By-Pass

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I could barely move my head, but I could see nurses gathering in the glassed area outside my room in the Cardiac Intensive Care Unit. Even from my awkward angle I could see two nurses gesturing in my direction. And then more staff collected. Was it my paranoia, I asked myself? They looked alarmed.

The wall clock showed me it was 10pm. I'd only just arrived from post-op. The room was in low light. Vaguely blue. There were no windows. I wondered if the light would be any different during the daytime. The pain in my chest was immense and paralyzing, like something gigantic was sitting on me.

My designated ICU nurse entered and came up alongside my bed. Her Covid mask hid her mouth, but her bunched-up forehead suggested that something was going wrong. She spoke into my deaf ear as she put equipment over my nose and mouth. My mask got connected to a hissing instrument. Its breath-sound muffled more of the nurse's words. She said they were putting me on bypass. But that couldn't be right. My body suddenly roared with adrenaline pushing against the flood of anesthesia still in my system. Bypass? That's hugely serious! It's the dreaded heart-lung machine but that can't be done in my hospital room. Panic galloped through me. What was wrong? When do I go back to the operating room? Wouldn't the ICU nurse have seen terror in my eyes? But she didn't look. Instead, while she worked the equipment, still on my deaf side, I tried to ask her what was wrong. Her reply was abruptly stern. "Don't talk! It's very dangerous for you to talk. Lie still," she admonished. Only that much was loud enough for me to hear clearly. She walked away back behind the glass wall of my room, leaving the scorching word "bypass" caroming inside my head. My wrists were tied to the bed

but I got one hand as erect as I could inside the restraint and waved, trying to beckon her back. My weak hand wave didn't work. With more effort, I drew my right foot out of the sheet and shook it hard in the air, hoping for her attention. No luck. I couldn't ask her anything.

Only a day before, I'd had a positive attitude going into open heart surgery. I'd worked to convince myself I wasn't going to die. Before they wheeled me into the operating room I asked to see my lead surgeon. When he floated into view above me I thanked him for what he was about to do. The surgeon didn't reply and quickly disappeared again. Before the staff administered my anesthesia they had let me choose the music. I immediately selected Gaga's, "Born This Way." I heard my request playing. "Get it?" I joked. "Because it's a genetic disease you're fixing." If they laughed, I didn't see it. But I cracked myself up anyway. I also chose it for the lyrics near the end. "I was born to be brave." Confidence. Yes, that's the ticket, I told myself.

I wasn't surprised when I woke up from surgery and hadn't died. Nor was I alarmed to be tied down to the bed. I had prepared for the need to keep me immobilized rather than disrupt the many tubes running in and out of me. I knew I was in the cardiac ICU. That I would have excellent nursing care at this world-class Boston hospital. When the tube down my throat was out and I could speak, the first thing I told the nurse was that I was deaf in my right ear. I had made them print this fact in large letters onto the front cover of my chart – I watched them do it early that very morning. I thought I'd protected myself regarding this lifelong disability. But I was wrong.

I'd read the *Preparing for Heart Surgery* pamphlet the hospital gave me, so I expected the several electrical leads still directly connected to my heart and sticking out of the skin on my chest. It felt like there was barbed wire keeping my body together and the suggestion of it, too. The surgeon had strung my severed sternum back together with wide-gauge titanium.

"Like coat hanger wire," he had added, though I wish he hadn't. Multiple large tubes were draining fluid and blood out of my lower chest. I felt unrecognizable. A human science experiment that I didn't want to look at. I was so swollen with fluid that my fingers were the size of long fat slugs. I had filled out like an overfilled water balloon while they flooded my body during the many hours of my heart surgery. I couldn't even half-close my hands now. Maybe I'd truly become unrecognizable. Was my humanity bypassed, too?

I have to face the situation, I told myself in the ICU, by then stuck under the big hissing mask. Something was terribly wrong for me to be on bypass. For the first time living in my body, I couldn't feel my heart working. Not one beat. The strangest absence of sensation I could ever have imagined. Only I hadn't imagined it. Now I concentrated on listening for my heart, the way you can hear rushing sounds when you hold a shell up to your ear at the beach. Nothing. I'd been on heart bypass for more than 10 hours during the surgery that day. Of course, I understood that. But I wasn't conscious at that point. And there were multiple surgeons there earlier in an operating room equipped to handle such an extreme condition. Now, several hours later, I was profoundly conscious. And very much alone. After being so sure that I wasn't going to die in surgery, I saw that I got it only half right: I was going to die in post-op.

My ICU nurse occasionally passed through my room. I couldn't move my mask to speak. I needed to find out why I wasn't back into the OR. More than once I feebly tried to get her attention. I shook my head. I groaned when she was nearby. "How long until I die?" is what I tried to ask. But she disregarded me. I heard her tell me I should be asleep. I gave up trying and just concentrated on my death.

With every in-breath I could feel the hot heaviness of shocking pain, the burning force bearing down in my chest. But that pain became less distracting as the weight in my brain deepened, filling me with terror. This was actually to be the end of my life -- I understood that

with sharp clarity. I quickly resolved that I must not die sleeping. These were the last hours of life. I had to notice every moment. Appreciate each one to the very end.

One thing I could see from my hospital bed was a big wall clock, its analog dial oddly out of place amidst all the high-tech, whirring medical machinery around me. I stared at the black minute hand slowly moving on that white-faced clock all night. Whether or not it was literal, I was feeling every single minute. A countdown. The end coming. I was so drained. I wanted to sleep. I wanted to live.

My aloneness closed in on me. Then in the first year of Covid, absolutely no visitors were allowed in the hospital. I wished for the thousandth time that I had been able to wait to have this surgery. But if the aneurysm in my heart had suddenly burst I would have died on the spot. Any spot. I had no choice but to go into open heart surgery alone. I cursed Covid for keeping my husband away. I wanted him there, holding my hand. I thought of my brother and started to cry. My chest hurt less now from the barbed wire and tubes and more from the stabbing memories of the people I love. That's what my heart runs on. And I couldn't say goodbye. Grief is my most familiar heartache. In that way my surgical pain felt reassuringly similar. Pushing on the deepest bruise of missing those I love.

Later my ICU nurse reported that I slept a bit around 4 a.m. I think I was dreaming my goodbyes. But I was definitely awake when I went into atrial fibrillation – an irregular and very high heart rate. I was relieved to feel my heart beat again yet frightened by its speed I'd never before experienced. There's no telling how much the night of unnecessary emotional stress contributed to that incidence of "A-fib." Extra fear adrenaline pumping through me for hours as I was *dying*.

At 6 a.m. the nurse took the mechanical mask off my face. My mouth was so dry

I couldn't form my words at first but I was desperate to ask her why I was on bypass.

"What are you talking about?" the nurse nearly shouted. Finally, she was speaking at an audible volume. It sounded mean.

"You said I was on bypass. Am I going to live?" I choked out.

"I said 'bi-pap' not bypass." She said with no trace of contrition. "We put you on bi-pap for your acute respiratory distress. Of course you weren't on bypass."

As I rolled the two words around in my mouth, I saw how greatly similar they were. "Pass" and "pap" have a different lip formation only at the last half syllable. Not that I could read lips through the nurse's medical mask. I did have the presence of mind for my very next question, "Did you not know that I'm deaf in the ear you were speaking into?"

"Yes," she said. "It was the first thing you told me after surgery."

"I thought I was dying," I explained. The nurse replied, "Why didn't you ask me?" I was too weak to scream.

My cardiac surgeon should have warned me in advance about the possibility for acute respiratory distress and this bi-pap ventilation device in post-op. What agony, what harm I would have been spared? It feels incalculable.

Covid is responsible for the injustice of having no one there with me to ask questions and make sure I could hear the answers. And weren't all medical staff deeply strained by the demands of the pandemic? I had assumed that fatigue: In advance I prepared a lanyard and I wore it around my neck every single day in the hospital. I still have it here in my drawer. It says, "I appreciate all you do. Thank you." I had already repurposed a plastic name badge I pinned onto my hospital johnny that read, "Thank you ALL."

My hearing disability was willfully ignored. The next shift ICU nurse walked straight up to speak into my deaf ear. They bypassed me when I was moved and I literally begged them to put me in a room where the monitors and other equipment were oriented to the left side of the room - where I could have heard the staff. Nurses bypassed the sign above my bed declaring my right ear deaf. I pointed to it behind my head and asked them to heed it. Not one of them walked to the other side of the bed to talk to me.

Human regard passed me by. My medicalized heart seemed to be controlled by something else. Not me. As soon as I was discharged, I went back into crisis. I felt my heart pump fast enough to mimic a hummingbird's lightning beat. I passed out - at significant risk of a blood clot to my brain. Soon I was in the emergency room. So weak. And scared. But I needed to push against my neglect. Against the empathy bypass, the lack of respect. With alarm in my voice I asked the ER doctor to "please tell the nurse to wrap my right ear in gauze bandages." If my ear appears injured, I explained, maybe that will be a visual clue that something is not working. A few staff did then ask about my bandaged ear which gave me another chance to emphasize that I don't hear out of it. More than one nurse refused to speak up anyway. During a blood draw, a nurse flatly denied my request telling me her mother brought her up never to raise her voice. Then she must have given me some instructions about the IV port but I couldn't hear them. Instead, I watched as she struggled with the needle, needing to try multiple places in my veins. More pain. Maybe if she had communicated with me, I could have moved my arm in a helpful way. But her mother told her not to raise her voice.

A series of complications meant I stayed hospitalized much longer than anyone had expected. My surgeon pronounced over my hospital bed that I had "hit every speed bump and every obstacle." Danger is complex. I think about all that makes a heart function. It's a series of connections far beyond electrical currents. All the prep and positivity one can muster are

trampled by the misfiring of human connection. Neglect can feel deadly.