encouraging to find you are ahead of your goal schedule.

\* **Sleep:** Everyone tells me your body mends itself best while it is asleep. Work at getting as much sleep as possible. Ask your nurse to help you to get comfortable in bed and settled at night. Learn how to get your self into a comfortable recovery position.

\* **Use your strengths and assets:** Everyone has their own strengths and assets. Take stock of the things you do well and see if you can make a list of them and use them to assist your recovery. Mine include:-

\* Desire to travel: I'm going to Sakhalin Island (off Siberia Russia) at the end of September. The goal, the pinnacle of the mountain, trust me, I'll be there!

\* Diving: A desire to get back in the sea and the use of deep breathing skills I have.

\* Dance: Dance disciplines are a very effective whole body exercise.

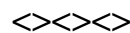
\* Playing on a computer: Writing this on a note book computer has kept my mind occupied & thinking positively.

\* Hot Tub: I'm used to it, I've gained huge pain relief and sleep assistance with careful use of it.

\* Mountain biking: Not yet, but very soon I'll have the bike out again.

\* Cassette story tapes: Well loved stories have helped me, some may prefer recorded poetry or music. I believe they are more relaxing than TV and easy to fall asleep to.

Who is that asking about sex? I can advise that my first meal at home included about 10 raw Bluff oysters. To date they haven't **all** worked, but I cannot be too critical of my system for sneaking off with some of them to help repair the body!



### **MY SUGGESTIONS / COMMENTS TO THE MEDICAL PROFESSION:**

First, Thanks from myself and my family must be expressed to all the staff at Wakefield Hospital. It would be difficult to fault efforts, information, co-operation and professionalism. I felt confident in all the staff and most of the equipment (ref Thermometer comments below.)

\* **Body Shaving:** To many people, this can be an indignity and is in itself, stressful. Every one knows hospitals shave off body hair, but although every other aspect of the operation has been explained, this practice has not. Re-growth of hair is at least uncomfortable and often painful. The new type clipper hair remover used at Wakefield, are a great improvement on traditional shavers as they do not shave as close. After this visit I have not suffered from ingrown hairs etc as I have in other operations.

I believe shaving should be kept to a minimum unless requested by the patient for aesthetic reasons, (in which case it could be beneficial.) Another person operated on in Wakefield Hospital in the same week as myself, had both legs shaved although the veins had already been removed from one leg at a previous by pass operation and that leg would not be touched.

**\*Plastic Wrist Bracelets:** Trim those sharp edges off the plastic wrist bracelets. They jab into the tender shaved skin.

**\*Thermometers:** Is this the most basic tool of nursing? The nurse's digital thermometers look pretty, but worked erratically, often didn't bleep or took forever. They are end heavy and always tend to slip from the mouth. Encased in a throw away plastic bag have the appeal of sucking on a glad wrap encased earth worm. I think everyone who ever took my temperature was obliged to apologise for them. From a patients point of view it does raise a very small doubt that if the most basic nursing tool doesn't work properly what about the clever hi tech stuff? Perhaps a move back to the basic mercury in glass or alcohol in glass may present a more professional image. There is another type used at Wellington Hospital, it sticks in your ear and has a result in seconds. Very impressive! Perhaps it is time to consider a change?



I've decided to do a weekly update of progress and will fill any comments I think may be of interest each Wednesday, the weekly anniversary of the operation.

## **DIARY:-**

**Week ending Wednesday 28 August 1996, this is the end of the third week after surgery.**

I'm convinced the mind is the most important part to maintain control over. With writing down my thoughts and feelings I have managed to avoid doubts and depressions.

The people, friends and family around have a huge influence on helping you to keep buoyant and focused on recovery. Their expressions of admiration at any achievements will prevent depression and encourage greater effort. Expressions of admiration at your speedy recovery, coupled with the advice to not overdo it can also be encouraging and positive.

The patient is living in a very emotional state during these times and the most positive and cheerful person can easily be changed into a depressed state if not encouraged and advised sensitively.

I have set my own agenda, after reading and being told the recommended best way to recover I've added to it with the strengths and asset unique to me. It is a big decision to deviate from the well trodden track and to have the initiative to take short cuts known

only to yourself. An insensitive criticism can strip the strength and direction from an otherwise strong and fast healing person.

An example:- a week ago and one day out of hospital, I attended dance lessons, just to watch, but took gently to the floor to see if I could do it. It flowed, it felt wonderful and I completed a routine leaving me with a feeling of elation.

Comments I fielded several days later telling me I had looked dreadful and grey were like a punch below the belt and that elation turned into severe self doubt and for some hours created a semi depressed state. Here I was deviating from the "Recovering from a Bypass Operation" chapter of the official medical rule book and had ending up looking "Grey and dreadful."

It takes some rethinking to regain the confidence that the best and most knowledgeable person about my feelings, health and body is ME!

I went back to my diary and reread my previous thoughts and find the recovery is still remarkable according to all other reports I've heard and the confidence returned.

Today I walked, at my idea of a brisk pace, from Branda pass to Moa Point before breakfast (3 km) and this afternoon from Pt Halswell to Miramar Wharf (4 km). I think it works out at about 4km per hour.

We went to town and met Janice for lunch, I wore long trousers for the first time since my walk to the Xray dept and they were like sandpaper, very painful on the leg wound. I've discovered the most comfortable and painless trouser wear, is brief underpants then satin boxer shorts with a warmer pair of shorts on top.

Breathing is still not up to full capacity and I'm thinking of going to the swimming pool to try snorkelling in the dive pool. This should give good lung, breath control and exercise everything else without over straining damaged areas.

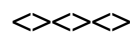
I've noticed I no longer need the 'donkey' and last night slept through without a sleeping pill.

The hairs on my chest are beginning to grow and stick out like a crew cut. Firm fitting shirts press the hairs into the chest. Not sore, but quite uncomfortable.

We have just discovered a "Cardiac Rehabilitation Post Cardiac Surgery" programme to aid rehabilitation and I find my own programme is a long way in advance of the recommended. I note on 'week 2' i.e. the third week after surgery, one may do one hour per day?? or per week?? of non-stressful paperwork. I would attribute much of my successful recovery to the fact that I have continued to think about what is happening and recording my impressions and responses throughout this period.

I now rarely take pain killer pills and only a very occasional 10 MG Temazepam sleeping pill (not 20 MG as prescribed). I'm sleeping very well. The wounds are now very itchy and the re growing hair is prickly and irritating.

Neck muscles are a little sore and Eddie is recommending I see a chiropractor to have a quick check over. The Hot tub use is still good, but I only use it about twice a day now the major pains have eased off. The water jet relieves, but as there is less pain the result is not as spectacular.



21 August 1996 - Wednesday and I'm 55 Today! This is the end of the second week after surgery. Morning walk from the Pass of Branda to Moa Point, 3km and my afternoon walk from Pt Halswell to Miramar Wharf, about 4 km.

22 August 1996 - Cold Southerly, phoned the Aquatic centre and arranged to have a swim in the dive pool with mask snorkel and fins. Swam about for 15 minutes, dived to the bottom quite a few times (5 M deep) and went to the bottom and swam a width a couple of times (5 M down - 25 M across and 5 M up) Not bad for a cripple! Feels good but has left chest muscles feeling used.

I have been advised not to over do it! I called the hospital for clarification on what is 'over do.' It seems if I end up depressed, very tired or with palpitations that is over doing it. I'm not! Tonight I went to dance lessons and spent about 25 minutes mainly waltzing but also a couple of circuits of quickstep.

Tonight I pulled out a piece of string from the top of my leg wound. This has left a crater where it was previously a great lump. The hot tub settled me for sleep and I'm sleeping well.

23 August 1996 - Morning walk from Miramar Wharf to Scorching Bay, about 6 km. We went out to dinner at a nice restaurant.

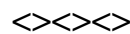
24 August 1996 - Morning walk from Kau Bay to Strathmore shops, about 5 km. This evening we went to Chiska's dance at the Rongotai College Hall. Had a good night, danced quite a bit. Waltz, Fox-trot, Viennese Waltz and a couple of rounds of Quickstep. Arrived home at 11:00 pm, hot tub and bed.

25 August 1996 - Morning walk from Kau Bay to Seatoun, about 4 km.

26 August 1996 - Morning walk The Southern Walkway from Signallers Grove. This is an unpaved track through bushy areas with splendid sea views. I found the hills were a bit tough and I exited after a couple of kms and walked back home. The walk took about 40 minutes.

Tonight we went dancing and practised for about 40 minutes, Waltz, Tango and English Fox-trot. Good exercise!

27 August 1996 - This morning a cold Southerly wind was blowing so walked from Seatoun Wharf, around the peninsular to just past Flat Rock - Shelly Bay, about 7km. This afternoon walked from Seatoun tunnel home, via Cavendish Sq and Bentinck Ave.



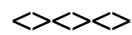
**Week ending Wednesday 4 September 1996, this is the 4th week after surgery.**

The hot tub has been a wonderful aid to recovery, easing sore muscles and massaging wounds in the water jet, but I find I'm not relying on it the same way now and use it only once or twice a day - before bed.

The re growth of chest hair has become very itchy and causes significant discomfort. Each hair stands out like a switch and when moved by clothing or whatever it feels like a small pin prick or electrical shock.

The chest wound that has looked so well healed, has opened up at the bottom over the course of a few days with a bit of pus. I went to the local GP and he has taken a swab and given antibiotic pills.

Each day I can feel an improvement in body and reduction in pains. I have been sleeping very well without having to use any sleeping pills, nor pain killers. After effects noted:- Loss of short term memory, or lack of concentration. I sometimes don't remember some simple things or don't hear what has been told to me. Lynne has noted I have sometimes become more intolerant towards others, I'm aware that my whole concentration is focused at getting better and I can easily become frustrated with rapid mood swings when everything is not going as I plan. Forewarned I'm now trying to concentrate on the wider world and am trying to be a little more aware of others around me. Wounds on leg and chest. I've pulled some cord from all the wounds. A piece 4 inches long from the leg. The chest wound has opened up at the bottom and become infected. Chelation; it seems many heart patients find this is a very useful method of removing blockages from arteries. The medical profession don't seem to recognise it as a proven treatment though.



28 August 1996 - Walked from Kau Bay to home in Miramar via Seatoun, about 6 or 7 Km.

Chest wounds are very itchy tonight and driving me mad! My chest is still sore when I sneeze or cough, it helps to clutch onto chest when sneezing or coughing. I have used Aloe Vera oil on wounds, but don't know if it has helped.

29 August 1996 - Went to the local school and talked to the kids for an hour and a half about fish and fishing. This evening spent 45 minutes practising dancing. Very busy and exercising routine!

30 August 1996 - Walked from Courtney Place to Point Jerningham and half way back, about 3 Km.

The chest wound looks great, but today it opened at the bottom and some watery looking pus came out.

We went out this evening for a meal with Eddie & his wife, Dianne. Eddie had a bypass about 10 years ago and has severe heart damage that cannot be operated on again. It is interesting to note he has been having the Chelation treatment that Maurice Coutts speaks about in his FAX. He advises me there are quite a few people having this treatment and they have not advised their Doctors as the Medical profession really don't seem to accept this is a worth while treatment. Eddie has also advised I must go to a chiropractor to have my back checked and realigned if required. He will make an appointment for me with Richard Cheyne at Porirua.

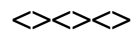
31 August 1996 - Walked the Massys Memorial walk. Up to the memorial, over the hill and down into the centre of Kau Bay then back to the car around the coast; not such a long walk but more hilly. I managed very well with a little puffing on the steep bits. Chest is still very itchy and I've squeezed some vitamin E from a capsule onto it. Don't know if this helped or not! Note coughs and sneezes cause a deep pain in the centre of the chest and neck muscle feels quite tight.

1 September 1996 - Took the bike out, very carefully, for a ride. Went to Miramar wharf and back, about 20 minutes, the weather was a bit cold and windy. Poked about with the leg wound and pulled 4 inches (100mm) of cotton from a lump. Suspect this is the problem with the chest. Tonight I put some ichtheol ointment on with a plaster (in the morning it looked less angry, but still some pus).

2 September 1996 - Took the bike around the Peninsular, took about 45 minutes and I was pleased to get home, but recovered in the afternoon and rode over to Breaker Bay and back. The chest problem looks a lot better but hasn't gone away.

3 September 1996 - Frustrating day! Everything didn't go as I'd planned and I found my humour was not good. Lynne tried to help me on the computer and I couldn't accept the help! I took the bike around the coast a bit quicker than yesterday and eased the frustrations, I note the ride was easier although it was windier and physically I felt very well!

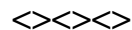
Went to see John (GP) and got some more anti biotic for the chest wound. Someone from the follow up cardiac care rang me today, it's a bit late for that, I'm all but better now. She will come and see me next week.



**Week ending Wednesday 11th September 1996, the joy of being able to drive the car again is great!**

It has become tolerable to wear long trousers again, up until now I've been wearing shorts.

Chiropractors; I can not understand why the Medical people have not recommended attending a chiropractor! I have been "put back together very well" but a few sessions have relieved back pains I have suffered since the operation and the massage of lesions in the wounds has made the leg wound in particular very free and has broken down the scar tissue. I would recommend this as an important recuperation aid.



4 September 1996 - Drive! I can drive my car again! I've been all over the place, including Paraparaumu. (about 40km away). Not much other exercise.

5 September 1996 - Wore longs again today, they are not as comfortable as shorts and still rub. Had dance practice for a solid 30 minutes and got a good sweat up, this dance is really very good exercise.

The chest wound still has a bit of pus.

6 September 1996 - Visit to Richard Cheyne Chiropractor. He has given me a very thorough check over and taken Xrays. He seems to think I am in fairly good condition but there is a kink in my back, I can feel it and he put his finger right onto it. I have an appointment to come back on Monday.

12 Noon. Had an appointment at Wakefield Hospital, with Dr John Reardon. More



Xrays, he checked me out and has given me the all clear. Can go to work on the 18/9/96 and am OK for air travel and Russia. He has given me a Drs Certificate for that.

7 September 1996 - A quiet day and I slept a bit. Not too much exercise. Went to see a live show at the Opera House tonight, "Full Marx"

8 September 1996 - Walked the Southern walkway from Signallers Grove along the walking track to Tarakina Bay and then around the coast road to Breaker Bay. This was very easy today; this was the walk I aborted on 26/8/96. In the afternoon walked along the beach at Raumati to Paraparaumu and back.

9 September 1996 - Back for a second appointment with the Chiropractor. The xrays show where the back bone is out of line. Richard gave me quite a work out including a strong massage of the chest wound and I do feel better for it. Tonight we spent about 45 minutes solid dance practice. Very steady exercise.

10 September 1996 - The chest wound persists in leaking, there is now quite a deep hole and I've managed to get some bits and pieces of string out of it, at least it is no longer an angry red colour. I must note that as each day goes by the aches and pains are getting less and there is a sign of relief in the back pains since it was worked on yesterday.

11 September 1996 - Chiropractor again, some work out, he gave my leg wound a very deep massage to "release lesions". It hurt but has freed up the leg wound significantly. I'm supposed to continue to massage it myself to prevent the scar tissue from binding up.

Today I had my first visit from the cardiac nurse. It is a little late to see her as I feel I'm almost back up to speed, it would have been helpful to have had her visit a couple of weeks ago. The discussion we had was helpful, if a little late.



### **Week ending Wednesday 18th September 1996.**

Felt dizzy after a slightly over done day fishing. Checked it out with my Doctor, he found every thing OK, just over did things a bit.

I've noted coughing and sneezing pains are significantly less, still some pain, but no need to clutch at chest and cough.

Mental astuteness is beginning to return and I have more interest in returning to work and less concentration on health and efforts to exercise; the body is feeling quite good and I'm looking forward to flying out to Russia on Friday the 20 September 1996.



12 September 1996 - Eddie called, the weather report is good, we'll go fishing. I met him at Paremata and we headed off to the South Island. A rolling swell made the trip a little sloppy. We fished in a rip tide for 3 hours, very exhausting keeping your balance and pulling in fish. The trip home was quite rough, the wind had come up and there was a significant rip tide. We bashed our way home! The book says it is OK to now go

fishing in someone else's boat - but I don't think this would be a recommended trip, for after major surgery!

We had half an hour dance practice and this evening I didn't concentrate too well and was very happy to get home and into the hot tub.

13 September 1996 - On awaking I felt quite dizzy and sore back. Went to the Doctor to check it out. "Have you been over doing it?"

"Who Me?" Looks like dizziness can be a result of going for it a little bit hard.

Went to the Chiropractor again; Richard's daughter attended today as he is at a seminar. She remarked on my chest scar, she recognises the work of individual surgeons and her comment is that in her opinion Dr John Reardon makes the neatest job of chest sewing in town!

I commented on the scar massage and told her how well it had worked. She said that sometimes if left for a year or eighteen months the lesions become very difficult to remove.

Why didn't the health professionals advise me about the benefits of chiropractic help?

14 September 1996 - Wet and windy, no outdoor exercise today! Note no back pain and all pains are almost gone.

15 September 1996 - Walked along the Southern walkway, massaged the leg & chest wound, the scar tissue is now quite well broken up.

16 September 1996 - Chiropractor this morning. Have suffered no pain over the weekend and his work is just to do some muscle tuning. Have done a few chores around the place, the hot tub needed some maintenance so have been busy. Danced tonight a solid 30 minutes.

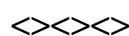
17 September 1996 - BACK TO WORK! Busy day, back to the world of work and stress.

18 September 1996 - Chiropractor, he remarked again on how my surgeon has made a good job of reassembling me, it has all straightened out OK and there is now only a bit of fine tuning work to do.

Have been to work today for a short time, and contacted most of my clients, it appears my staff have handled every thing very well and everyone is very happy. Makes you feel a little redundant!

I must report the aches and pains are now all very minor. Lynne has packed my suitcase, and I find I can lift it without too much difficulty. The trip is ON, I leave on Friday 20/9/96 and I feel confident and well capable of going!

I don't believe there will be any further reports from me, the job is done, the body is responding and there are more important things to do, interesting places to visit, fish to catch etc. Good Luck.



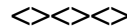
**Sixteen weeks after surgery.**

20 November 1996 - Sixteen weeks from operation day! That is four months. The trip to Russia was very successful. The travel was relatively stress free, except for a tin of acrylic paint I'd packed had its lid fall off and redecorated the hold of the aeroplane! But that is another story. I must admit to having been very tired in the evenings and tried to go to bed early to have a good night's sleep. In the weekends the locals took me to the rivers to fish and to the beach to net prawns, it was great fun, but on those evenings I was asleep before my head hit the pillow.

Back at work the body has no pain of any description but I have noted some short term memory lapses, or perhaps not paying attention as well as I should. It seems to be much better now and I'm probably no more absent minded than before the operation. After work I'm often tired and some times will flop onto the bed and sleep for between fifteen to forty five minutes, after that I'm OK until about midnight. I find my sleep pattern is still a little changed and often awake after about four hours sleep and can have difficulty getting back to sleep. While in Russia if I awoke in the night I did take a half sleeping pill (10mg) to ensure a full night sleep, but back at home I do not take them.

And I must admit to being less tolerant, when things don't go the way I planned them, or when some one disagrees with me in any way other than very sensitive, the fuse is set very short. Eddie had warned me and it is helpful to know, so that at least you can try to walk away from any conflict situations. Avoid conflict, it is not worth the stress!

Keep up the exercise! But the weather has been absolute crap! Wind and rain, going out and walking or doing anything outside is very unpleasant, it is so easy to sit in front of the T.V. (idiot box.) I've been out diving quite a few times, the weather has been very windy and the water dirty, but I've still managed some scuba dives and have taken a few underwater photos and gathered a few crayfish. I've found snorkel diving to collect Paua and spear a few Butterfish has been more energetic and with deep breathing expanding the chest I can feel a healthy pain and I am reminded that Dr John had been at it with his skill saw not that long ago.



### **A FEW WORDS ABOUT THE THE HOME CARE GIVERS;**

February 1997 and I am rapt and delighted to find Wakefield Hospital has been showing this diary to some of their heart patients and the feed back I've received indicates many are gaining some comfort and inspiration from it as I did from Maurice Coutts wonderful FAX. Feed back has come from various sources, Nurses, Doctors, Richard Cheyne my chiropractor and from the friends of patients recently fixed up at Wakefield Hospital, - but interestingly enough I've received no direct feed back from any of the patients!

Although I feel I've now returned to full health and vigour and have put the period of pains and convalescence from my mind this feed back does excite me and I must say it is very satisfying to find my writing can offer some comfort to others undergoing the same adventure.

But in talking to people I find the mental pain and stress, affects the family and home care givers as much or even more than the patient and I've asked several families for their comments.

### **A TOAST:-**

#### **To The Spouses and the Families. May God Bless them all.**

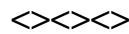
Almost six months down the track and I'm learning more about this whole illness. Don't we feel sorry for the poor patient? Cut and sore, he needs constant attention and nursing. He must take it easy and not over do it. The family must make allowances for this poor father of the family. (Where is this equality of the sexes? How come it seems to be always the men who get this damned problem?) Back home they tip toe quietly around the place careful not to disturb him. Particular allowances must be made for his unreliable memory and his shortness of patience. I've seen whole families change their lives to help these poor crippled sick people.

Some bypass patients seem to believe they have only received a stay of execution and must put a bag over their head and spend the rest of their life wrapped in cotton wool where they can be waited on hand and foot.

But! I'm here to tell you, that in my opinion this is **BULLSHIT!**

My youngest daughter Janice appeared happy and relaxed when she visited me in the hospital. However she later admitted to me that throughout this time and particularly prior to the operation she was really very upset and uptight. But because every time she saw me my mood was always positive, my outlook gave her confidence and she was able to stay relaxed and positive whenever she visited me. This in turn helped me to remain strong and focused.

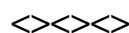
On returning home after the operation Lynne found I was far from back to normal! In bed at night she was afraid to move lest she hurt me. When I awoke at antisocial times in the night she would awake also. The result of this caused her great stress and loss of sleep and we soon found she was more distressed than me and when I left for Russia she received the break she needed to get her sleep pattern back and pull her life back together.



#### **22 February 1998.**

I've just run into Punishing Polly. She tells me my notes above have been offered to most patients either just as they are about to go into surgery, or a few days out of surgery. She tells me that after reading it many people have been comforted and have felt better about the challenge ahead. To me this is a great complement to learn the record of my experience can help others.

**BUT:-** Very sad -someone has run off with the hospital copy and they would like a couple more! And it is my pleasure to replace it.



**It's now 18 months since my operation:-**

The trip to Russia was fantastic: I arrived there six weeks and a few days after the surgery. The trip was another brilliant experience; (This was my 6th visit) and although I must admit I did feel weary and tired at the end of each day this did not prevent me from going salmon fishing (and avoiding the wild bears) and being on beach duty cooking, while my driver and a couple of his mates waded into the sea and netted buckets of prawns.

On the beach a couple of attractive Russian ladies sat admiring my legs, which was very flattering until I discovered they were nurses and not admiring the legs, but the healed wound. They gave me the thumbs up "very good job" they indicated and proceeded to show me how their Doctors would have sewn it up - like a sack of potatoes!

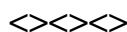
In March 1997 - just over six months after the operation, I went on a two week diving expedition to Whakatane and Tauranga. From these ports I daily pounded many miles out to sea in my small aluminium runabout and dived some fantastic areas. These included White island, Whale Island, the Raurimu group, Astrolab Reef and the Penguin Shoals. My old dive buddy, Willie Bullock, one of the very best divers in the country, came along with me and I was delighted to find I was able to keep up with him snorkelling deep water and spearing some mighty big kingfish. I also kept Mr Kodak happy by using goodness only knows how many rolls of film taking underwater photos. Isn't life a beach?

I asked the Doctor before this operation, if I would be able to race a mountain bike. He couldn't see a problem. I've been over the Rimutaka Incline countless times, but I'm still the slowest person on two wheels just like I always was!

**So, what next?** We have been invited to visit friends in Moscow and the next serious plan is to go and explore Moscow about August '98.

To cap off - until now, for the past year or more I've never given the surgery a second thought. I'm just getting on with living and it's a ball.

My wife Lynne and I have visited several others in their recovery stages and we have made an attempt to continue to record the recovery details and some problems arising from the home caregivers and their family's point of view. The patient is not the only one who gets stressed and suffers through this life saving operation. Should any one be interested to get a copy or discuss it, give us a ring!



TO:- Maurice Coutts  
FROM:- Rob Marshall

19 August 1996

Dear Maurice,

Just to thank you for your support. From the time I spoke to you my thoughts on this thing have all been positive and have remained unchanged throughout. Believe me your little talk on the phone two weeks ago has kept me focused. I have no idea what the time was over there when I called, hope I didn't wake you up in the night.

I collected your FAX from work this morning and LOVE it!! Boy you had better not come through Wellington with out looking me up!!

I've had the triple by pass and the whole deal has been a breeze. The operation has not had anything like the effect on me, as it has on the others around me. I've been out of the hospital for five days and without effort I am walking one mile around the coast twice a day. (We have a wonderful coast, the water is calm and clear and my fins are beginning to twitch and scales are beginning to curl.)

I have a hot tub in the back yard and although only four ft deep, it is water and I'm into it three times a day. Water cures!

We have the most fantastic oysters in NZ, we believe they are the best in the world, they come from Stewart Island at the bottom of the South Island and are reputed to give great sexual appetite, I had ten on the night I came home, several worked but I think my digestive system wasted some on body repair work.

I have a trip booked (work) to go to Sakhalin Island Russia (off Siberia and North of Japan) at the end of September and my surgeon say it should be OK to go unless I do some thing particularly bloody dumb. The salmon run up the rivers at that time of the year and although I know I'll not be firing on all cylinders like new, I'm still looking forward to it. On the way back I'll meet my wife for a week of R & R in Cairns, Australia. Don't expect to get in any thing but gentle snorkel dives though. Mind you that place is now full of the Gods gift to divers - hot shot dive masters who would be horrified to see anyone dive deeper than about 45 ft! There are not many around like our friend Brett from Vanuatu.

Thanks again my old mate, I dearly hope I may meet with you personally one fine day.



## **LYNNES NOTES:**

### **SO THE POOR SORE PATIENT; BUT WHAT ABOUT THE CARE GIVERS? DO THEY SUFFER? THEY SURE DO! AND WHO NOTICES?**

Rob went into theatre at 1.45pm on Wednesday 7<sup>th</sup> August.

Dr came back to us in his room at 5.30pm Sandra, Mark, Janice & I were there waiting for any news.

At 6.25pm we were able to go along to ICU for our first visit

Rob look OK, hooked up to all sorts of machines which we had been pre warned about. Lung machine as he would not start breathing on his own until he came out of the anaesthetic. Heart machines for monitoring the hearts progress. Tubes were connected to his neck for the morphine, into his arms for drips and recycling his own blood after it was purified. 2 tubes were coming out of the chest below the ribs, draining. A catheter was inserted for the bladder.

Thursday he woke at 5am, rang me at 7.20am to ask when I was coming up and was

sitting up having strewed fruit, cornflakes, toast, tea and coffee at 8.15 when I arrived. Rang me twice Thursday to say he was bored and needed his tape machine.

He was sitting up in a chair Thursday afternoon for tea.

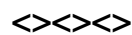
Friday Rob was back in his own room by 9.15. All settled. Went for walk to toilet and down corridor.

Saturday had a shower before nurses knew. Walked up and down stairs to the front door.

Visitors, Yuri & Lydia, Janice, Sandra & Mark, Lynne, Betty, Ian & Karen. By 5pm Rob wasn't so good, low blood pressure and had no visitors sign added to his door.

Settled for night at 7pm.

The nurses asked to comment on the bad thermometers, they want the new ones like Southern Cross or Wellington Public. But don't say they said so.



### **LYNNE TALKS TO OTHER CARE GIVERS - AND THEY COMPARE NOTES.**

Four days notice! That's when it started and there were four long days to wait before Rob could receive a life saving operation.

We had tickets to attend the Scottish Ball on the Saturday night.

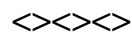
"Do you think I should go?" Rob asked.

Scottish dances are very energetic and often done in groups and once the group has started dancing the only excuse to get off the floor is for the music to stop - or for someone to have a coronary and die on the floor!

I thought about it, "We'll give it a miss" I decided.

Those four days were the longest we had ever waited. Rob was uptight and restless, keen to get this problem fixed but not able to concentrate on anything. Each night he slept restlessly and all through out the night he tossed and turned and destroyed the little sleep I was managing to get.

During that time I also had problems sleeping. After all Rob was going into a serious operation and although I was aware bypass operations have an incredibly good success rate the thought that my husband, friend, lover and I guess the primary income earner of our team for over thirty years may not wake up, gave me and the family a great deal of stress to deal with.



### **PATIENT RISK**

On the big day and just prior to the operation the Registrar came in to advise there was a risk, albeit very small, less than 1%, of not surviving the operation. Rob did want to know or think about this, but it didn't affect me too badly as we had spoken to numerous people in the past and were aware the risk was very small. The fact that my poor brother in law Graham had found out that he needed this operation and although it was programmed to be done within the week he had sadly passed away while waiting made me realise the importance of getting it underway as urgently as possible.

**Mrs P** told me later that this warning had affected her very badly. They had waited for about 15 months for the big day to arrive and she said when she was reminded that there was a risk and that he could die on the operating table she felt as if she had been kicked in the stomach. This added to the stress and when Mr P was wheeled out to the operating theatre for surgery the wait for his return was interminable. She told me:- "That warning certainly gave me little comfort and the fear and stress while he was in there was certainly higher than it needed to be."

**Mrs J** read my first draft and added some very constructive comments. She looked at the hospital advise from a very different and much more positive perspective. She was already well aware there was a risk, after all there is a risk with very insignificant operations and when advised of how very small it was she was indeed comforted. This is a very sensible way to look at it as the risk is indeed very small for the miracle of being able to not only extend a life, but also to restore it to a high quality of living. Perhaps it is in the way the warning is put that is important. After all we all know being alive is a risk, there is risk involved getting out of bed each morning and a bigger risk driving to work and an even greater one crossing the road, so I wonder if the wording of the warning should be looked into to comfort rather than alarm the people involved. After all if the job wasn't done, or done in time - look at what happened to Rob's brother! So where is the greatest risk?



### **AWAITING SURGERY**

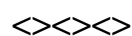
Most of the people I spoke to had waited many, many months for the operation and after hearing of their apprehensions and stresses our four days wait seemed very trivial indeed and now we really appreciate the urgent attention Rob received.

"**Mr P** had a heart attack about 15 months before surgery and that waiting time was terrible" said Mrs P. "He was afraid to do too much and as a result his physical condition deteriorated and he went into the operation rather run down physically and mentally.

When I met them Mr P was four weeks out of surgery and was looking and feeling good. He and his wife obviously pulled together and if there was any significant depression neither showed it.

An interesting observation they did make was "Recovering from the heart attack had been much more difficult than recovering from by pass surgery."

**Mr J** also waited 15 months for the operation. "This was a terrible time" she said, "Much too long to wait, Mr J would not dare to do any thing too energetic and withdrew into his shell. At home he passed the time sitting in front of the TV or reading books and the news papers. He was morose and barely spoke to me or the kids. I feel angry now to remember this long painful wait. Over this period he lost a great deal of his zest for living."



### **IN THE INTENSIVE CARE RECOVERY ROOM**



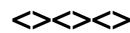
Once the operation had been completed we were permitted into the hallowed ground of the intensive care area. Rob was unconscious and looked dreadful, but we had been warned about that. He was breathing, steadily and regularly and they told me it was a machine doing the work. "He's doing very well" the nurses advised; it was all very reassuring. We returned about 4 hours later, the breathing assisting machine had been turned off and he was now breathing unaided. In the next cubicle the first patient of the day was awake and we heard him talking. This was all very comforting. I went home and that night I slept soundly, confident all would be fine.

**Mrs J** was delighted to get into the intensive care area and see for herself that all was OK. She had been advised he would look pale and grey but he looked worse than she had expected and she reported "a real shock and I just felt stunned." Mr J looked pale and fragile and the breathing pump was still in use. "The nurse said 'we are just about to switch off the oxygen and we'll see if he can manage' and when they switched it off every thing stopped. He went a terrible deathly colour and I had real fear that he was going to die. But after what seemed to me an eternity of time he made several pathetically small erratic breaths then he began to breath again. That was really scary!"

### **HOSPITAL HOSPITALITY AND SUPPORT:**

I got great support from the Hospital staff, even down to cups of tea when visiting. With the exception of being told of the risk of their loved one dying under the knife just before the operation, everyone I spoke to was very pleased and reassured by the information and support they received from hospital staff, both in Wellington and Wakefield Hospitals. Phone calls requesting information and briefings before and after the operation were all very helpful and supportive.

The hospitals in Wellington all give wonderful support to the relatives. **Mrs J** reported that over the first night she worried and called three times during the night. Each time she was immediately put in touch with his personal nurse. "They were wonderful." Everyone we have spoken to have made similar comments.



### **OTHER VALUABLE SUPPORT**

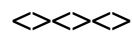
Others who have been through the operation. They have been there, done that and have the His and His scars to prove it (or more rarely His & Her scars.) These are the real role models. Their families have already been through the worries and stress's and from them it can be learned that the problems are not unique to you alone. Healing patients can become very frustrated (if not obnoxious) from time to time; and it is reassuring to know it's part of the process in getting back to normal and **everyone goes through it.**

The most important thing to learn from these people is how well the patient can recover. Rob has friends who have been in quite a bad way before their operation, even having difficulty with activities using low energy output such as walking. They have been able to return to activities as active as competitive squash, tennis and deer hunting! (Not to mention Robs favourite role model - 66 year old Maurice Coutts from the USA.)

The Wellington Hospital runs a weekly coronary patients rehabilitation class. Here people who have suffered heart attacks or are recovering from surgery can meet and compare notes. Some find this very beneficial and motivating.

Although Rob found the hospital videos on recovery slow and boring others have found them very worthwhile, helpful and informative. Rob has been very fortunate to have received motivation from several friends who have recovered from various stages of disability who are now living and enjoying very active lives. These people have been very caring and sharing and buoyed by their enthusiastic support he follows along in their foot steps. It must be remembered that the longer the wait for the operation or if there has been a heart attack causing heart damage, then the longer the recovery time can be expected to be.

Never hesitate to contact someone who has been through this operation; everyone we have met has been more than delighted to share their experiences and offer support and encouragement.



### **SHORT TERM MEMORY LOSS; DRIVES CARE GIVERS NUTS!**

Short term memory loss! I sell real estate and once Rob settled in at home I resumed my work and appointments. This work allowed me to cruise home in between appointments to keep an eye on him. It was good to get out and about again and should he need anything the mobile phone was always there for him to call me. Each morning before I went, I'd tell Rob where I'd be during the day and at what time he could expect me to be back home. This information he promptly forgot! Often within about five minutes he would come to me and ask "What's on your agenda today?"

We had been warned there would be short term memory loss and there certainly was and from my point of view this was incredibly frustrating! I swear he often asked me the same question as many as three or four times within half an hour. And he did hear! I think if I went through this again I'd use a white board to write down a list of the day to day things for him.

And I am not alone with my frustration of the short term memory. Every care giver I have spoken with has experienced this same problem.

"I'm going to the Supermarket and will be back in an hour!"

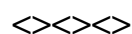
"OK."

"Did you hear what I said?"

"Yes, you're going to the Supermarket and will be back in an hour."

In an hours time I arrive home and he asks "where have you been?"

This sort of thing drives me and all the others I've spoken to, nuts!



### **MOOD SWINGS:**

The day before Rob was to leave the hospital and come home his business partner Eddie warned us;

"This operation leaves you easily frustrated and makes you grumpy! If things don't go right, the adrenaline can flood through your body and you can get very angry - very quickly."

He warned us "When I was first able to drive someone cut me off at an intersection and like a flash I fizzed and was ready to go and punch his lights out. This was Crazy----- here I was still stitched up and weak as a baby and that guy was about seven feet tall. You both should be aware this can happen."

This was very valuable information for us and we were both able to look out for these adrenaline surges and defuse them. It really is very important for both patient and care giver to be aware this occurs so both can make allowances until his/her system returns to normal.

An example **Mr J** told me about, was when he was leaving hospital. He was packed and ready to go and sat impatiently waiting for Mrs J to collect him. Unbeknown to him she was running a few minutes late and got caught in early morning work traffic causing her to arrive half an hour late to collect him.

"I was fuming" he told me "and unreasonably angry." This did not lead to the happy relaxed home coming it should have done and the comment must be made, if they had both been aware that this anger can unreasonably flair up, both would have made allowances and helped to defuse this unhappy home coming. The adrenaline/anger rush diminishes but is still present many months down the track.



## **RECOVERING AT HOME**

### **1 "Take it Easy"**

Rob was very active in the hospital and when he left for home was instructed:- "Take it easy and be careful not to over do it."

This was very difficult! He took off determined to get himself fit for his trip to Russia.

"I'll get some hand cuffs and cuff you to the bed" I threatened.

"Promises, promises" his answer and he kept resolutely to pushing his recovery.

I worried about what would happen if he 'over did it.' No one seemed to be able to give a clear answer. Would his chest open up? or the grafts fall out of the arteries and flood his lungs with blood? or what??

I made enquiries from every one who was prepared to listen to me and the best answer appears to be:-

- 1 His chest won't split open, it's wired together.
- 2 His grafts won't fall out, they are sewn in.
- 3 His head won't fall off!

But:-

- 1 He may become very tired.
- 2 He may become depressed.
- 3 He may get the shakes.

And he did; look at his entry on 13 September 1996 - Dizzy and sore back.

A later explanation we both could understand was :-

**"The heart is like a finely tuned car. When you have this operation the tuning goes out of kilter and it will take some time to bring itself back to normal".**

After a lot of questioning of Doctors, Nurses and other care givers I believe the patient is the best judge of the best way to rebuild his strength. Everyone is different and will progress at different rates (they shouldn't judge themselves by others). What the patient DOES NOT NEED is friends or family who try to draw limits for them, or to be negative. If friends arrive who talk in a negative manner, - don't invite them back! The quickest way to pull the patient backwards is for someone to tell him "you look awful" or "you can't do that" or "you're stupid to attempt to do that!"

As a guide, the patient (and care giver) should be aware that they are their own best judge of what their limit is and how much they can or cannot do. Be guided by pain, if it hurts very much, stop! **Strive as hard as you wish, but just don't be silly about it.**

My husband is hyperactive and completely enthusiastic about life. It was very difficult to try to slow him down. But I now understand I did not need to. He was and still is, the best judge of how to pace himself and how much he can push his own body.

On the two occasions when he did over do it, he became very tired and his body slowed him down until he slept. Fortunately he never did over do it to the extent of going into any depressed state.

In Rob's case he was quite well recovered in about six to eight weeks, but everyone is different and especially if there is damage to the heart, due to a previous heart attack or after a long inactive wait. The body will become physically run down and it is not unreasonable to expect full recovery to take significantly longer.

Rob has a little quote he often trots out when behaving like an adolescent - it says:-

**"Most people say that as you get old, you have to give things up, I think you get old because you give things up."** (Theodore Francis Green.)

Others I have spoken to had a similar initial reaction as me, they told their patient to take it easy and not to overdo it. Some patients seem to have taken this literally and after months or even years are still 'taking it easy' believing they are doomed to a geriatric existence.

But this can go the other way and when speaking to **Mrs McC** she told me about a friend of her husband who had followed the recovery plan to the letter. He was not strong enough to handle the pace and had ended up by doing more than his body was capable of and they carted him back to hospital in an ambulance.

There is little doubt the need for the operation reminds everyone they are not immortal and this does have an effect on the patient, but Rob was quick to work out we are here now and this operation offers an extension of life with no lowering of the quality of life. In fact in most cases the quality of life can be significantly improved!

## **2 One Little Life Quality Bonus**

Some men report a bonus! A couple of chaps Rob spoke to had waited many months for their operations. He told me of a comment they had both made to him of how hard it was for them soon after the operation.

I asked - "What do you mean it was hard?" I asked.

"I mean it was as hard as a rock, as in erect! Think about it - all that extra blood pounding around the system had to go somewhere. Pumped it up very nicely erect for them. The guys were delighted about that and their wives were impressed too - so they told me!"

### **3 Sleeping Together**

Most people I spoke to were cleverer than I. With their patient safely home they slept their first few nights (or weeks of nights) in separate beds and often different rooms. Rob wanted to cuddle up. But he was tender and sensitive. A tender sensitive man, isn't that every woman's dream man? No! He was fragile. I was afraid to touch him in the night for fear of hurting his wounds; his leg in particular was very sensitive and tender. So I lay still and unmoving and had difficulty getting to sleep. Then, when I did get to sleep he would wake up. His sleep pattern was to sleep a maximum of three hours at a time and it was not until he returned from Russia about ten weeks after the operation that he began to sleep the whole night through and by then his tenderness and sensitivity had returned to normal.

### **4 Coping at Home**

I coped very well while Rob was in hospital and remained strong and supportive. When he arrived home and I saw that he was OK and on top of it all, I relaxed. Unfortunately the stress had caught up with me and I fell into a semi depressed state (very sensitive and emotional) for a couple of days. A negative comment someone made to him pulled him down and without my support he also fell into a depressed mood. It required several hours of hard work discussing and communicating before we managed to pull ourselves back on track - optimistic and happy.

### **5 Down the track**

By going to work in Russia 6 weeks after this operation Rob declared himself cured. On returning home family and friends accepted him as better and the operation has been mostly forgotten. Four months after the operation Rob has returned with his normal vigour to doing his normal activities, fishing, diving, mountain bike riding, walking and dancing. All of this, with an enhanced zest and enthusiasm for living and enjoying his sports to the same physical level as before his operation. The family make no allowances nor even mention the surgery in any manner other than you would mention an unpleasant visit to the dentist.

Inspired by an article he read in Readers Digest he has made out a list of "50 things to do before I die" some are very ambitious adventures and others quite trivial goals. I must report he has achieved quite a few of these goals already but keeps adding to the list and I believe it is up to about 70 now.

Many of the care givers I've spoken to seem to have sacrificed their own interests to be there to nurse and encourage. Rob tells me some patients he has spoken to do not want all this attention.

I sell Real Estate and for relaxation learn and teach Ballroom dancing. I did not stop lessons, nor even restricted my dance hours. I did restrict my Real Estate hours for the first month until he was permitted to drive the car again. Rob is interested in dancing

but also wants to do a hundred other things as well. We both get plenty of healthy exercise of mind and body and when we are back together we feel refreshed and relaxed.

We had coffee with **Mrs J** and after our short talk she recommenced swimming, an activity she has always enjoyed doing, but had put aside to care for her husband. After only a week she reported to me an immediate feeling of well being, the swimming relieved stress and she is now fitter and stronger both in mind and body and is surprised that it seems to have had an indirect beneficial effect on her husband and their relationship.

## **6 Long Term Caregiver Problems**

**Mr D** was in his early forties when an annual medical check up revealed he should have a bypass. He waited 18 months for this operation and during this period he ceased playing football, but very little else. At age 45 he was put into hospital and underwent a triple bypass. At this time his youngest daughter was aged 7. She was admitted into the intensive care area wearing a gown about four sizes too large for her, scraping along the floor. She looked like Dopey one of the seven Dwarves and the impact on her was traumatic.

In the 1980's this operation was a relatively new surgery technique. Mr D played first grade rugby, he was slim, fit and looked very healthy - as did the five or six others who were in his ward awaiting the same surgery. They looked at each other and asked the Doctor why it should be that these 6 fit slim young men should be requiring such an operation. His answer indicated that the others, not so fit, were by now 6 feet under. This silenced their questions.

After the operation he recovered well and with the exception of rugby, resumed the same life style as before the operation, but admits to having the typical symptoms of shortness of patience, he was prone to be a little grumpy and this reminded the children their father was still not his old self and still suffered an illness.

He gave up smoking and drinking but took no medication. He attended university and earned a degree but about two years after the operation he began to suffer angina pains and some time later he had a heart attack. So it was within seven years of the first operation and he was back in hospital for another.

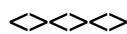
He again recovered very well but after this operation was instructed to take half a Disprin each day and I am happy to report that since this operation there have been no after effects and he is now very active and enjoying a high quality of life.

**BUT**, there has been a cost to the family. During a recent counselling session it was discovered that the seven year old child, now well into her teens had suffered significant stress. Aware that her Dad was sick she had spent many hours worrying about him. For children, not fully aware of the effects of the surgery, being told to 'shush' and 'not to disturb your father, he's not very well' can have a traumatic effect on them. Many children can dwell on what life would be like should their father die.

Most recovering patients seem to benefit from being treated, not as sick people but as newly reconditioned and fitter than they were when taken into the surgery.

### **Some of the things I was not prepared for...**

1. Changes in Robs sleeping patterns. About 3 or 4 hours max. sleep time. Are others the same?
2. Robs eyes got sore when watching TV or the computer; cutting further some activities he could do while recovering.
3. Some people have bad dreams & hallucinations, luckily Rob didn't.
4. After the op Rob had a nasty deep cough (I worried about flu) and the coughing hurt. (Eddie split his chest stitches while coughing, got blood every where!).
5. Rob had a sore back. He thought it was pulled muscles but this went away after several visits to the chiropractor.
6. Scars were hard and tight, I was afraid to touch them because they hurt him. The chiropractor vigorously massaged them and broke up the lesions.
7. Mood swings. Usually he was good but sometimes the smallest or most trivial thing could change him and within a minute he could be down in the dumps. The most trivial things like not being able to find his glasses.
8. On the occasions he did feel down, or moody it took time and a lot of 'positive' talk to pull him out of it.
9. Rob got very cold and couldn't warm up. The Hot tub worked to warm the body. Perhaps a hot bath or shower would work also.
10. Short term memory lapses. He would often ask what I would be doing or where I was going and within 3 minutes would ask again, and again. Perhaps a note book by the phone would be helpful. He also often forgot where he put things. This did not help his frustrations.
11. Pills; Because of his forgetfulness I worry how others manage with their medication. Rob didn't have to worry as I controlled the medication.
12. Sleep; He would get very tired and needed to sleep often and in short bursts. Probably to do with the healing process.
13. Pains; I slept lightly afraid to move least I hurt his wounds. His leg caused the most problems. This was the sorest part of the operation. Odd things like re growing chest hair along side the wound caused unexpected pains.
14. Walks; on his walks a mobile phone proved to be of great value. Insurance if he got into trouble. On the first day he took off for a walk and I couldn't find him. He was OK he knew where he was but I didn't and I worried.



### **Note on Anaesthetic**

We have been told it can take up to 18 months for residual anaesthetic to flush completely from a body system. Some people can have side effects from the anaesthetic. Rob does not appear to have had any.

