

Extraordinary Measures

Medicine has made enormous strides in providing cures for conditions that once meant certain death. Here are three stories of extraordinary intervention.—by Sigrid Bathen

It was two days before Halloween, and 2-year-old Edward Vetsch had been nibbling on some almonds and jumping up and down on the couch in the living room of his family's new house in Anderson (Shasta County). And then he fell. "He took a deep, scared breath when he fell," recalls his father, Gary Vetsch, "and sucked [the almonds] right down into his lungs."

Edward's parents desperately tried to dislodge the almond particles as their son gasped for breath. "We pressed on his back," says Vetsch, "and that wasn't working, so we tried to use a finger to pull the material out. That may have been the wrong move, because he threw up, and the materials from his stomach ended up in his lungs."

Gary and Jennifer Vetsch rushed their son the block and a half to the fire department. "He was breathing," his father recalls, "but he was not a very good color." At the fire station, he sat up and started to regain his color, "but he was wheezing real bad." His parents rushed him to Mercy Hospital, about 15 minutes away in Redding.

Physicians were able to extract a piece of the almonds, but the bulk of the aspirated almonds remained in the child's lungs. "He was sort of stable that first evening," says his father. "Come Sunday morning [Oct. 30], though, it was all downhill. It was very frightening. He had a collapsed lung. He turned blue. Several times there that Sunday we almost lost him."

Edward was transported by ambulance to the Redding airport the next day, then flown to the University of California, Davis Medical Center in Sacramento. His condition was so fragile that the medical team that had

kept him alive at Mercy in Redding accompanied him on the plane, to keep his condition as stable as possible on the short flight.

His parents made the agonizing trip to Sacramento by car, arriving about three hours after Edward. They were

"The heart was flown in, but I don't know where it came from. Personally, I would like to know—not so much to meet [the family] as to thank them."



Heart transplant patient Barbara Brann with her granddaughter, Lindsey Fatta.

immediately informed by doctors at UCD that their son's only hope was a high-tech procedure—called extracorporeal (outside the body) lung support—in which catheters are placed in veins in the neck and groin, and blood is removed from the groin and run through an artificial lung.

PHOTOGRAPHY BY MARC LONGWOOD

The blood—with oxygen added and carbon dioxide removed—is then returned to the patient. The lungs thus can “rest,” and doctors can remove the foreign particles from the lungs with a bronchoscope.

Dr. Mark Pollock, the pediatric cardiothoracic surgeon who performed the procedure, says UCD is the only institution in Northern California besides Stanford that now performs the delicate and relatively new procedure on pediatric patients. He has used the method now on 11 children, and eight have survived.

“These are patients who would die without the use of this artificial lung,” says Pollock, adding that the procedure has for some time been used successfully for infants, but has only recently been applied to older children. “It works very well for neonatal patients,” he says. “How well it works in the pediatric age group is still a matter of investigation, but we’ve definitely shown in situations like this, where the conventional breathing system doesn’t work, that it saves lives.”

In the case of young Edward Vetsch, Pollock says, “it allowed us, in a much more leisurely way, to remove all of the almonds from his lungs with bronchoscopy—looking down there [with a rigid scope], grabbing pieces, pulling them out.” Edward’s treatment was further complicated by the fact that he had developed pneumonia during his ordeal, requiring antibiotic treatment as well.

The procedure was repeated several times over the next few days. “We pulled out about half a dozen pieces of almond,” says Pollock.

Pollock says young Edward’s prognosis is “excellent.” He has recovered from the pneumonia, and there appeared to be no complications resulting from the procedure. Pollock and the Vetsches warn other parents about the dangers of active young children eating nuts. “Nuts are somewhat dangerous in this age group in general,” cautions Pollock. “Clearly, they shouldn’t be jumping around at the same time they’re eating.”

The Vetsches have understandably become experts on foods to avoid for young children. “As parents, we assume if a child can swallow, it’s okay, but that’s not necessarily true because they often swallow but don’t chew,” says Gary Vetsch, who cautions against “anything a child can’t chew,” including nuts, hard candy and popcorn. “This really was every parent’s nightmare.”

By the fall of 1993, Bob Forsyth had been cancer free for six years, one year beyond the critical five-year milestone often set for cancer patients, when his cancer—diag-

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nosed in 1987 as a virulent form of non-Hodgkins lymphoma—returned. It came back the same way it had started, with a lump in his lymph glands, though this time he discovered the lump in his neck rather than under his arm, where he had first discovered the cancer.

"My parents had both died of cancer, so I was aware of cancer signs," recalls Forsyth of the original diagnosis. "There was a large lump in my lymph gland under my left armpit and a general lack of energy. I called the doctor, who immediately brought me in for an X-ray that did not show anything. They did a biopsy, which showed a malignant growth."

Further tests showed that Forsyth, a former *Sacramento Bee* reporter and editor who was at that time press secretary to then-Senate President Pro Tempore David Ro-

Health

berti, had cancer in "five or six spots in my body," but that no vital organs were affected. Dr. Peter Gordon, Forsyth's oncologist at Kaiser-Permanente Medical Center in Sacramento, recommended an aggressive chemotherapy for 12 weeks. Forsyth continued to work, taking time off for the chemotherapy and its side effects, which included severe nausea, hair loss and energy loss. "I would work, but I would also take naps two or three times a day in the office."

After the chemotherapy, Forsyth's cancer went into remission—where it stayed for six years. He returned to his characteristic high-pressure schedule, leaving Roberti's office in 1992 to serve as press secretary to San Francisco's Mayor Frank Jordan for one year, then assuming his current position as media relations director for the California Applicants Attorneys Association and the California Trial Lawyers Association. In 1991, he married Jewel Reilly, a longtime friend and *Bee* editor.

Despite the continuing remission, he knew that the disease could return. He was unable to break a decades-old smoking habit, and his family history was not reassuring.

Not only did Forsyth's parents die of cancer—his father of pancreatic cancer, his mother of abdominal and bone cancer—but both of his grandfathers also died of cancer. "There was a family history," says Gordon, "of malignancy all over the place." When the cancer returned in 1993, Forsyth was to some degree prepared.

"I've read enough cancer literature that I realized after the first bout was in remission that this stuff comes back, not often, but it was always a possibility. So I was a little pissed off, but I wasn't particularly depressed, and I figured we'd beaten it once so we'd do it again."

His oncologist may have been more surprised. "He'd had a complete remission, and he tolerated the chemotherapy beautifully," recalls Gordon. "He went over five

years, and we thought we cured him. It is very unusual to relapse after five years. We were surprised, disappointed, dismayed."

This time, the prescribed chemotherapy was more aggressive, says Gordon, and used a different set of drugs—"the theory being that the lymphoma or a clone of his lymphoma was resistant to the first."

Although the second round of chemotherapy at Kaiser was

effective, again sending Forsyth's cancer into remission, Gordon was concerned that the cancer would return. "If we didn't eradicate it in 1987, it wasn't likely that a second go-around was going to eradicate it," says Gordon, who recommended a bone marrow transplant at Alta Bates Hospital in Berkeley, the oldest bone marrow transplant center in Northern California.

Before the transplant could proceed, Forsyth's case had to be evaluated by a team of physicians at Alta Bates, who decide whether the patient is a likely candidate—which means he or she must be in good physical condition and able to tolerate the punishing procedure. Although his age (52) was slightly higher than the preference for a transplant, the panel decided that his general health was good. But he had to stop smoking.

In an outpatient procedure at Alta Bates in late October 1993, Forsyth's own bone marrow and blood "stem" cells were "harvested" for later transplant. (A patient's own bone marrow is used for a transplant because it is more easily tolerated by the body.) He was admitted to the hospital in November and placed in isolation while

near-fatal doses of chemotherapy were administered to destroy any remaining cancer.

A terribly complex process, it also leaves the patient extremely vulnerable to infection. Gordon describes the procedure as "cutting-edge." Basically, he says, the patient is "rescued" from the near-fatal doses of chemotherapy, which kill the cancer. Then, in theory, the patient can "grow" new, healthy blood cells from the transplanted blood "stem" cells and marrow.

Immune levels are monitored constantly, and, if the procedure is successful, the patient slowly improves and can leave the hospital—but must follow a strict dietary and anti-infection regimen while the immune system returns to normal levels. Patients who undergo the procedure, according to Gordon, have a 90 percent rate of survival. Beyond the initial recovery, however, the relatively new procedure cannot be measured in five-year increments. "We don't have five years of experience," says Gordon. "Without the transplant, the odds are that we would see the lymphoma again within several years."

Forsyth remembers little of the month-long process. He recalls a "floating" sensation. "I would drift off and then two or three hours later I would come back. There was no pain." He had no appetite, and dropped from about 180 pounds to 150—all of which, and then some, he has since regained.

In the year since the transplant, he has returned to his usual work schedule, taking time off to visit his three grown children by his previous marriage and two grandchildren. He has not returned to smoking and has been deemed "a well man" by his longtime oncologist, who also says his patient's unrelentingly positive attitude has played a major role. "It couldn't happen," says Gordon of Forsyth's recovery, "to a nicer man."

The admiration is mutual. "I had two very good, very consumer-friendly physicians [Gordon and Dr. Jeff Wolf of Alta Bates]," says Forsyth. "They want you to know what they're doing, and they want you to participate in the choices. . . . I think that's terribly important. It improves your attitude and reduces the anxieties."

"One reason my attitude was fairly good was that not once did Gordon or Wolf ever say, 'You are going to die.' They had this matter-of-fact attitude that was like, 'Okay, this is what we're going to do now.'"

Barbara Brann was working as a bookkeeper in a hardware store in her native Rio Vista eight years ago when she noticed that she

"He took a deep, scared breath when he fell," recalls his father, Gary Vetsch, "and sucked [the almonds] right down into his lungs."

was short of breath and "just didn't have any energy." She was 41 years old.

"I had a history of allergies, and at first they thought I had asthma," she recalls. "But I was having such a hard time breathing that they sent me for some X-rays. My heart was so full of fluid that they put me in the hospital." That was December 1986, and Brann remained at Lodi Memorial Hospital for nearly a month, undergoing treatment to dissolve a blood clot in her heart.

After she was released from the hospital, she continued to take medication "to keep my heart pumping properly, because it was damaged." She eventually went back to work as a bookkeeper for a grocery store and seemed to be doing well.

Until March 23, 1991, when she had a heart attack that nearly killed her.

Initially diagnosed with Wolf-Parkinson-White syndrome, which is characterized by a wildly irregular heartbeat—"my heart was beating so fast, it was like I was jogging"—she was sent by ambulance from Lodi Memorial to the University of California Medical Center in San Francisco, where doctors accidentally perforated her heart during unsuccessful emergency surgery to correct the irregular heartbeat. She nearly died.

Brann was transferred back to Lodi Memorial and then to Mercy Hospital in Sacramento, where more tests were performed. "She couldn't keep fluid out of her lungs. We had to use very powerful medications," says Dr. John Chin, the Sacramento cardiologist who is her primary physician. "She had significant weakening of her heart muscle. During the course of the sophisticated cardiac testing at Mercy, even the I.V. medications were starting to fail. She got weaker. She needed a heart transplant."

Brann's insurance provider, like many others at that time, was reluctant to pay for a heart transplant, and wanted her transferred back to UCSF rather than Sutter Memorial Hospital, the only facility then performing heart transplants in the Sacramento area. Chin and other physicians intervened, insisting she could not make the trip to San Francisco, and Sutter eventually absorbed the estimated \$125,000 cost of a transplant.

In addition to Wolf-Parkinson-White syndrome, Chin says, Brann was diagnosed with "significant cardiomyopathy," or weakening of the heart muscle, believed to be caused by a virus of unknown origin that attacked her heart.

On May 23, 1991, Brann was transferred to Sutter Memorial and placed on a high-priority list for a heart transplant.

The average wait once a patient is placed on the high-priority list is six months, and some have waited as long as two years, says Sue Ellen Hawley, a registered nurse who is manager of transplant services for Sutter Community Hospitals. Many patients don't survive the wait. "The biggest factor is that a donor becomes available," Hawley says, "and it has to be a match. Obviously, you can't put a Mack truck heart into a Volkswagen. You have to match for size, compatible blood type."

"They told my husband that day that I might make it a week," recalls Brann. "They told him later that I probably wouldn't have made it through the night."

Amazingly, a donor heart became available the day Brann's name went on the list, and by 9 o'clock that night, Brann was taken into surgery. "I was told the heart was flown into the [Sacramento] airport," she says. Recipients are not told the identity of donors. "Personally, I would like to know," says Brann, "not so much to meet [the family] as to thank them."

Because a donor heart can only be out of an active blood supply for four to six hours, says Hawley, the donor must be in the western United States—within 1,500 miles, depending on travel and weather conditions.

Brann remembers little about the hours leading up to her surgery. "I do remember that I told my daughter that I couldn't die because I had one more thing to do. I had to be a grandmother."

The day after surgery, Brann underwent kidney dialysis because of damage to her kidneys in the weeks preceding the transplant. "After that, I was very lucky," says Brann. "I really feel like I'm a miracle. I got better. I was out of the hospital in two and one-half weeks."

Today, she has routine tests, including a regular heart biopsy, and takes several medications. "I have more energy," she says, "but I also know my limitations."

Of the 44 heart transplants performed at Sutter since 1989, 39 patients are alive today. "These are people who have gone on to live productive lives, who have returned to work, to school, gone on to be parents and grandparents," says Hawley. The longest living heart transplant recipient, whose operation was performed at Stanford University Medical Center, recently died after 23 years with a donor heart.

"I used to be a real stressful person," says Brann, "but I don't worry anymore. Life is too short."

Brann's granddaughter, Lindsey Fatta, was born a year later. □

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