A Change of Heart
By
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The back story

It all started a few years ago when I found myself short of breath during one of my favorite activities, taking long walks.

What followed were visits to a pulmonologist and cardiologist, along with the obligatory and annoying tests, from blood work to CT scans to EKGs to Echo whatchamacallit, and more. I was visiting the Eisenhower Medical Center so often that if I passed by on my way elsewhere, someone would come running out to tell me I had missed the turn to their campus.

Finally, after dozens of tests and quarts of blood, I learned that I had aortic valve stenosis, a narrowing of the valve that forced my heart to work harder to pump blood. It is typically caused by age-related calcium buildup. The result is shortness of breath, my only symptom, but not fatigue, dizziness, or the other unpleasant side effects.

However, the diagnosis was moderate stenosis, which was both good and bad news. It wasn't severe, but Medicare and the hospital wouldn't cover it because of that. I felt like they were saying, "Come back and see us when you have a heart attack."

I did learn, however, that Eisenhower had an approved clinical trial for moderate stenosis and that I might qualify. I thought about it a lot, but for whatever reason, perhaps because I thought it was trial-based or simply wanted to wait, I did not pursue it.

Instead of the procedure, I went on a diet, lost 20+ pounds, and the shortness of breath went away. Great, I thought. I dodged a bullet, kicked the can down the road, and let's see what happens. No other symptoms emerged, and I filed the thought away in the brain cabinet labeled "Do not open unless necessary." Prophetic words.

About a year later, after a series of follow-up tests, I learned that my moderate stenosis had progressed into the severe zone. Not a great deal, I was told, just over the border into

"Congratulations, we can now replace the valve." At the same time, I was informed that the procedure was not considered urgent and that I had time to wait if I chose.

Are you kidding? I thought. It isn't going to heal itself. I'm not getting younger, and why wait until I'm less fit and unable to tolerate the procedure? I decided to put it off for a short time so we could go on a planned trip to celebrate a milestone anniversary.

The trip came and went, and now it was, as the saying goes, time to face the music.

Not that long ago, replacing the valve required open-heart surgery. These days, it is performed robotically and is called a TAVR, or Transcatheter Aortic Valve Replacement.

The team and before the procedure

Aside from my primary care doctor and cardiologist, who were in the background, encouraging me to move forward, the procedure was in the hands of a multidisciplinary Heart Valve Team at Eisenhower Health, led by Dr. Andrew Frutkin (Interventional Cardiologist) and including a cardiac surgeon, echocardiographer, anesthesiologist, and specialized nurses and technologists.

Needless to say, I was nervous, no, make that worried… Okay, scared shitless. Reassurance that the procedure had been performed by Dr. Frutkin over 1500 times, that it required only an overnight hospital stay, and that, while it wasn't a walk in the park, the recovery was manageable didn't ease my fear.

On the positive side, the tests clearly indicated that the valve was the problem, not the heart itself, which, thankfully, was and is in good shape.

However, the CT scan showed that the arteries in the pelvis and legs were too calcified to bring the valve up through the groin, the usual approach. So the heart valve team decided to use the left carotid artery (in my neck) instead.

The big day arrived

It's five am, and we arrived at Eisenhower. I was taken to a pre-op room, changed into a gown, and waited a bit. The nurses were very professional and pleasant; I went through the same questions for the umpteenth time, but I knew this was when it really counted, so I stayed patient. They told me I was the first of the day (I think there were four that day) and then placed IV catheters in both arms. I'm convinced that if I took a drink of water, it would shoot out. I've been through this before, and I understand the need.

Part of my fear and nervousness stemmed from two major surgeries, one on the lower spine and one on the upper spine. In the first, at the Hospital for Special Surgery in NYC, I was partially sedated as they wheeled me to the OR before being fully sedated with the intravenous "joy juice." I don't know what possessed me, but as I was taken down the corridor, I was singing "The Age of Aquarius" loudly. The staff and others in the corridor were laughing hysterically. When I recovered

from the surgery and was in my room, the staff would come by and say, “That’s the guy who sang ‘Let the Sun Shine In’ all the way into the OR.”

I thought about that as they continued their preparations, but instead of singing, I kept cracking jokes. That’s a byproduct of being scared shitless for me.

After a while, a very nice guy came in, and I later learned that he’s called a Patient Care Assistant. I had a queasy feeling that I knew what his role was, which was to shave me. But I relaxed; I shaved off my beard, and they were going to go in through my neck. How bad could this be?

He informed me that he needed to shave my wrist, my nether (ahem) region, and my chest and stomach. I didn’t ask questions, but I thought, “WTF?” Why do I need to be turned into a thing my brother once referred to as smooth as a baby’s bottom? (I never understood that expression or how my brother knew how smooth a baby’s backside was.) “Okay,” I said. “Do your thing.”

He removed my gown, took a look at my hairy chest, and said, “Looks like I have my work cut out for me.” Then, with an electric razor in one hand and a small vacuum in the other, he started to do “his thing.”

Three-quarters of the way through, he stopped and said the vacuum was full and he had to empty it. Another WTF moment, I thought. I have a chest full of hair, but filling a vacuum? It was not a shop vac; it was about the size of a small appliance, but, really?

Shaving done, fluids and joy-juice inserted, and off I go, with no recollection of what would follow. The next thing I knew was waking up in the Intensive Care Unit.

You might wonder, as I did, why they shaved most of my body when the procedure was to insert the new valve through my neck. I later learned it was a precaution in case things went wrong and the thoracic surgeon had to open my chest for emergency heart surgery, so they would be prepared.

I’m glad they didn’t tell me that.

The procedure

Based on the report I read about what transpired, the old valve was extremely calcified and tight, so the catheter’s guidewire couldn’t reach the diseased valve. They changed the catheter and wire combination, and that worked.

It was obviously not Dr. Frutkin’s first rodeo. While I was out through the entire procedure, they were quietly solving one problem after another, the kind of challenges only years of experience prepare someone to handle.

I won’t go into too much detail. Suffice to say, they brought in the new valve, tightly folded around a balloon, pushed aside rather than removed the diseased one, which is standard procedure, and were satisfied with its position… and voila, the Edwards SAPIEN S3 valve was put into place. It

opened normally, with no leaks through the valve, no fluid around the heart, no bleeding, and no injury to the aorta. Minimal blood loss, no complications, and as I write this, I feel great.

The aftermath

They put me on a blood thinner I'll have to take for at least three months, baby aspirin for the rest of my life, and cardiac physical therapy, which, oddly enough, I looked forward to attending.

I should have mentioned that I could have had this done in Los Angeles by a world-renowned cardiologist who has performed tens of thousands of these procedures. I chose to stay in the Coachella Valley, trusting the team, staff, and physicians I believed in.

It was the right decision.

Oh, and by the way, all the reports and charts I received, nearly all of which were very difficult to understand, became clear after my 'friend' at ChatGPT explained them.

But that's the focus of another story.

The Takeaway

I'm grateful to the doctors, nurses, and entire team at Eisenhower for their skill, kindness, and calm confidence. And I'm grateful for modern medicine, which turned what once required opening the chest into a minimally invasive procedure with a short recovery.

Most of all, I'm grateful for a second chance to keep walking, keep living, and keep making memories.