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Compassion Flights Ease Husband's Crisis

There was nothing about Robert to signal the catastrophic event leading him to the brink of death. The 36-year-old man from Shelbyville, Kentucky, was strong and "healthy as a horse," as his wife, Kate, put it. They were newlyweds, never dreaming they'd spend their first anniversary in ICU following a crisis chain reaction.

Culprit Found

"There was one thing, though. Before we met, he'd been diagnosed with high blood pressure," Kate said. "Eventually he weaned himself off the blood pressure meds."

As it turned out, that was the culprit the night of March 22, 2009.

"We were in bed. Robert was lifting his head up when he said he felt pain 'like liquid fire' going up and down his neck. We figured it was stress or a pinched nerve. He'd had that before."

They went to several doctors, but "no one could figure out the problem. On a pain scale of 1-10, he was 15!"

'He Shouldn't Be Alive!'

On the fourth day, Robert had blood in his urine. The couple went to the university hospital in Louisville where an x-ray was taken.

"I will never forget the look on the doctor's face," Kate noted. "He said, 'Oh,



my God! This man shouldn't be alive!" A chaplain was summoned.

The problem was an aortic dissection, "a condition in which the inner layer of the aorta rips and tears within the wall," Kate explained. "My mother was an open-heart operating room nurse, and I grew up knowing the lingo. Seventy-five percent of the people with this condition die within the first couple of hours. The first miracle was that he survived the dissection."

Blood Flow Cut Off

But complications ensued.

Because circulation is cut off during a dissection, "he had to have a bypass" to get blood flowing to his right leg. "His kidneys failed. He had to go through dialysis."

'Most Difficult Surgery'

An operation to repair his aorta was set for April 8. "Dr. Aggarwall is a highly respected surgeon. He told us my husband would be put on a heart and lung machine, and that his condition was so delicate and severe, he only had a 50-50 chance of survival. He said that in his many years of practice, this was the most difficult surgery he had ever faced. But he also promised to use everything available to save Robert."

During surgery, the doctor used his hand to save his patient. "Robert's heart arrested. The doctor took his heart and massaged it with his own hand," Kate said, her voice choking.

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Thankfully, Robert survived; the surgery was a success.

More Operations Needed

But, complications developed, including another cardiac arrest and a hole in his esophagus right next to the aortic graft (repair). A team of specialists worked out a game plan, and Robert underwent surgery again—this time to repair the esophagus. The operation went “much better than expected,” said one physician.

Five days later, “the aorta had started bleeding into the chest,” Kate said, and further surgeries followed to clean out blood clots. Robert’s condition eventually improved and he was moved to long-term care at Kindred Hospital-Louisville with hopes of going home by late summer.

Stent Solution

At Kindred, doctors learned that the hole was back and told Robert they would have to remove his esophagus. He refused. A gastroenterologist suggested using a stent, hoping the esophagus would heal on its own. “He had five different stents put in—that’s when they discovered he had a huge esophagus and that stent manufacturers don’t have one big enough and couldn’t custom-make it.”

Robert again began improving. “By September, he was taking showers every day, doing physical therapy, not needing oxygen. For the most part we were on the way.”

But once again, hopes were dashed as Robert began bouts of vomiting. When he threw up a quart of blood, the surgeon said, “I’m scared for you,” identifying it as a sentinel bleed. He recommended surgery without delay.

Transfer to Cleveland Clinic

Kate said she and Robert had been doing research and heard about the Cleveland Clinic. “We had a phone consult with a surgeon there. We prayed about it for two days. Overwhelmingly, we heard ‘go!’”

The couple traveled to Cleveland on September 18 by ground ambulance, a six-hour trip. Once there, Robert was given a battery of tests. “Surgeons developed a plan of three bypass surgeries. They made five ‘mini-aortas’ so he’d get circulation to all parts of his body,” Kate said. The first two operations were on September 28 and 30. On October 1, Robert suffered from congestive heart failure. Doctors

reopened his chest and did a fifth bypass to help take the load off the heart. The surgery was successful, and he left Cleveland on November 18, returning to Kindred in Louisville for recovery. “We’re gearing up to go back to Cleveland,” Kate said. “We still aren’t done yet. There’s still a hole in his esophagus and a colony of bacteria and fungus in the old aorta.”

Angel Flight Assists

Robert’s dramatic medical journey has another side; namely, his wife’s expenses for food, lodging and travel. This is where Angel Flight came into the picture. When Kate accompanied Robert in the ambulance to Cleveland, she had no idea how she’d get home. Given the crisis, that wasn’t her biggest priority.

But with her five-year-old daughter, Alexandra, back home in Kentucky, Kate knew she needed to see her after

CY 2009 PROGRAM REPORT
Angel Flight missions flown...1,284
Current total volunteer pilots...1,395

a three-week separation. A friend whose husband had flown for Angel Flight told Kate about the free service and gave her the number. “I called and asked, ‘Do you give compassion flights?’ I wasn’t counting on it. I was just the wife of a patient.”

MJ Sablan, director of flight operations, arranged a flight with pilot John Nisley of Pennsylvania. “It was a wonderful ride. You can see everything!” Kate said. “I come home to my daughter—I’m bawling. I’m elated to see her and sad that I couldn’t see my husband at the same time.”

Safe Way to Come and Go

Since then, Kate has needed—and received—three more Angel Flights. Her own vehicle, a Jeep, gets poor gas mileage and isn’t suitable for long-distance travel. “It gives Robert peace of mind knowing I have a safe way to come and go,” she said. “The service you provide is so necessary. Thank you just isn’t good enough.”

Central Command with Jim Smith

Angel Flight Is Focus of Casino Night, Pilot Awards Banquet



Jim Smith is Angel Flight’s Executive Director

Another year is in our rearview mirror. 2009 proved to be another banner year for the Angel Flight family. While the economic turmoil hit many hard in many ways, we nonetheless have much to be thankful for. A day doesn’t go past that we’re not touched by the generosity of our donors and the support of those who believe in our mission. One such supporter recently sponsored a charity casino night, with proceeds donated to Angel Flight. Linda Merrick coordinated the first annual **Association of Legal Administrators (ALA) casino night** which resulted in an extraordinary gift of over \$5,000.

Our annual Pilot Awards banquet will be held on **Saturday, April 17** in Virginia Beach. Please save the date and join us as we honor our volunteer pilots.

In closing, I’d like to thank you for the support you’ve provided over the years. If not for your generous donations, we would be unable to serve the many needy patients that rely on us for help.



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