

Healthcare Comedy in Three Acts

If you recall, I left you in the hanging gardens of the Clinica de Hospitales de Caracas, quite some while ago. If you don't recall, look it up on the website, for now I've a tale from another venue that begs telling.

We arrived at the appointed time at the reception desk of the Caribbean's most modern heart repair shop in Santo Domingo. "Appointed" I say, because both I and my cardiologist had hammered down the appointment in stone. In any case, before trading our snug harbor for a hotel in the hurly-burly of a great dirty city 130 miles distant, I made a last call to the surgeon's assistant just to rivet down the appointment in steel.

"Nine o'clock Tuesday. Are you quite sure?"

"Certainly, sir. Nine o'clock Tuesday."

"You are aware that the second procedure must be carried out immediately the next day if the first is successful?"

"Of course. That's why we've re-scheduled you from Friday to Tuesday." Actually, I did the re-scheduling.

"You are aware that Wednesday is Carnival and Independence Day combined?" I archly reminded her.

Just a heartbeat of a hesitation. Then a strong and confident "Yes, of course. We'll see you Tuesday at nine."

"And if the trans-esophageal ecocardiogram is successful, you can follow on with the electro-cardioversion first thing Wednesday morning, Carnival or no?"

"Electro- ... ?" Then strong and confident, "Not to worry, sir. All is arranged."

After a futile search for a folder with my name on it, the folks at the reception desk at the Caribbean's most modern heart repair shop suggested I contact my cardio.

"Tomorrow is Carnival you know," she sulked. I half expected her to add, "you boob!"

"Yes, indeed I do know," I assured her, "and so did you."

"And Independence Day to boot!" she reprimanded.

I got my doctor at home on his cell phone. Outrage. He must make calls. He did. All became clear. Suddenly I had a folder with my name on it, and a new and better, if more radical, protocol designed to supplant the two week medication run up the surgeon's assistant should have had me on but didn't.

Pre-Op

Torquemada invented the trans-esophageal ecocardiogram to give cardiologists their own version of waterboarding. They contort you on a gurney such that your esophagus bends into a maximum number of esses, if not ampersands. Next, the dominator puts a funnel in your mouth through which he forces a long rat tail rasp at the end of which he has fixed the sonar buoy from the Red October. This he hacks back and forth until he has punched out all the esses in your esophagus and hyphenated any ampersands.

First, of course, I had to have the IV bottle attached without which visitors to a hospital couldn't tell patients from doctors. Everyone marched around in uniforms, if not in Teutonic glory, at least in Latin amour-propre. Physician Assistants slung stethoscopes around their necks, actually clipped onto their jackets so you would know they never really use them. Real doctors just wore white jackets, but the really top docs dressed in civvies but without wheeling around IV trees like patients. Student nurses wore really snug jump suits, while the real nurses couldn't get into them. Nurse's aides sported flowery mantles. Nurses aides got to put the IVs into the patients who play the privates in this army — and they'd better know it!

The fat flowery girl that plugged the IV into me explained on her fourth try, "The needle's made of plastic!"

"Oh, so that's why you can't get it in, huh?" playing dumb. "Why not get a steel one?" gently, in case she thinks I think she doesn't know what she's doing, which she didn't. When they've got you strapped to a gurney you don't want the person wielding the blunt prickle to get pissed off.

She finally got it done and she wandered off while I anxiously kept watch for Tomás de Torquemada and his collection of rat tail rasps. With time I noticed a great heaviness in my right arm. I supposed the drip had a narcotic in it, but no. Looking down at the hand I could no longer lift, it became clear that the IV fluid seeped not into a vein but between the dermis and the gooky stuff below that makes up me. Like the chef pumps air under a duck's skin to make a Peking Duck, my fat flowery friend had prepared my forearm for a Chinese roasting.

"Yaaaaaaa!" I called. That brings them running every time, not the buzzer. And this time a student nurse in a jump suit did the trick on the inside of my other arm. When I asked what she intended to do to deflate my Peking Duck she deftly grasped it in both her hands and squeezed the fluid upward in the arm.

"Yaaaaaaa!" I again hollered.

"Don't worry. It'll go down." It didn't go down for four days, but it turned black halfway to the elbow.

Operation Day

The trans-esophageal ecocardiogram worked out OK. Torquemada tried two sizes of rasps, the smaller one bending into a 'U' and coming back out the funnel. I woke up three times in the middle of my torture master's moil, due no doubt to an overly timid anesthetist, but each time he knocked me out again before I could run away.

Next day we went through a reprise at the reception desk.

"But you know it's Carnival."

"Indeed I do. And so did you all when you confirmed the appointments."

Calls got made just as in day one. A stabilization room got assigned. Back on a gurney. Another fat flowery girl.

"Take off your shirt and put this gown on backwards."

"Only my shirt? You don't want me nude?" I think I must have put that badly. Or I leered unnecessarily.

"Certainly not!" she yelped, clearly scandalized.

I paid for my wickeness by spending the next 24 hours on a gurney, under a blanket and in street clothes, tied like Gulliver on both sides, back and chest, with a tangle of wires and tubes. This time the IV got attached to my left hand when I waved my Peking Duck at them. The tape on the IV needle dangling from my left hand kept coming off, and more tape went on. Every half hour or so a different uniform would come in. As they entered the stabilization room they slowed and stiffened a bit and approached me rather formally. I suppose they call it a stabilization room just therefore.

Without exception every visitor to my stabilization room would stalk to my left side, inquire solicitously "How are you feeling?"

"OK, except for this," I'd say, and weakly lift and wave my Peking Duck at them, for it ached furiously.

"Fine! Fine!" they'd say, heartily thumping away at my left hand with the IV which began to look like a catcher's mitt with all the re-taping needed because of all the hearty thumping. Blood seeped back up the IV tube, rising toward the bottle like the red mercury in the big old Coca Cola temperature sign that hung on the porch of the Valdosta, GA, feed store in late August. Didn't anyone see it but me? Nope. When the IV fluid turned pink another uniform stalked in, shook it a bunch with a peevish look at me, and changed it for a fresh one.

On the second day a beautiful girl in a jump suit peeked under my blankets and scolded me for having my street clothes on. In a heartbeat she had them all off, twisted me this way and that and vigorously scrubbed every inch of me. She scraped and scoured me more vigorously than a Finnish sauna crone had once done with her burlap doormat, yet swabbed me down as expertly and gratifyingly would have a Tokyo nymph in a hot bath. My student nursie folded me this way and that, dried me off and changed my bedding before I could say "Thank you!" — all without wiggling a tube, wire or needle. This bath by a beauty became the sole good of my stay at the heart factory.

Post-Op

I went into the thing with only a 50% chance of success, and came out as one of the 50% for which it didn't work. I bet more than a thousand dollars and I lost. No one to blame but me, always a bad gambler. Nonetheless, I suffered unnecessary personal torment from everyone but my bath girl. Two hurtful years that my cardio and I had spent assaying medications, until achieving the Goldilocks' "just right" balance, went by the board because of makeshift pre-op protocols and powerful post-op drugs applied without titration. I feared I might never get back to a no side-effects even keel with new meds?

In 30 years of successfully using Caribbean medical care, mostly in the Dominican Republic, I have met with few contretemps, usually in the form of quacks or incompetents which I could easily recognize and circumvent. The misfortunes reported here, however, occurred in the region's cardinal institution leaving me nowhere to turn. Since I have no memory of what happened in the second op, I know that the anesthetist did an excellent job. But patient care took a sharp dive for me.

The staff functions supporting the hospital's physicians and its administration completely collapsed this time, at least for me. Shortly after my experience the newspaper reported that the hospital had admitted the president of a Latin American country for cardio adjustments. No follow-up reports appeared that I ever saw. Perhaps he's still on Torquemada's journey. Will his home opposition do the usual thing and blame it on the CIA?