ISSN: 2634 - 6796

Journal of Cardiology Research Reviews & Reports

SCIENTIFIC Research and Community

Review Article

Open Access

A Journey through Open Heart Surgery

Anne Martin[1] and Semoon Chang[2*]

[1]Retired Federal Government Executive, USA

[2]Retired Professor of Economics, University of South Alabama, USA

***Corresponding author**
Semoon Chang, Retired Professor of Economics, University of South Alabama, USA. E-mail: changsemoon@yahoo.com

Received: April 08, 2022; **Accepted:** April 13, 2022; **Published:** April 22, 2022

I am Anne, Semoon's wife. It all began with what appeared to be a swallowing problem. This was combined with a dry cough, usually in the morning. This continued for at least several months. While it bothered me, Semoon did not think it was unusual or that it signaled any significant health problem. During the early months of 2021, Semoon began to notice and complain about a double vision problem. This was significant enough for him to avoid driving on limited access highways. He simply dismissed this issue as merely a product of the passing years (aging) and took no more note of it.

All dates in this article relate to 2021. Since we have been to so many medical appointments, I am attaching a tabular summary of same to this article.

Search for the Problem

I began to suspect (but dreaded even thinking about) the possibility of a serious problem. Even so, I knew that we needed to find an answer. It was painful to hear that incessant dry cough. As a first step, I made an appointment (March 1) with our primary care physician, Dr. Ata Motamedi, who suggested an examination by a gastroenterologist. I searched both the internet and well known and respected print publications for a gastroenterologist. I then made an appointment with Dr. Bryan M. Steinberg, Gastroenterologist in Rockville, Maryland.

After a brief examination, Dr. Steinberg ordered advanced imaging tests. They included an esophagogram (also known as a barium swallow test which checks for problems in the upper GI tract), and a CT scan (Computer tomography which produces a 3D image of soft tissue and bones) of the chest. Several days between March and early April were consumed by scheduling tests, advance approvals from insurance, and the actual tests [1-4].

Each of these tests was preceded by a new Covid test even as we showed entry staff that we were both fully vaccinated (Moderna vaccine) in February with no side effects for either of us. Their precautions were so stringent that I was denied entry to accompany Semoon at one hospital even after explaining that between his hearing diminution, everyone wearing a mask and the plexiglass partitions separating the test taker and the entry clerk, it was virtually impossible for him to hear and respond to the questions. It took my call to hospital authorities while Semoon and I waited in the vestibule to allow me to enter the first floor of the hospital to assist with the intake interview.

As the esophagogram was the first in this series of test, we were both a bit anxious as neither of us has suffered any health problems that required extensive testing. This test "looks at" the esophagus which is a muscular tube connecting the throat (pharynx) with the stomach. It is not a comfortable test, but Semoon felt that the two medical staff members made it as tolerable as humanely possible. At that point, we were a little reassured about getting through the process outlined by Dr. Steinberg.

Earlier, I mentioned that Dr. Steinberg made several suggestions during our first meeting with him. The last one was (what I thought) a somewhat odd one, given that we were concerned about swallow and cough issues. He suggested that Semoon should see a cardiologist. His reasoning included both Semoon's age and that he had never had a full "work-up" for his cardiovascular "system". We never questioned his judgment and recommendation and I began the research for a cardiologist.

I mentioned earlier in this paper that Semoon was having a double vision problem for two to three months which led to not driving on limited access highways. I'll speak to this later in the paper. During this "season of testing", we also went to his ophthalmologist, Dr. Gordon Lui. His eyes "passed the test", with a diagnosis of healthy eyes with no visual defects or diseases.

How the Ultimate Problem was found

As I researched for a cardiologist, at the top of my list was Dr. James Lee of Associates in Cardiology. .

In early April we had a consultation with Dr. Lee. To begin his evaluation, he scheduled an EKG (electrocardiogram measuring electrical signals in the heart) and an Echocardiogram (test using ultrasound to show how the heart muscle and valves are working). In the middle of the echocardiogram, the nurse administering the test left the room to see Dr. Lee. She said there was something that she wanted to check with Dr Lee. Again, we thought not too much about this. After all, Semoon, we were sure, had a very healthy heart. He walked 18 holes of golf two to three times a week and danced in almost weekly dance club sessions. Our reasoning was that only a very healthy heart could do this. Little did we ever

suspect what was to follow.

During our follow-up meeting with Dr. Lee, he suggested a Nuclear Cardiac MRI. According to Dr. Lee, this is a technique of image fusing which allows the doctor to connect and interpret information from both the nuclear exam imaging which provides pictures of the distribution of blood flow to the heart muscle with the magnetic resonance image which provides a detailed picture of the structures within the heart on one image. He told us that this was a fairly new technology that allows doctors to actually see a good picture inside the heart. The previous tests "appeared" to show a small growth in the heart, what the layperson might liken to a skin tag.

Tumors in the heart are rare and they are hard to diagnose accurately. What looks like excess skin tissue on a standard echocardiogram (EKG) could actually be excess heart valve tissue or tissue that formed due to a previous infection that has healed. To permit the most accurate diagnosis was the reason for the Nuclear Cardiac MRI.

But let's return to the initial issue, a seeming problem swallowing and a persistent dry cough. Our next meeting with Dr. Steinberg (gastroenterologist) was on April 16. This was for his final verdict from the gastrointestinal system related tests that Semoon had undergone. His verdict was that those tests showed no gastroenterology problem. I am sure we both breathed a sigh of relief. I know I did. He told us there was no need for a return visit unless there was a future problem.

In the meantime, we were waiting for an appointment for the Nuclear Cardiac MRI. Washington Hospital Center is one of only a few centers offering this test as it is not currently available everywhere. It took about six weeks from Dr. Lee's test request which included not only the wait time for the test chamber but multiple clarification calls with Semoon's insurance carrier for final clearance for the Nuclear Cardiac MRI.

This test kept Semoon under the tunnel continuously for over two hours. Being accustomed to fairly rapid tests, e.g., ekg's, I believe I asked at least twice if everything was OK during those two hours. I was assured each time that this was a normal timeframe.

The June 4 trip to the next appointment with Dr. Lee found me almost jaunty. After all, Semoon had been through all of these test procedures; had been given a clean bill of health for his eyes and his digestive system; and, in my naivete, I thought both his general cardiovascular stamina from years of walking golf rounds and dancing and the length of time that had elapsed from the Cardiac MRI and this appointment; it must mean we would be told he was the "picture of health" for his age.

I went into the meeting with Dr. Lee to review the outcome of the Nuclear Cardiac MRI feeling upbeat. My mood took a steep tumble downward immediately as Dr. Lee explained to us (and seemed rather apologetic) that the Nuclear Cardio MRI clearly showed what was not seen on the standard cardiac imaging tests: a fibroelastoma. This is a rare tumor and it was INSIDE Semoon's heart.

Note: Fibroelastomas are benign cardiac tumors usually located on heart valves. Often, they are discovered incidentally during surgery or, more likely, during an autopsy. Although they are not cancerous, these tumors pose a very serious health threat. If one broke loose from the heart chamber and entered the blood vessel, it would most certainly cause a stroke, angina, myocardial infarction, or sudden death.

The tumor in Semoon's heart was attached to the tip of the aorta at the top of his heart. It was connected by a "stem" and, as such, it was swinging back and forth with each heartbeat. It carried the possibility of blood clot formation around it. Not only was it a rare tumor, its location was rare.

Since Semoon's general health profile was so good, Dr. Lee believed his age was not a factor and suggested a surgery to remove the tumor. The only other option was to do nothing which would be like the "sword of Damocles" which in this case could mean a stroke or sudden death at anytime, anywhere, on the golf course, the dance floor, or walking the dog.

Surgery, of course, meant open heart surgery. While I felt almost incapable of breathing at this point, knowing that open heart surgery meant cutting through his breastbone and ribs to reach the heart, we had no choice but to accept his recommendation without any hesitation.

Open Heart Surgery at the Washington Hospital Center

Again, I went into a medical search mode looking for the names of the best heart surgeons in the area. My first contact was with the office of Dr. Ammar S. Bafi at the Washington Hospital Center. We had a telephone conference with Dr. Bafi on June 16. He had already reviewed Semoon's health history from Dr. Lee.

During our telephone conference, Dr. Bafi also recommended surgical removal of the tumor and told us that he had a surgical opening on Thursday of the following week. While we readily agreed to this date, it was with a heavy heart on my part knowing that the only viable option involved the danger inherent in open-heart surgery.

The next few days provided no time to think about the surgery as Semoon required pre-op clearances from not only his primary care physician, Dr. Motamedi, but also his dentist, Dr. Carmen DeVries. The impending hospital stay also required notification and explanations to both family and friends. Up to that time, we had not shared with anyone any details and/or possible prognoses.

Prior to surgery, Dr. Bafi ordered a heart catheterization which would confirm the exact location of the tumor. Cardiac catheterization is the insertion of a thin, flexible tube through a blood vessel into a chamber or vessel of the heart which is a risky procedure in itself.

I drove Semoon to the Washington Hospital Center on June 23 for the catherization. This procedure was performed by Dr. Itsik Ben-Dor. Semoon remembered a nurse inserting a needle into his arm and he had no reflection beyond that. He has no memory of even staying in the hospital that night.

When the catherization procedure was over, the admission procedures to the hospital were completed immediately and he was moved to a hospital room. Suddenly, the specter of the unknown with this serious and possible fatal procedure was here. There were no more appointments to schedule or discussions with insurance representatives to distract from this inevitability.

Early in the morning of June 24, Semoon was placed on a mobile patient bed and brought to the surgery room by two nurses to await Dr. Bafi's arrival. "Here he comes" were the last words Semoon heard and he remembers his bed being pushed into the surgery room.

He had no more memory after that until Dr. Bafi and others began to ask questions during the wake-up moment. Although he was brought to the Intensive Care Unit where I was first allowed to see him, he has no memory of anything from the ICU; my being there, his nurses, the several doctors who visited. He was unknowing and completely at the care of the ICU medical personnel.
Semoon vaguely remembers being moved to one of the 28 rooms in the cardiac section of the Washington Hospital Center. It was June 25. We were told later that all 28 rooms were fully occupied with Semoon occupying the last available unit.

Early Days of Recovery
The next several days were a struggle to survive with the most capable and helping hands of many personnel making it possible. On June 28 Semoon was able to walk a few steps outside his room. On June 29, Semoon became impatient and made his case to go home. He started with a heart-felt plea to Physician Assistant (P.A.) Kaitlin, who was a perfect Physician's Assistant with full compassion. She listened but her answer was an unfailing "not yet". She said Semoon's blood pressure was still too high.

On June 30, Semoon again pleaded to P.A. Kaitlin to let him go home. This time, she was more sympathetic, but challenged him to walk the hall. It was late in the afternoon and a nurse was next to him to assist him. Recalling that his blood pressure usually goes down after exercise, he began the walk with the nurse at his side. He remembers thinking that if he walked briskly and speedily, he could show that he was ready to go home.

His next memory was lying in bed surrounded by five or six individuals in medical scrubs. He had walked well until he was near his room. At that point, he fainted and fell. He did not fall and faint. He fainted and fell and remembered nothing until "waking up" back in his bed surrounded by the medical staff. Naturally, the idea of going home early was gone and Semoon was resigned to do whatever Ms. Kaitlin prescribed with no reservations.

The next morning, June 30, a number of new tests were taken while he was still in the hospital bed. We were not aware that, e.g., x-rays could now be done at bedside. His blood pressures were taken for several different positions and he was told to drink a container of water for these tests which he did with no complaint. By July 1, he was able to walk better in the hall and, for the first time since the surgery, his appetite began to return.

On July 2, he was allowed to come home. On our way home, we stopped by the neighborhood French café and had a sandwich. Semoon walked a few steps into the house. A little dizzy but feeling good. On July 8, he walked a mile. On July 9, we ventured away from the neighborhood to see a movie (Wonder Woman, my choice) and, on July 12, he drove around the neighborhood for the first time since the surgery.

A week later, on July 19, we came full circle as we met with Dr. Lee, Semoon's cardiologist, where this fibroelastoma saga began. He ordered a post-surgery echocardiogram and found that, although the tumor was gone, a small amount of fluid remained in the heart which he expected would be absorbed into the heart tissue or, if it remained, would pose no problem.

Semoon, of course, asked about golf and was advised that he could chip or putt but absolutely no drives. It would take 4-6 weeks for his chest bone to heal from the incision made to reach his heart.

A little less than a month later, on August 10, it was back to Dr. Lee who had an electrocardiogram performed and outfitted Semoon with a Holter Monitor (a portable electrocardiogram that the patient wears and it records the heart's electrical activity continuously over 24 hours). The final cardiac test ordered by Dr. Lee was an ultrasound on September 20. With that test he declared Semoon's heart to be stable and we were told that our next visit would be for a year from that date.

Summary
Based on our recollection of Semoon's having the double vision problem mentioned earlier in this paper in addition to his feeling a loss of coordination on the golf course several times, Dr. Bafi conjectures that Semoon experienced Transient Ischemic Attacks (TIA known as a mini-stroke) for a couple of months before the surgery. There was the possibility that minute pieces of the fibroelastoma had been breaking off causing the TIA's.

In retrospect, there were some steps that miraculously fell into the right place and right order to save Semoon's life. For perhaps unknown reasons, I took his various pre-surgery symptoms very seriously (in spite of his protestations that they meant nothing), and forced an appointment with Dr. Motamedi for an initial consultation. The miracle continues with Dr. Steinberg, gastroenterologist, who suggested a cardiac work up with a cardiologist, even as that advice was out of his specialty.

We did not hesitate to enlist the help of a cardiologist, Dr. Lee, and his battery of tests that disclosed the fibroelastoma inside Semoon's heart. The tumor appeared to be a shape of an anemone. Dr. Lee explained to us that if it had broken off, Semoon could have had a stroke, a heart attack, or most likely, death. This kind of tumor is usually found during an autopsy.

I made an early appointment with Dr. Bafi, who happened to have an opening for a successful surgery within 10 days of our teleconference. The miraculous journey went to the last step of P.A. Kaitlin's professional but sympathetic handling of Semoon's immature requests for a premature discharge from Washington Hospital Center.

I dare not think of what could have happened if this miraculous chain of events had been broken before the surgery and complete recovery. Barely four and a half months after surgery, Semoon is back on the golf course, walking eighteen holes and dancing every week, again.

Summary of Medical Appointments and Recovery Events: 2021
March 1 Dr. Ata Motamedi, primary care physician, start of the journey
March 5 Dr. Bryan M. Steinberg, gastroenterologist
March 19 Holy Cross Germantown: esophagram
March 24 Holy Cross Silver Spring: CT scan
April 5 Dr. James Lee, cardiologist
April 8 Dr. Gordon Lui, eye doctor
April 13 Dr. James Lee: cardiologist
April 15 Washington Hospital: heart MRI

April 16 Dr. Bryan M. Steinberg, review of test results
May 24 Washington Hospital: nuclear cardio MRI
June 4 Dr. James Lee, review of nuclear cardio MRI results
June 16 Dr. Ammar S. Bafi, heart surgeon, telephone conference
June 21 Dr. Ata Motamedi, primary care, pre-op document
June 22 Dr. Carmen DeVries, dentist, pre-op document
June 23 Catherization by Dr. Itsik Ben-Dor
June 24 Surgery by Dr. Ammar Bafi
June 28 first short walks in the hall
June 29 plea to PA Katlin; test of walk but faint and fall
June 30 x-rays of lung in hospital bed; blood pressure tests
July 1 walks in the hall; appetite back
July 2 came home
July 8 walked a mile
July 9 went to movie
July 12 1st driving in the neighborhood
July 19 Dr. James Lee, post-op check
July 21 Driving to Richmond (over 100 miles driving)
July 26 Dr. Ammar S. Bafi, post-op teleconference; mention of TIA
Aug. 6 Dr. Motamedi, primary care, post-op conference
Aug. 10-11 Test in Dr. James Lee's office
Sept. 7 Dr. Lee, test with Holter Monitor
Sept 20 Dr. Lee, heart ultrasound
Oct. 24 4months after surgery; slow resumption of golfing and dancing

References

1. Semoon Chang (2018) "Desperate Needs for Compassion from Oncologists," Journal of Palliative Care & Medicine 8.
2. Semoon Chang (2019) Desperate Needs for Compassion from Oncologists, Mauritius: Scholar's Press 8.
3. Semoon Chang (2019) "Do Oncologists Care about Their Dying Patients?" Annals of Palliative Care & Medicine 1: 1002.
4. D Anne Martin, Semoon Chang (2019) "Can Dance Be in Every Woman's Retirement Plan?" Acta Scientific Women's Health 1.

Copyright: ©2022 Semoon Chang. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.