

Open Heart Surgery: A Perfusionist's Own Fears

Suddenly you are the patient and you have full knowledge of every aspect of open heart surgery and exactly what is going to occur on the operating table. As you lay in the hospital bed, you focus on all the cases that have not been successful and wonder what chance you have to pull through the delicate surgical procedure that is going to be performed on you the following day. You have to have an aortic valve replaced, and as Chief Perfusionist of Presbyterian Hospital in Albuquerque, New Mexico, you are well aware that there exists the possibility of not making it off the operating table.

Six years ago when I was operated on for the first time to replace a defective heart valve, I wasn't aware of how really dangerous the situation could be. I had aortic stenosis, as did my father, and we were operated on within three months of each other. We both received a Starr-Edwards Series 2320 Dacron-covered valve. Since that time I had seen many of these particular valves replaced in the operating room, and each case made me shudder as I witnessed what was happening to the valves themselves. The dacron covering the struts was fragmenting on some and endothelializing on others. Just thinking that I could be a victim of a stroke or neurological disorder or MI as a result of a defect in my valve made me lose a lot of sleep until I realized that all my fears and frustrations would not be resolved until I did something about the situation. I knew I had to have my valve replaced. The constant clicking going on in my chest reminded me of a time bomb about to go off!

My first thought after making the decision to have surgery to replace my valve was not the magic of the surgeon nor the fastest hands in the west anesthesiologist nor the precision moves of the scrub nurse—what concerned me was the Perfusionists and the pump itself. Was everything on the machine that I needed? Did I want the oxygenator that bubbles up or the one that bubbles down? Did I want the Tygon tubing or polyure-

thane lined? I definitely wanted the pre-bypass filter! What about the prime—was it right? Cardioplegia perfusion—that's a must! I knew that the cardiotomy filter was changed just two weeks before, and that this saved at least 30,000 platelets on a normal open heart case!

After picking apart every single item on the pump, I realized that for the past five years I had been concentrating my efforts on making the machine as optimally beneficial as possible. I had known all along that I would be back on the operating table one of these days and I wanted everything to be in perfect condition when that day arrived!

I called my three Perfusionists into my office and we went over in great detail the protocol for my impending operation. I told James to watch the operating level and David to make sure that the ACT stayed within normal limits and that the blood bank kept up with the blood usage. I knew that every person in the operating room, especially the Perfusionists, would take good care of me. After working for five years side by side with most of these people, it was like we were one big family, having shared many experiences together, both in victory and defeat. We were all a part of a team for which I was very proud to be a member.

Needless to say, I made it through that operation. My valve was fragmenting but we got it in time. After five days in the hospital and 2½ weeks recovery period, I was back on the job as Chief Perfusionist helping people to live a more enjoyable life and knowing that sometime in the future I would be back again as a patient to have my pig valve replaced.

They say that three times is a charm—but until then, I will continue to do what I like best—being a Perfusionist and jumping into mud puddles!!

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