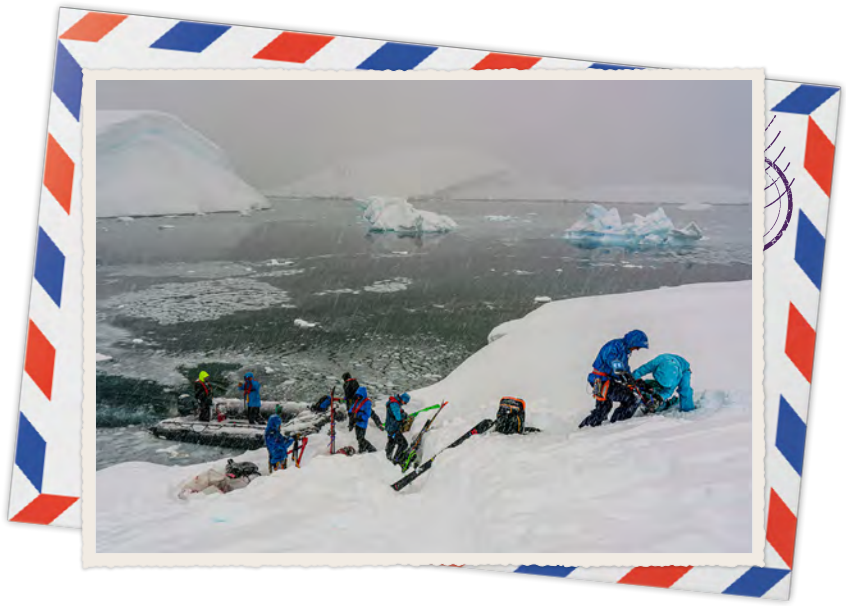
A LETTER FROM THE HEART

– Written by Peter Dzendrowskyj, New Zealand and Qatar



This was not the phone call I had been expecting. It was December 2020, and a routine set of investigations had led to this. I was anticipating a clean bill of health – after all, I was young, fit, healthy with absolutely no past medical history whatsoever. I have run ultramarathons and also ski, dive, kayak, run and cycle. Instead, the news filtered through into my unbelieving consciousness that I had a life-threatening heart condition, requiring urgent cardiac surgery.

Apparently, an embryological anomaly before birth, whilst at 3-8 weeks in utero, had led to the formation of a bicuspid aortic valve with associated ascending aortic aortopathy. This, over the years, had now reached a potentially dangerous aneurysmal dilatation with associated aortic valve dysfunction. Rather than being thankful that this had been found (after all, most of these diagnoses are made at post-mortem after catastrophic dissection or rupture), I fell apart. Denial, disbelief and refusal all vied for superiority in my mind. As a Consultant Intensivist, I had cared for many with this condition, and all I could remember was the catastrophes, failures and complications: this felt like a death sentence. I knew too much and could only think of the worst-case scenarios.

Compounded by the timing – in the middle of multiple lock-downs for COVID – I was a complete mess. Miraculously, I have the most amazing wife, family and friends who provided incredible moral, practical and physical support whilst we developed a plan.

At the height of the pandemic, during the period of the most infections, hospitalisations and ICU admissions in the UK, before vaccinations were available, I was admitted to hospital. The night before the operation was the longest night of my life. Lockdowns persisted, so no-one could visit, except the surgeon. There was a lot of discussion about my aims and goals in the future – since this would dictate the style of operation. I was determined to get back to full fitness and I was incredibly thankful that this was taken into account. The surgeon did his best to keep me positive, stating that I would be fine – with only a 1% risk of death and a 10% risk of stroke. I had given the very same odds to many patients over the years, and they sounded more than reasonable from a professional's point of view. But when you are the patient, they sound desperately high! There was no-one I could commiserate with. The next day, 25th January 2021, a day I will always remember, I was operated on by the fantastic team from the Brompton Hospital, and woke up, not as a doctor, but as a helpless patient in my own area of expertise - on the ICU. Being in the bed, rather than standing at the end of the bed was an ethereal experience. Don't let anyone ever say that sternotomies are painless – a sternotomy wound, 2 chest drains, pacing wires and multiple posterior subluxed costo-chondral cartilages are desperately painful – particularly when compounded by raised intra-thoracic pressure induced by vomiting from morphine intolerance. I had never experienced pain like it. I rapidly became deconditioned, weak and catabolic.

Rehab started on day 2 and continued on a daily basis. The cardiac rehab team at CP&R in London were quite extraordinary – treating me face-to-face despite lockdown and then continuing remotely via Zoom. It was incredibly tiring and stressful. Would I ever be able to mobilise again? What level of activity would I be able to do? I will never forget that first press-up - and the fear that my sternotomy might not have healed prior...

I should not have worried - the teams looking after me were consummate professionals who knew exactly what they were doing. I was pushed – but in a positive and encouraging way. The best therapy is – indeed – exercise. It was key to my recovery, my confidence and my return to life.

Starting slowly, I built up my strength, physiological reserves and VO_2 Max, with cardiac remodelling of my left ventricle also

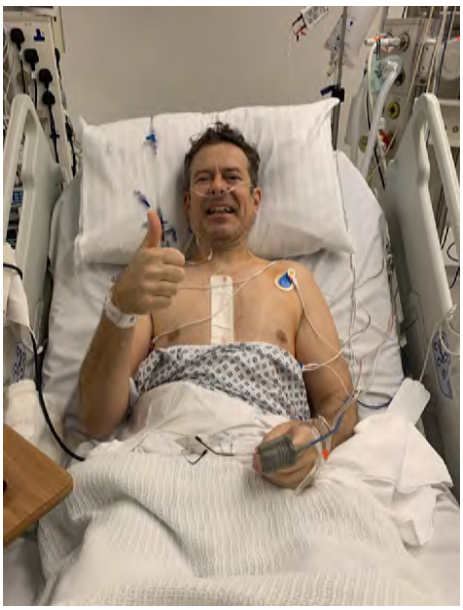


Image: Day 0. Just extubated!

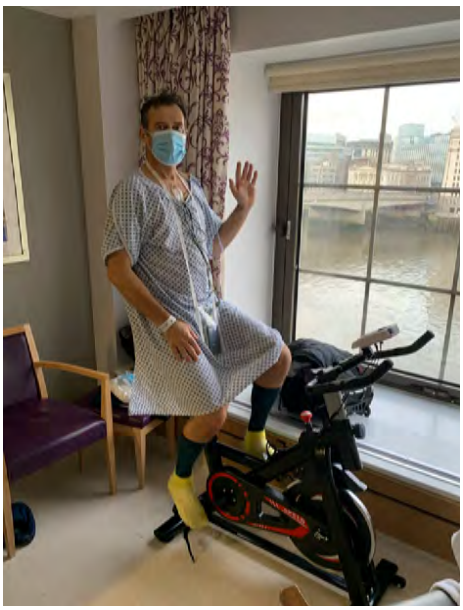


Image: Day 2. Start of rehab.

occurring. I had set goals and was able to achieve them.

It is now more than three years since my operation. I have been asked by the editor of this journal to write about my experiences, so that patients, and healthcare professionals looking after them, will realise that surviving major cardiac surgery does not mean your life has to be put on hold. It IS possible to get back to previous levels of fitness and to achieve some of your life-long goals.

Getting back to fitness was a struggle that I was not going to waste. Having drawn inspiration from some of the authors in this edition of the journal, and knowing that for myself, travelling and experiencing nature in all its beauty and extremes is one of the most joyous things possible, we have made the most of the time since the operation by going on some of the most incredible bucket list trips I could ever imagine.

One-year post-op

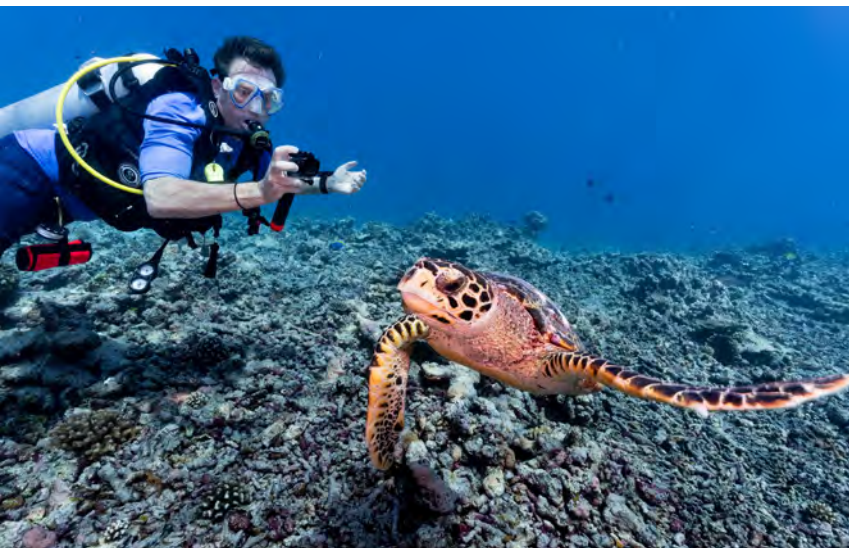
Our first major trip (just over a year after the operation) was to the Galapagos Islands, truly a haven of world class diving. I was worried about my overall fitness and cardio – respiratory reserve, diving up to 5 times a day from a live-aboard boat: however, I need not have been concerned. Even at Wolf and Darwin Islands, where the wildlife is incredible but the currents can be so strong that after your three-minute safety stop you can be 3 km from where you started, requiring all divers to dive with a GPS as part of their safety equipment. Diving with the marine iguanas made me feel like I was inside an episode of "Life on Earth"! A truly magical place to dive and a place where I truly felt alive, grateful and full of wonder at the beauty and natural variety of the islands.

Two years post-op

Ski touring in the Antarctic (at two years post-op), with its incredible landscape and wildlife was wonderful. It remains one of the world's last wildernesses, and more than lived up to expectations. The skiing was just fantastic (although the crevasses and snow bridges were intermittently stressful), and skiing down to penguin colonies was every bit as exotic as it sounds. It was well worth the discomfort of the Drake's Passage, which was every bit as nauseating to a non-sailor as it could be – with its 7-8 m swells for 40 hours non-stop during the crossing (I am always jealous of those who do not get seasick!).

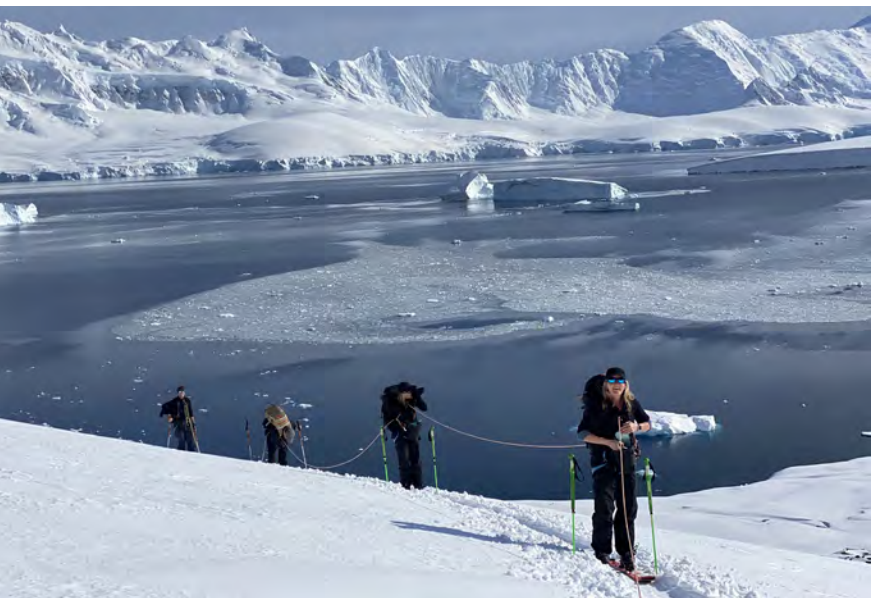
Three years post-op

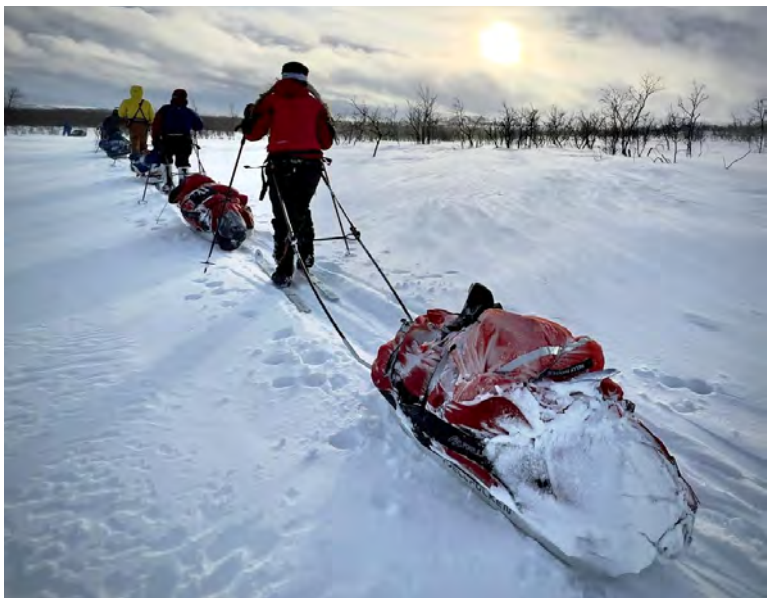
Realising that it is never too late to be curious (having been inspired by an old family friend, who at the age of 95 years has just completed his Masters and is now starting his PhD[1]) I have recently started my own Masters in Extreme Medicine.



Images: 1 year post-op. Galapagos Islands.

A marine iguana in the Galapagos.





Images: 2 years post-op. A perfect day on the Antarctic Peninsula. 3 years post-op. A day's pulk-pulling in Norway.

In the Dive medicine module, we were in Oman, learning pre-hospital rescue skills, and the treatment of diving and marine envenomation injuries, whilst increasing proficiency in general diving and underwater rescue.

For the Polar medicine module, we went camping inside the Arctic Circle, learning how to cross-country ski whilst pulling a laden pulk (sled), pitching a tent in a "little Norwegian breeze" gusting up to 70 km/hr, and using a snow toilet safely and carefully (in aforementioned wind!). We learnt how to treat frostbite, hypothermia and pre-hospital medical and traumatic injuries. The aurora up there is quite stunning, but layering up to keep out the cold is an art-form that takes practice, with advice from experts gratefully received.

For the Mountain medicine module, we trekked up to Everest Base Camp at 5364m in Nepal. The altitude definitely caused some transient cardio-respiratory changes (with oxygen saturations in the mid-80's at times and some clinically mild high altitude pulmonary oedema), which resolved on return back to sea level, but the Himalayas are majestic and awe-inspiring, with villages and Buddhist monasteries nestled in the humbling jaw-dropping scenery, ensuring that you really know your true insignificant place in the World. It is an amazingly peaceful region of the World, and one where it is easy to appreciate the beauty, yet fragility, of life. In the "most scenic classroom in the World" we learnt about acute mountain sickness, high altitude pulmonary and cerebral oedema and their treatments – which we put into practice on the trail when another trekker fell ill with High Altitude Cerebral Oedema with neurological symptoms and oxygen saturations in the 40's. We also practiced pre-hospital medical and trauma treatments, safe ascent profiles and rescue and evacuation procedures (although my ability to tie safety knots left a lot to be desired!).

One of the key things we have learnt in all these courses, and which was applied to each of my post-surgery adventures, is pre-expedition risk assessment and mitigation, which usually involves talking to your medical support team and creating contingency plans.

Our next trip might be to Machu Picchu, to Svalbard, or to complete the Snowman Track in Bhutan – yet to be decided, but we are planning.

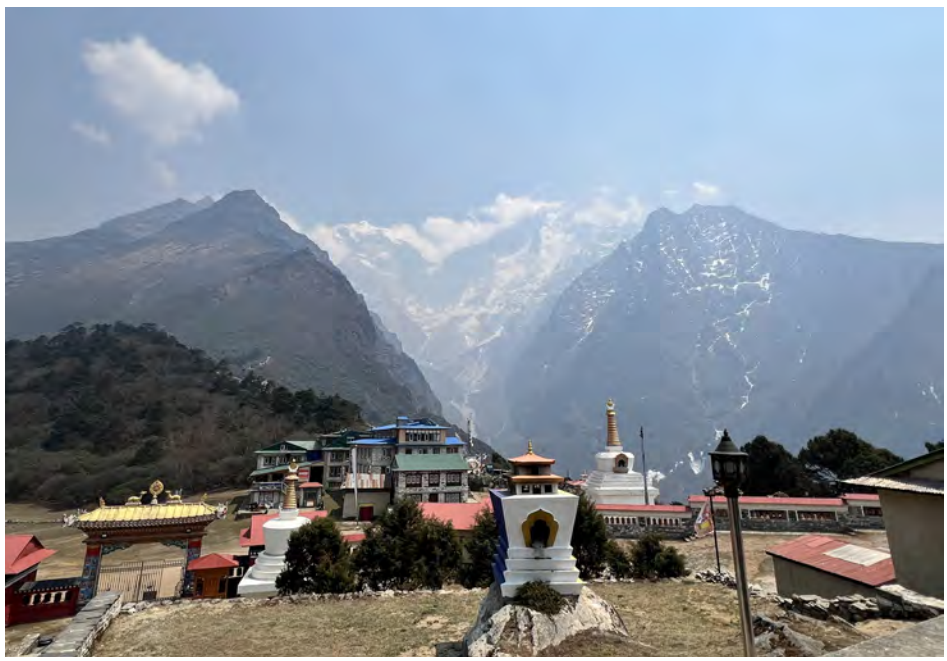
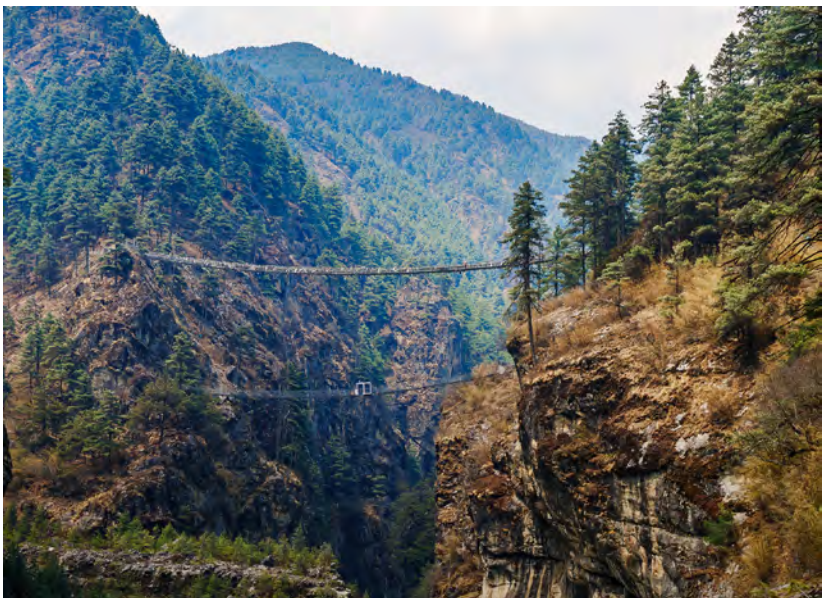


Image: 3 years post-op. Tengboche Monastery – en route to Everest base camp – 3870m



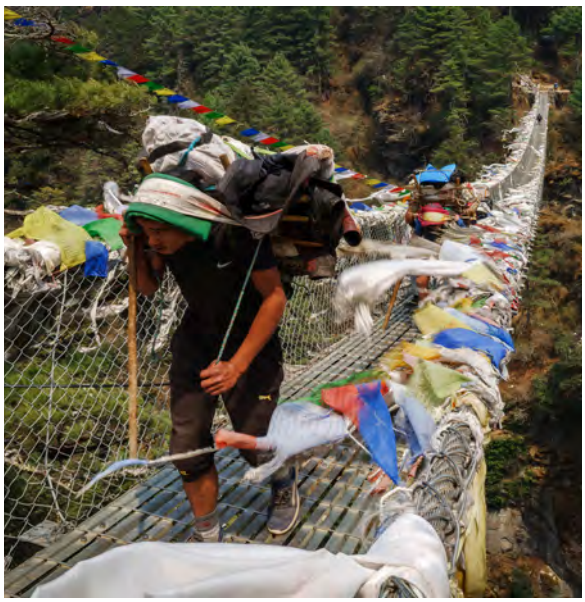


Image: 3 years post-op. Suspension bridge on the way to Everest base camp.

CONCLUSION

I feel truly blessed and lucky - to have had this diagnosis made before anything ruptured or dissected, to have been operated on and to have made a successful recovery – I know that not everyone is this lucky. Most of all, I am lucky to have people who I love and who love me who helped me at every step of the way.

Professionally, being a patient and having a life-threatening operation has given me a new perspective on my daily interactions with patients. It is incredibly important to be careful what – and how – you phrase conversations. The most simple throw-away comment can be picked up and mulled over by patients and, as a healthcare professional you might not even remember what you had said. Empathy, listening and, on occasions, even just holding a patient's hand, can be incredibly comforting. When interacting with patients, it is imperative to look at the whole person, and not just the injury, illness or X-ray, but try to understand the circumstances that has brought that person to ask your expertise and clinical input. Being human, yet professional, can be so reassuring for a patient – to realise that the people looking after you have the same hopes and fears as yourself, yet still want to do the best for you – treating you as a person, not merely a diagnosis. The human element cannot be over-estimated. I realise that being on both sides of this fence has given me a singular perspective that is invaluable.

From a personal perspective, I know I have been given a second chance at life – and I aim not to waste it, by being able to have worthwhile experiences, to travel to incredible places and cultures with wonderful people, and to appreciate people for who they are!

Acknowledgements

I would like to thank everyone at Aspetar who helped me on my journey - especially Carmen, higher management for their support and the Department of Anaesthesia. Also, Ulrich Rosendahl, the best surgeon in the World, Tom Pickworth, the team at the Brompton and CP&R. But most importantly, I would like to thank Celeste and my friends and family who believe in me. I do not know what the future will bring (to quote Deckard in the movie Blade Runner - "who does?"), but I do know that life is for sharing precious moments with those you love most!

Reference

1. *Maisner S. Surrey man graduates from university at the age of 95 [20/08/2024]. Available from: https://www.bbc.com/news/uk-england-surrey-68166764.*

Peter Dzendrowskyj B.Sc.(Hons) MBBBS DA(UK) FRCA FANZCA FCICM

Consultant Anaesthesiologist/Consultant Intensivist

Director of Anaesthesia

Aspetar Orthopaedic and Sports Medicine Hospital

Assistant Professor, Weill Cornell Medical College Qatar

Doha, Qatar

Contact: peter.dzendrowskyj@aspetar.com