

CHAPTER 19 – THE FORSYTH SAGA

In chapter 14 I related how my flying career came to an untimely end due to a heart attack. That was in 1980/81 and fortunately for the next 20 years or thereabouts I had no further trouble despite exerting myself in no small measure maintaining my fleet of cars, moving house in 1998 and getting my new house and garden into order.

Early in 2000 I started to get very much out of breath walking back uphill with my dog, something I did twice every day. On the 23rd February this breathlessness was accompanied by a severe chest pain that did not go away when I stopped walking. The net result of this was that I found myself in the Princess Royal Hospital for six days recovering from heart attack number 2!

After presenting myself in A & E I was set upon by a whole team, and some 3 hours later, after numerous tests (blood pressure; ECG; chest X-ray; blood test; etc) I was given an injection of a warfarin type drug to thin the blood and taken to the Coronary Care Unit (CCU) where I found myself in a bed next to a delightful old gentleman of 89 called Edgar Spillett, pictured on the right. After introducing ourselves I discovered that he used to be head gardener to Sir Stephen Tallents (Director General of the BBC during WW II and well known contributor to the Sunday Times, particularly on the subject of moles) who lived at St. John's Jerusalem in Sutton-at-Hone, near Dartford in Kent. This made my ears prick up since my parents had a house in this very village and was where I lived from 1949 to 1952 until I left home to join the RAF. It transpired that Edgar had been born in and lived in a cottage next to where I lived, making us neighbours some 50 years ago. Small world isn't it? Edgar was quite a philosopher and remarked to me one day that although getting old had many disadvantages he found it quite delightful to be able to look back on so many happy memories.



All the 4 days we were ward mates neither Edgar nor I could walk further than around our beds since we were tethered to a monitor to record the behaviour of our hearts. If one accidentally, or on purpose, disconnected the lead a nurse would dash in and remonstrate with the offender. I was moved out of the main ward to a side ward so that a bed with a monitor was available for somebody else. This somebody turned out to be an Irishman, as t'ick as the proverbial Kerryman! First of all he decided that he wanted to go to the loo, so he just pulled off the three plugs and was wandering out of the ward by the time the nurse caught and re-tethered him.

The following day no less than three (only two allowed at one time) of his fellow 'Kerryman' arrived – outside visiting hours – and proceeded to unfasten his tether and start to take him 'for a walk'! To the pub I imagine.

Another patient, an elderly lady, who was quite obviously 'past it' kept wandering around the entire ward, so much so, that one of the nurses was permanently employed to shepherd her back to her bed, demonstrating that nurses need to have the patience of saints!

There was seldom a dull moment in the CCU. As 29th February approached the talk turned to the opportunity the ladies, both patients and nurses, would have to propose to any eligible bachelors. At this time one of my fellow inmates called Pamela announced that she had just celebrated her Golden Wedding and that now she was no longer married. This seemed odd as her husband had visited the evening before. All became clear when she informed us that when she gave wedding vows it

was “until death us do part or 50 years, whichever was the sooner”!! Her husband had played along with this and presented her with a beautiful eternity ring that she was proudly wearing instead of her wedding ring.

Now that I was able to wander about freely I witnessed each evening a remarkable sight. My room looked out over an enclosed area planted with a variety of shrubs and trees. At dusk I could hear the clamour of many birds coming to roost. They turned out to be pied wagtails, hundreds of them, that gathered on the roof before flying down to the bushes where they were safe from predators and sheltered from the worst of the weather. The noise they made jostling for the best positions to spend the night was almost deafening. I never saw them in the morning so I imagine they all left at first light.

Each day I was given injections of ‘warfarin’ to the extent that my tum looked like a pin-cushion. When I got home I joined up all the dots, rather like a child’s drawing book, and found that it read “EAT LESS FAT”. Point taken!

In May I went down to the Royal Sussex County Hospital in Brighton for an angiogram, or cardiac catheterisation as I believe it is now called. I must say that many advances in this technique had been made since my first one at Kings College Hospital in 1981. In June I was seen by Mr Andy Forsyth, senior cardiothoracic surgeon, who informed me that I needed at least a quadruple, maybe quintuple, bypass operation and that the waiting list was about six to eight months.

During the waiting time I kept myself as fit as possible by walking up to two or three miles a day, albeit with a degree of breathlessness and on the 21st February 2001 I went down to the RSC hospital for a pre-admission clinic. At this my chest x-ray revealed an inexplicable shadow on the bottom of my right lung, so on 5th March I was yet again at the RSC hospital, this time for a CT scan, which showed that the ‘shadow’ was nothing more than a cyst on my right kidney, apparently a quite common phenomenon at my age!

Great news came on 15th March when I was told that my operation would take place on 3rd April, but on 30th March I learned that due to the large number of emergencies that had been admitted my admittance was delayed until 23rd April. Very disappointing, but when I did get into the RSC on the 23rd April and saw the condition of some of those who were waiting I could quite see why my relatively non-urgent case could safely be postponed.

On my admittance on 23rd April I was told that my operation would not take place until the 25th, then this was put back to the 26th and on Friday 27th I was sent home on leave for the weekend with instructions to return on 30th. During this week I was able to observe at first hand the reasons for all these delays. For instance the High Dependency Unit (HDU) has four beds and each patient is expected to spend around 24/48 hours there after their operation. One man who came into the bed opposite mine had been in the HDU for no less than *eight days*, from which you can see why these unforeseen delays occur. One could argue that the HDU should have double the number of beds, but then when things were going normally many of them would be empty and that, it is obvious, would be a complete waste of resources.

However I made good use of my waiting time by acting as paper boy for the ward together with a fellow patient, Peter, who was in much the same boat as me. One morning a lady from the next bay came in to order her paper and asked Peter to get the SUN instead of the MIRROR as the latter was too intellectual! That has to be the classic comment of the year, especially as she meant it!

On 30th April I returned to my bed in bay 3 of ward 6A and when Mr Forsyth came to tell me that my operation would not be on the Tuesday I took the opportunity

to ask him if he would object to my title for this chapter. Fortunately he was quite amused by the idea. The following day Dr Bedda told me I would be first in theatre on Thursday 3rd May. Hooray! At last I'll be on the road to recovering to my normal self! Mr Ramanan came along to get me to sign the consent form and asked if I had any questions about the procedure, to which I replied that I was somewhat mystified as to how the actual grafts were made 'blood tight'. He explained that it was done entirely by stitching with very fine sutures and that when complete was, as he put it, "Water tight, blood tight and rat tight"!

So on the Wednesday night I had yet another shower using 'hibiscrub', a type of antiseptic liquid soap, and after a good night's sleep I was awoken at 0530 to have another hibiscrub shower and a notice was displayed on my bed "NIL BY MOUTH". Just before 0800 I was transferred to a trolley for the trip upstairs to the anaesthetic room and after my arrival there I remember nothing more until I came round in the HDU. I learned later that the operation lasted from 0800 until 1330 and that I had, in fact, had four grafts not five. To my relief I also found that the necessary new 'pipework' had been found by utilising two arteries from my left arm plus the two mammary arteries from inside my chest wall. As someone pointed out, the latter are somewhat surplus to requirements among us chaps, but of course my tits are now useless!

I was accompanied up to theatre by a young trainee nurse called Sue who had been to see me the previous evening to ask my permission for her to watch the entire procedure as part of her training – of course I said yes – and her happy smiling face together with that of Tracey, my HDU nurse, was one of the first things I saw when I came round afterwards.

At about 0800 on the Friday Mr Ramanan appeared at my feet, grabbed hold of both of them and said, "Feel these!" Then Mr Forsyth had a go and agreed that they were lovely and warm and that I could go back to ward 6A forthwith. It was only later, when I was more 'compos mentis' that I worked out that warm feet meant that the 'pump' was working well. So back to 6A I was taken having been out of it for barely 24 hours, proving that sometimes things do go according to plan, or even better! Come lunchtime I selected fish and chips from the menu and when Mella arrived later to find me sitting in a chair having had a brief walk around the ward with the physio I think she thought I was joking when I told her of my lunch! Well Friday's fish isn't it?

On Saturday I was taken off oxygen and by evening all my drips had also been taken away, leaving only the stitches to be removed from where the drains were at the bottom of my chest. These were in fact removed just before I went home on the Tuesday only five days after the operation.

I've gone into the details of my by-pass at some length in the hope that it might lend encouragement to anyone reading this before they too have the same. I would say that two things under my control contributed greatly to my rapid recovery – firstly I was as fit as could be in the circumstances and secondly I had a very positive attitude. With these and the wonderful team of surgeons, doctors and nurses you are more or less guaranteed to make a full and rapid recovery to normal.

Whilst I was waiting, from 3rd April onwards, one of my friends asked why I didn't have the operation privately, something which I could quite easily have afforded. There are several reasons why I would not have pursued this option. Firstly I have been paying into the NHS since it started and I have a rooted objection to paying for something twice, but much more importantly is the fact that sticking with the NHS I could be sure that I would be treated in what I believe to be the most up-to-date

facility in the country and by the best surgeons. Another reason for not going private, as far as I'm concerned, is the fact that privately one would be in a private ward with virtually no-one to talk to, whereas in a NHS ward there is always going to be a number of others who are in the same boat and in my limited experience I have found many interesting people to talk to. All this helps to make the time pass more quickly, keeps up one's morale and generally speeds one's recovery. The proof of the pudding is in the eating and I am writing this just 18 days since my operation and I am already able to walk my dog twice a day and generally lead a pretty normal life. What more could I ask?

The morning of 3rd May was a beautiful one with clear blue skies, the sort of morning that makes you glad to be alive, and while I was waiting to be taken up to the anaesthetic room I was humming to myself the Eton Boating Song and thinking that I might adapt it to become a tribute to everyone in the Royal Sussex County Hospital's Cardiothoracic unit who made my stay successful and enjoyable:

BRIGHTON PLUMBING SONG

Jolly plumbing weather,
And a heart by-pass breeze,
Scalpels at the ready,
Surgeons just like these,
Plumb, plumb together,
Working in teams of threes.

Twenty years hence this weather
Will remind me of Andy Forsyth,
And I'll be quick to remember
Ramanan, Bedda and pals,
Who all plumbed together
At the best of hospitals!

That's more or less the end of the Forsyth Saga and now my ambition is to outlive my paternal great grandmother who lived to be 4 months short of 100. I see no reason why I shouldn't achieve it, but you will have to hang around for the next 30 years to see if I do manage it!

There is one other thing I want to mention, however, and that is why I should have had this problem with my plumbing. In the excellent booklet provided by the Brighton Health Care NHS Trust for the benefit of patients attending the cardiac centre there is a list of the 'risk factors' in relation to heart disease. They are as follows, with my comments as to how they apply to me:

Smoking – I have never smoked;
Family history – None;
High blood pressure – Mine has always been around normal;
Not coping with stress – Not a problem with me;
Lack of exercise – I've always taken loads of exercise;
High cholesterol – maybe;
Overweight – No;
Too much alcohol – I've only ever drunk in moderation.

So from the above I cannot be said to be a prime candidate for heart disease and the reason (there must be one!) why I have suffered in this direction has puzzled me ever since my first episode in 1980/81. I have said to several doctors that I consider that there must be another factor, as yet unknown, that could have a bearing on the subject.

Now I think I may have stumbled across a possible causal factor. I read in the paper shortly before I had my operation of some research in the USA that suggested that any baby that was breast fed for more than four months was likely to have a propensity for furring of the arteries in later life. Unfortunately I cannot prove that I was breast fed for more than this length of time since both my parents are dead, but it seems highly probable given their circumstances in 1930. I know for certain that my mother had to sell her engagement ring to be able to buy baby food for me, so it seems to be highly likely that she breast fed me for a long time out of sheer economic necessity. At the moment this theory appeals to me as the most likely reason for my problem and until I hear of some better idea I shall consider this to be the most plausible cause of my situation.

If this be the case it will be a relief to my three sons and four grandsons who should not have cause for concern that they might inherit the condition from me.

27th June 2001 – As a postscript to this chapter I must mention, with a great deal of satisfaction, that I had my final check-up with Mr Forsyth today and he told me I was “disgustingly healthy” and there is absolutely no reason why I shouldn’t achieve my ambition to live to be 100! He told me that I should forget I’ve ever had an operation and to live my life as if I’d never had a problem in the first place. He also indicated that keeping the mind active was another vital factor.

I showed him my theory for my ever having a problem in the hope that he would tell me if he thought it was arrant nonsense – but he agreed with me that it was a perfectly possible theory, although as yet to be proved. YCNSTWLEM!