Ticker stuff

These are comments reserved for: One in Six Billion.

Sooner than expected?
There are those who might say, "It was long in coming." Although I am of such little account, there are all too few who might single me out. Certainly He didn't. You know who. Yes, Him. I've wished a few people in Hell. Vindictively.

Its a terrible sort of awareness, moving in one's thoughts and feelings suddenly, from something expected, to something inevitable.
Although one knows with such certainty, there comes a time. I suppose I am luxuriating in these few moments allowed before a huge decision must be made.
There is little one can do to forestall the inevitable; nothing, actually.

It began with the detection of an irregularity which the first physician (for the lack of a better description) proposed to affect with foxglove. Since I had been functioning in a manner I might have characterized as normally, all other things being taken into consideration (age etc.) I saw insufficient cause to tinker with the works.
The second physician (perhaps a better application of the term) recommended a cardiologist (yet another physician) for an evaluation of the ticker.
A 'treadmill' and an 'echo-doppler' were used to gather data, which the cardiologist and associates evaluated, rendering them unto a peculiar medical vernacular.
The general opinion guised both in medicalese and in comments extracted from the cardiologist indicated a sound but affected organ, whose affections may have stemmed from rheumatic fever when a youngster. One might add herein this could be construed as the first knock and knell of the inevitable.
"You're free to go work in the woods." Little did I know I would soon begin to engage in such activity.
The cardiologist wanted to see me in a year. Shortly thereafter an injury to my back required surgery, which put me out of commission for two to three months before I was able to resume some semblance of confident physical activity. In 'recovery', following surgery, I remember shivering; feeling cold. Also low blood
pressure was noted.
The second yearly visit to the cardiologist seemed little different than the first. I had performed well on the 'treadmill'. Once again, I was free to

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work in the woods which I was now beginning to do in earnest; suffering under no admonition other than my own.

The cardiologist wanted to see me in another year, mentioning he would like to do another 'echo-doppler' at that time.

Because scheduling had not worked out I had allowed the next 'treadmill' date to lapse, intending to follow up as soon as time would permit. Then it was suggested by Charline to wait a little longer in order to apply the costs to the next fiscal tear on the insurance deductible. These delays disturbed the schedule by five or six months.

I was greeted as the man who had 'broken' the 'treadmill' during his last evaluation.

Not so, this time. Something had changed.

To me, also, there were changes in the testing procedure. There were different people administering the test. The test was performed differently.

I began to sense this, as the stress 'treadmill' test was executed more rapidly than on previous occasions (perhaps omitting steps). I sensed the test duration to be much shorter than the previous ones.

While this test was being performed an adjunct (PA - physician's assistant [in a white coat {which brought to mind father's Great Society 'scuplture' depicting the pompous Homo Medico}]) was delivering commentary upon waahtevvuh.

The experience was not to my liking.

The cardiologist noted a difference in the results, indicating he would definitely wish to schedule a stress 'treadmill'-'echo-

doppler'. He made the remark, "Your smoking is catching up with you". He speculated further as experts are wont to do, his primary concern becoming the lower part of the heart muscle served by the coronary arteries. Somehow a stress echo-doppler was intended to reveal some inaction of the heart once it began to show the altered behavior under stress.

Two weeks later the doppler part was performed at rest, followed by the stress which proved similar to the last, followed again, immediately, by further doppler recordings. While the stress part was being performed, the cardiologist was present, making the same 3

comment as previously, "Your smoking is catching up with you". I took exception to the remark, indicating I had not smoked for ten years, and was never a heavy smoker. He polemicized the issue by guessing I had smoked for twenty years previous to that etc., whereupon I felt the need to clarify (for whatever reasons) indicating to him I had not characteristically inhaled, to which he replied: "They all say that".

This was obviously developing into a morality play during a stress test.

The results needed to be interpreted by someone other than the cardiologist, and the two 'echo-dopplers' needed to be compared. It was left

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that I would call to learn the results during the following week. I called, you called (the interpreter didn't show up), we talked; your PA called requesting my appearance at your office for consultation.

I appeared at the cardiologist's, being stuck into a cubicle, doing the typically irrelevant things people are expected to do in a doctor's office. The cardiologist stuck his head in the door once thanking me for "cooling my heels".

He arrived amidst noises (and interruptions), which indicated to me a man under pressure (his life was not his own therefore I expected my life would not be his own either, which proved to be the case). However, the upshot (there was an upshot; or more like a shot), was his recommendation at the earliest for an angiogram; 'cause, I'LL tell ya y, cause the ticker aint what its sposta be. In between there was talk of surgery to replace a defunct aortic valve, which was now considered to be a scared over congenital defect progressively (and perhaps rapidly so) narrowing. Already it was believed to have caused a good deal of stress during the heart's pumping action to have caused the heart wall to thicken (building muscle like a weight-lifter [without steroids]). In addition while they were doing that they might as well do bypasses if they are needed; that is if the angiogram reveals blocked coronary arteries. As well, underneath it all, I sensed a third thing which bore on a more speculative aspect of my ticker's problems, not readily apparent or verifiable. More later.

If you fail to perceive the humor in all of this, so do I; but there it is.

Preliminary to following through on the angiogram I wanted to talk things over with Charline and our 'family doctor'; in the family physician I wanted and needed an advocate in a process that could mean radical changes to my life/body, body/life at the hand of my professional fellow man. I had indicated this (not my skepticism) to the cardiologist, who also reassured me he would talk to the family physician, and that I could discuss this further with he and my wife etc. at any time. By the time I had called the family doc, he had already spoken to him; so whatever it is that doctors communicate to one another had been accomplished (the family doc assured me he was my advocate; he repeated to me the things already explicitly mentioned by the cardiologist; the allusions also were brought more into focus, but without any clarity). What had been communicated to me by the cardiologist left me with a distinct feeling that surgery was in the wings in the not-too-distant future; surgery that could as easily end my body/life life/body as well as do something to prolong it, or otherwise affect it. One or the other could be accomplished through something inadvertent happening or through something advertent happening; as well as through an inherent weakness of my animus; or intolerance to protracted anesthesia; and/or generalized myopathy, that

no amount of knowledge, or wishful thinking could assist, or prolong, or otherwise affect, contrary to certain fated occurrences.

At this point, the 'diseased' aspect of the heart is unclear. Cardiomyopathy has been mentioned, either as a condition brought on (acquired), or as a naturally occurring event, causes of either unknown, but possibly recognized by its lack of performance over a period of time. Whether this can be recognized prior to surgery is the question. In other words, if the coronary arteries are normal, can the sole cause of the heart's altered performance be attributed to the narrowed aortic orifice (and attendant calcification, and presumed valve deformation [with possible regurgitation etc.])?

Question. Has the loghouse-building-project with attendant expenditure of straining physical effort contributed to the general deterioration (thickening, complicated by the extra workload created by the narrowed valve) of the heart wall?

Question. What is the role of genetics in setting the timetable for the heart's decline?

Question. If the heart is in decline, somehow accelerated by forces unseen or unknown, how much will it be aided by replacing the defective valve?

Next? Tune in later!

Later: I have mentioned already I did not want to expire in this town, although I have endured here more than half my life. At this juncture, it happens to be my preference. As the saying goes:

"I'd prefer not to." Mostly I do not wish for the local madia to claim me as a Eugenian, I aspire to be a citizen of the larger world, perhaps part of a community that has not been created; IF THEY WOULD HAVE ME. If not, let me become the universal man.

I do not wish to appear in the local rag's obit callum. I do not wish to be associated with speculations regarding what I am, especially by that which creepeth and crawleth upon the pavement. I must adhere to my own grandiose conceits unto the parting and beyond; Thanks! Anyway.

Perhaps this seems unfair; that is, I am free to declaim, insult, and malign, and pretend to deny that right to others.

Perhaps. However, I think it does not abide the Law of Equivalencies. WHAT !?

You haven't heard that one before? Well, I guess I make these things up as I go along. However, the aforementioned Law is more of a Principle than a Law, 'at this point in time'. Stated simply "That which seems unseemly is unseemly'; sort of like 'That which goes around comes around'.

Its systemically a gut reaction to something; the same kind of reaction a minority has toward the majority 'faction'. That faction and any of its members view themselves as THE presumptive status quo; as 'in place'; as possessory holders of something they perceive as theirs. (Implausible

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Deniability, i.e. they have no grounds for their presumption), because we already know they cant take it with them. With some extra presumptive right manifested as LAW, they pass the assumptions onto their progeny [usually]; THUS furthering that which should not be furthered, BECAUSE it denies - implausibly (the implausible part stems from some (albeit dubious) conception of fairness and equitableness - blah, blah, blah, blah, blah. Inheritance sucks, as much as it fondles. All sentiments aside.

Some of this last is not relevant to the initial point which may be stated another way: Look-alikeness (appearances) may be deceiving. That is to say: They are deceiving. So, any statements made with regard to my presence here may prove false, and most likely will prove false; because they are promoted by a body of prejudice(r)s who or what have nothing to do with anything that resembles a humeink beink. Just because someone enthrones himself upon the marquee with some titular Presence, i.e., disguised as "Your Right To Know", dozent make it so. BEWARE Falsities. Beware False Negatives.

I do not rank with them (even though I may be 'pretty' [as in ugly] rank), but I am aware of what happens to those more earnest than myself, oncet the harbingers of the QUO begin Operation Denial degrade, disparage, defile, despoil, destruction, damnification, denigration a regular plethora of ings, nesses, ations; dis' and de and' des;' an' die, doe, dum, I smell duh blud uvan un desirable wun.

If'n they cant turn you into a sexual freak, then they try to get you on your other manifestations of sexyuality. Then your caricature falls heir to some scrutiny. NO FALSE GODS, DAMN IT, only the Gawd of FALSEHOOD. THEN they attach your SINCERITY. GEEEZZZZ, what a gamut;' I'd rather be hazed across the EEQuator in a top gallant. Is there a difference between some nautical tradition and "Your Right To Know"? AYE, Matey, the audience is smaller, and more sympathetic ABOARD.

I have departed the main theme.

We visited our neighbor this after for a spot of tay and some dialogue regarding the ticker. Our neigh has undergone two angiograms. It felt good to unload some of the stuff that accumulates in one's other labyrinth as he persists in contemplating his own failing machinery.

As we were leaving after this brief pleasant intercourse, I had mentioned I had opened another file in the computer (you dear).

They guessed.

I had indicated I was trying to lace the spiel with humor when opportune.

Her final words were "Take Heart!"

Plausible Incongruity - for the sake of a good belly-laugh.

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In other words, allow me to perceive something in its most humorous light even though it portends the worst everlasting.

We take some things seriously, and would not consider taking them otherwise as a matter of taste; judged as BAD taste.

Later: Ground Zero; (Actually Underground) Three years hence if I dont get my problem remedied.

I could not bear to repeat this part of the letter the number of times required in order to notify all those I have elected to inform.

So please understand the seeming impersonal delivery of the facts attendant to this description. Please forgive the lengthy profusion as well.

Recently I have been diagnosed as having a aortic valvular stenosis, bordering on the critical end of the spectrum. While it has been known for the last two and one half years, coincident with tests performed to evaluate a heart arrhythmia, that a 'mild aortic valve stenosis' has existed, this has been based upon the sound of the heart, coupled with performance upon a treadmill, and the imaging of an echocardiography device. Other peculiarities of the heart observed through imaging and through listening were noted at the same time. I was pronounced sound, and able to 'work in the woods'. A subsequent treadmill one year later seemed to show little change, although in hindsight a 'slurring' of the electrocardiogram trace was observed. However at that time once again I was pronounced sound and able to 'work in the woods'. In fact it was jokingly mentioned I had broken the treadmill (having done so well). I did indeed work in the woods as most of you know. I missed an originally scheduled treadmill at the yearly follow-up time (owing to a rather bad sprain to a leg that would have made for a poor treadmill performance. By the time this healed, other schedulings, and insurance deductibles, conspired to put off the next testing for another five to six months).

The most recent tests having taken place during January of this year, have revealed some distinct change, coupled with what I have thought to be a tightness in the middle of the chest during aerobic type exercise; and experienced during the treadmill test. The test was conducted in a manner different than previous ones (whether intentionally, inadvertently, or as a result of something that happens 'under new management' and is normally expected with changing technicians); the results were also different. These tests revealed a more pronounced 'slurring' (or depression of the baseline at a particular place)of the electrocardiogram trace. This warranted what is called a 'stress echocardiogram', another 'non-invasive' test designed to look at the heart before and immediately after stress with an imaging device; it also involved repeating the treadmill as the stress producing device.

The treadmill results were the same accompanied (as before) bya tightness in the middle of the chest (breastbone). The imaging portion revealed some physical changes (measurements of the heart) when compared to the previous echocardiogram. However, because the cardiologist's stethoscopic listening (sounding) of the affected valve did not seem to accord what was observed; he reported mostly upon the marked change in the aortic valve (particularly noting the change in pressures on each side of the valve), but without noting any particular alarm. He wished to see me again in six months. However, he was disturbed by the chest tightness and the depressed portion of the electrocardiogram trace, thinking perhaps coronary arteries were not providing sufficient blood (ischemia) to the heart under stress. He suggested yet another test to rule out this possibility.

The new test was performed: An angiogram (an 'invasive' imaging technique using an x-rayable dye injected into the heart, and/or vessels through a catheter conducted into the heart or an artery through the blood vessels accessed in the groin area). This would look at the aortic valve, and the coronary arteries. This imaging revealed a calcified bicuspid aortic valve with a very constricted opening. For the most part the arteries did not show signs of coronary artery disease, with differing interpretations of the apparent size of the left coronary artery, one noting it as small, another as normal. The angiogram tended to rule out insufficient blood supply from diseased coronary arteries as the cause of the chest tightness, and the aberrant cardiogram trace.

The cardiologist theorized that the 'congenitally' affected aortic valve was affecting the heart in the manner of causing an atypical contraction in order to deliver the volume of blood (through the restricted aortic valve opening) necessary to maintain the body under stress (theorizing its pumping action became affected and less efficient). It follows, the coronary arteries would be as less efficiently supplied with blood as any other part of the body under stress. Ordinarily one might predict other symptoms than those present, such as dizziness, shortness of breath and angina (the later of which may have been manifested as chest tightness [in my case?]).

Other factors have entered into the picture for which there are no useful theories, nor for which are there any known treatments. Cardiomyopathy is a catchall term used by the cardiologist that describes degeneration, or heart deterioration, apparent heart changes, or heart disease, with no known attribution or cure. This is of course the worst case.

Surgery then, is advised as the only hopeful prospect; to replace the aortic valve with an artificial one (St. Jude), or with a pig heart valve. Without surgery the scarred congenitally affected valve is predicted to bring about my demise in a period approximating three years. That was the final first opinion of the cardiologist. A second local opinion was

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rendered when viewed by a heart surgeon, paraphrasing his gut reaction (considered opinion) "that’s got to come out of there".

I have talked briefly with the surgeon who tells of his success rate (which means doing the surgery and surviving the post operative time). He claims they do 700 hundred open-heart surgeries a year at Eugene's Oregon Heart Center. He is a valve-replacement specialist. He claims his losses are one in a hundred, and his complication rate is four in a hundred (stroke, god knows what else [I have yet to talk to him in detail which I am scheduled to do on the 18th of Feb.]. It is recommended that surgery take place soon, before I suffer some incident that will cause some other kind of heart damage (that might be prevented by acting soon). Obviously I have been advised to discontinue my logging activities until the surgery has been effected. The optimistic view, barring immediate complications (during and as result of the procedure) and the subsequent unforeseen ones, I should be able to resume a good deal of my normal physical activity within three months, and regain most of my strength after six months. We have not discussed the pessimistic view.

With an artificial valve, I would be required to consistently ingest an anti-coagulant in perpetuity, requiring careful periodic monitoring (once every two weeks to once a month) blood tests to determine its proper balance (pro-thrombin [clotting] time); and would need to observe a careful and consistent diet. AND to avoid physical trauma to the corpus that might result in uncontrollable bleeding.

The surgeon has recommended against a pig-heart valve, feeling I would outlive the valve, requiring its replacement (or whatever), since its longevity lies in the neighborhood of ten years. He would anticipate my general health should otherwise keep me apace with the average longevity for males in the US, that exceeding the predicted life-span of the pig valve. One supposes its advantage does not require an anticoagulant. However we have not discussed many of the details; perhaps one needs take anti-rejection drugs instead.

Most of this last is optimistic conjecture on my part; more discussion with the surgeon (or whomever) with regard to other observed heart deficiencies may alter the whole picture.

Obviously this whole revelation has come as a shock. We do not know what to anticipate in the way of aftershocks. Its like a roller coaster ride we seem unable to stop. The knock and knell of the inevitable.

We could seek out yet other second opinions from the likes of the Shumways, and whoever else, all of which would involve expenditure of time, would involve travel, perhaps more tests, and an unknown expenditure of funds. We may yet decide to do this, if I cannot lay to rest inadequate answers to certain questions that as yet plague me. These inadequate answers may be judged to sum up the whole limitation of the medical profession which I am rapidly discovering is a rather inexact

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(imprecise) 'science'. The fee schedule is the most exacting part of the profession, all other intentions aside.

Questions:

Most general: Given what may be observed re: the general condition of the heart, what is the general prediction for survivability of the proceedure (valve replacement)?

[Unknown re: left coronary artery] Requirement for Blood? Checking site of catherization.

Re: The artificial valve: are concerned mostly with the Coumadin encumbrances which seem to be many. Prothrombin time may be something easily determined, and easily monitored, as long as one is always near the physician's office. However, one is necessarily restricted, in the cautionary sense, in all subsequent physical actitivty, because bleeding becomes a real possibility. Besides the bleeding factor there are other side effects. In addition Prothrombin time is easily enough affected by all other medications, as well as all other dietary ingestions. And perhaps certain levels of physical exertion.

Anxiety factors re: the above.

Preclusion of any further major surgery. Bleeding/clotting factors.

Endocarditis? What is the general condition of the balance of the organ, 1.) the mitral valve, [thick and redundant with rergurgitation] 2.) left ventricular dilation [hypertrophy] [hypokinesia], 3.)cardiomyopathy, as a generally applied term to explain away certain of the 'ventricular contractility' and certain other physical observations [abnormalities] of the heart; in lieu of a more direct correlation mostly attributable to the aortic valvular stenosis {through the exigencies of an increased work load upon the pump [particularly during stress or exertion] to expel blood through a narrow opening}. The reasons for raising these concerns must be obvious [without being facetious - 'can one make a silk purse from a sow's ear'; or regardless of the choice of valves, what are the predictions for the balance of the organ?

Questions regarding all statistical data; first of all, what is the data; is this all the data; is it current, etc?

Re: The pig-heart valve: The obvious question involves the longevity of the valve and what factors affect the longevity. Are there medications esp. anti-rejection meds?

Second surgeries for second pig-heart valves?

All other questions regarding the general condition of the balance of the organ are brought to bear upon this choice as well.

Data? re: life styles, effects of stress, physical or mental etc. upon performance, longevity etc.?

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What other considerations?

Can all available data point in a direction that makes one choice more feasible than any other?

Age, generally applied, as a number to balance against longevity. 59. As applied more particularly to an individual whose father died of heart failure [Aged 74] (aggravated by certain knowns and unknowns - perhaps without any 'in depth' studies of the heart per se; however was taking digitalis, experienced shortness of breath, anxiety attacks etc.), whose own father is purported to have died of heart failure at age 61. whose own father lived into his late eighties etc.. My mother is still alive at 90, but whose father died at 42 from (consumption?!). Of whose brothers (four) only one seemed to live beyond the average lifespan, while one or two others died much younger). Whose mother died of diabetes (age 67), whose sisters had as much trouble with hypertension as anything, most of them living to an age where stroke, arteriosclerosis, arthritis, other infirmities 'plagued' them (four still alive well past eighty (incl. mother).

2006 Seems a long time ago. Should be dead! Soon! Can’t be helped!

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