

Triple A
by Ardith Trudzik

Why did I leap from my bed this morning? What led me down the hall in my night clothes? What was that dreadful smell? I checked the bathroom—the toilet had been flushed. So why the smell? I rushed into Mike’s bedroom. He was lying in it. Covered with it! From head to toe. And unable to move.

“What happened?” I cried. “What’s wrong?”

“Food poisoning,” he croaked.

And I felt an instant anger. Damn that chicken! He had asked for fried chicken late last night and I’d bought a boxful for him. Ate none myself. And now look what had happened.

I flew to the phone. Dialed 911.

“Food poisoning,” I screeched. “Come at once.” Gave our address.

Ambulance arrived within minutes. While I dressed myself, two burly paramedics cleaned Mike. Loaded him onto a stretcher.

Off to the nearest hospital. But no—Grey Nuns wasn’t accepting patients. “Do you prefer Misericordia, Royal Alex or Leduc?” they asked me.

My mind reeled. “Where do you recommend” I asked.

“The easiest place to visit,” the paramedic suggested.

That’s not sensible criteria. Which hospital would offer the *best* care? “Royal Alex,” I decided.

Meanwhile, the second paramedic worked over Mike. “We’re losing him,” he called from the back of the ambulance. “This guy has a triple A. Head to Grey Nuns. They’ll have to accept him.”

“What’s a triple A?” I spoke through clenched teeth.

“Aneurism of the abdominal aorta,” the attendant told me.

“You mean it wasn’t the fried chicken?” I said stupidly.

“No. Triple A. Usually fatal.”

“Dear God. Let him go quickly,” I prayed. My thoughts were too catastrophic for tears.

We pulled into Emergency. A team rushed to meet us. Unloaded Mike—now wearing an oxygen mask. His skin was a greyish-blue; his face grimaced with pain.

A huge man offered his hand. “Dr. Chyczij,” he introduced himself. “How old is your husband?”

“Eighty-one,” I replied.

“I usually don’t do this surgery on guys of that age,” he said. “But he’ll be dead within minutes without it. Do you want me to try to save him? You have one minute to decide.”

I glanced at Mike, his body limp on the stretcher. Could he survive another surgery? He was already severely handicapped by Parkinson’s, cancer and congestive heart failure. How much more could he take? I looked helplessly at the surgeon.

“I can’t make that decision,” I declared. “He always told me *No more heroic measures*. But that seems so heartless. Cruel.” I shook my head. “You’ll have to ask Mike.”

The doctor bent over the stretcher. “Do you want surgery, Mike?”

And in a weak and trembling voice, my husband answered, “Yes.”

He was wheeled away; I was left to pray. The hours dragged.

“Most don’t survive *this* surgery,” whispered a lady from Pastoral Care who came to sit with me. We prayed together; I prayed privately. “Not my will, but Thine, dear Lord.”

Three hours later, a stretcher headed for ICU and I recognized Mike’s tousled hair. His face was covered by an oxygen mask and he sprouted tubes at every opening. A team of attendants surrounded him, working over him. When I was finally allowed to enter ICU, I reached through the maze of tubings to hold Mike’s hand. There was something nourishing in the warmth of his flesh on mine. He looked like a giant octopus with tentacles reaching out, sucking up vials of fluid. Blood. Blood everywhere. A nightmare of blood. Leaking through his stitches. He was bleeding to death. Of course,—he’d been on blood thinner for years. Now the bleeding wouldn’t stop. His sheets were crimson.

“We’re losing him,” cautioned his nurse. “This is his tenth unit of haemoglobin. And twentieth of plasma. Platelets too. His blood pressure’s dropping. We’re losing him.”

I prayed again. “Please bring him *through*.” Time stood still as I clung to Mike’s side.

“Better sleep here tonight,” the doctor told me. “I have arranged a place for you. The first 48 hours are critical.”

Sleep? Who could sleep? I felt a prickly sensation in the back of my throat. Yet despite myself, I dozed. All Mike’s life-support measures were working full force. But every breath he took was a struggle. I eyed his urine output—vivid red. Still hemorrhaging. How could he hang on?

I was aware of a tall black-robed figure and nodded permission as the priest’s silent hands made the sign of the cross over Mike’s body. This seemed the darkest hour.

“You are losing your husband,” the nursing staff tried to prepare me. “It takes a while for the body to shut down.”

I sent for our sons. The families arrived. Suddenly our quiet home was in turmoil. Everyone wanted to help. None knew just what to do. Our grandsons were a real joy. But it was wearying to have constant activity at home. I needed rest.

I spent long days at Intensive Care. Mike lay unresponsive in his snake-nest of crawling tubes. My emotions yo-yoed between hope and despair. My pain warped time. Hour after hour. Day after day. Week after week. There was a comforting sameness to each day at the hospital. A routine. Mike’s eyes began to flicker when I spoke to him. His fingers squeezed mine.

The following week he made eye contact. A pleading expression. He couldn’t speak around the breathing tube, but his eyes were pleading. What did he want to tell me?

“Your husband has had a stroke,” explained his nurse. “He may be quite handicapped.”

Gradually, gradually the medical team began to remove the life-support machines. Would Mike survive on his own?

His body was purple as a ripe plum, covered with bruising from neck to ankles. His skin was rough as a newly stuccoed wall. And he had lost his ability to swallow.

“Is that because of the throat-tube?” I asked.

“The stroke,” replied his nurse.

The medical team inserted a tube through his nose directly into his stomach to force down food. Mike yanked out this nose-tube.

Restraints were put on his hands. Clumsy padded mittens muffled his fingers and ties prevented his hands from reaching his face. Mike spent his waking hours fretting and tugging on his restraints. He managed to yank out his nose-tube.

Was this a sign that he didn't want to live? That he had fought long enough?

Another tube was inserted. Mike managed to yank it. His bed was moved nearest to the nursing station so he was always on surveillance. Mike yanked another nose-tube.

A 24-hour security guard was stationed by Mike's bedside. Yet Mike managed to yank out another nose-tube.

He pulled out every nose-tube they inserted. Seven in all.

The staff members were dismayed. What could they do?

Dr. Chyczij offered a solution. "Let's try a tube inserted through the vein of his inner elbow directly into his heart."

I watched the minuscule life-flow of nutrients drip to his heart. Mike lay totally unresponsive. Was he brain-dead?

Time ground on. Slow hour after hour. Day after day. Week after week. Mike was strengthened by the nutrients and became more alert. He was propped up in bed, bewildered and feeble. "What happened?" he whispered.

But when I told him, he couldn't grasp the enormity of his problems. "The trauma to his body has caused dementia," explained the doctor. After psychological tests were given, the decision was made to transfer him into a nursing-care facility. He sat with gouty feet elevated on the footrests of his cantankerous wheelchair, his faded grey bathrobe drooping like the loose wings of a dying loon. My husband. Weak, lame, demented. A broken man.

Was this the answer to my prayers? Would he have a quality life-style in a nursing home? Would he be happy there?

We held a family conference. Our sons agreed that I was unable to care for their dad at home. "We support the doctor's decision," they said.

"Go home now," I told them wearily. "You must get on with your own lives. I appreciated your support. And I love you all. Now please go home." They left.

Suddenly I had very few home tasks. My life had been previously organized around Mike's needs. Now I was alone. And I was no longer dealing with my husband. I was dealing with a medical system. Mike was unaware of all the necessary decision-making.

My sister Nell accompanied me as we inspected several nursing homes in our vicinity. The decision to place Mike in one such institution was the most painful choice I had to confront as an adult.

Nell and I tried to get a feel for each facility. We checked the appearance, the menu, the activities provided, and the staff. Were they smiling? We checked visiting-hour schedules, policies and parking availability. Each place had positive features. Each seemed to have drawbacks. My head whirled. Moving Mike would be a crisis, I knew.

Another wait. This time for an empty bed. Mike was kept in the Grey Nuns Hospital on hold—waiting for someone, in some nursing home, any nursing home, to die. Day followed day. Week followed week. Then, four months after he was hospitalized, he got his call: Shepherd's Care Nursing Home in Millwoods.

I quickly decorated his new room. Made it look welcoming: a bright bedspread, photos on the wall, his own armchair. Mike didn't feel welcomed. He hated it. Blamed me for putting him there. Hated me. Hated the world.

And I lay in my bed at home alone and cried. Was this how our fifty-year marriage would end? Would Mike ever adjust to living in a nursing home? I felt guilty for leaving him there. Guilty and unsettled.

The staff were kind and friendly. They interacted with all the residents in a caring manner. And the residents appeared well-groomed and reacted well with one another. The decor of the facility was cheerful and homey. But it still had to function like an institution, because that was what it was.

Mike had to follow different routines for doing things: eating pureed foods, being diapered on the hour instead of as required, exercising on schedule, early to bed and early to rise. He objected to everything whenever we were alone. Yet to the staff he was pleasant. Polite. He knew they were his care-givers. Beneath his composure I sensed anger. Resentment. Indigna-

tion. How dare I leave him here? He laid a guilt trip on me. He begged me to take him home. Just for ten minutes. Surely I could take him home for ten minutes?

The staff advised me not to take him out too soon. "Let him get adjusted," they warned. So I visited every day. Stayed long hours. Watched the procession of wheelchairs trundle to and fro: to meals, to sing-a-longs, to movies. Mike disdained it all. His spine was rigid with indignation. He failed to recognize that his own condition was every bit as poorly. He wanted out. He wanted to come home. He demanded that I take him home.

What right had I to deny him this? It was his home, too. And I missed him. He was my rock. He was the love of my life. Our home seemed an empty shell without him. My loneliness and grief were excruciating. I felt despair. And a deep anger. Why had God left Mike like this? Dr. Chyczij and the medical team had made the decision for Mike to stay in a nursing home although Mike didn't believe that. He blamed me. He felt unwanted. Unloved. Abandoned. Confused. He clung to me. He was frightened. Dementia left him with faulty reasoning. His life was not fulfilled.

At last I took Mike home for a visit. A trial. To see how we would manage.

It took superhuman effort for him to climb the steps. But he did it. He stepped over the doorsill and collapsed on a chair. He was home. We spent a quiet afternoon resting. Then came the big surprise.

Mike refused to go back to the nursing home. What could I do? I was too weary to argue. I tucked him into his own bed, notified the nursing home, and fell into an exhausted sleep. Mike was deliriously happy. But frail. So very frail.

The following morning I helped him bathe. And dress. We ate porridge solemnly. Mike had always hated porridge. Yet now it slid down smoothly! He was satisfied. He was home.

In a way it was a relief for me, too. I had my husband with me. No longer need I worry about how he was when I was absent. And I slept better, although I had a startle reaction and woke abruptly several times during the night to see if he was all right. To solve this problem, I put a monitor into his bedroom, with the speaker at my bedside. I heard his breathing, his movements. We stayed home most of the time. Home Care visited to assess our situation and agreed

Mike qualified for help. But he was determined to manage alone. Alone, except for his wife.

As our activities fell into routine, my spirits flagged. I was always tired. Began to spend long hours in bed. Couldn't concentrate when reading. Lost interest in TV. I had an incredible sense of hopelessness.

Dr. Fogarty recognized the symptoms of depression.

"But why am I depressed *now*?" I protested. "Mike is better. And he's home. I should be happy."

"Don't forget you have a vulnerable biology and have had very stressful life events," the doctor said. "The perfectionism that makes you such a caring person, the obsession with details that we all admire so much, your compulsive behavior which we attribute to passion, have all fermented beneath the surface for months. Now depression is evident. I'll start you on a new medication. Don't worry. We'll take it slow, and you'll feel different soon."

At first I resisted. I had misgivings about medication. I was afraid of it. But gradually, there was an upswing, and my spirits lifted. Back on track again. And I still had Mike. He's a medical icon—proof that even at the age of 81, the body can beat a Triple A.



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