

## **My first *real* illness**

by Randy Rockney MD

I hadn't expected to become a patient so soon. Having witnessed my 85 year-old father's many medical adventures and misadventures, I didn't look forward to my own illnesses, that time when, as stated in novels or biographies, "his health began to fail." That was a long way off for me, I hoped, but then, when did my father first become a patient? Wasn't it around his early fifties, my age now?

I noticed a pustule on my left elbow and popped it at home, expressing purulent blood tinged fluid under pressure. Two days later I popped it again, this time in a locker room after swimming laps. Less satisfying and bloodier this time, my chief concern was to avoid bloodying my shirtsleeve. That night I awoke with intense pain and noticed that the tip of my left elbow had become bright red, hot, and painful to touch. I knew I had a problem.

The next morning a colleague confirmed my diagnosis of cellulitis and prescribed an antibiotic. I went to the pharmacy with some urgency: the elbow really hurt! I gained an appreciation for how painful cellulitis could be, and I wondered if I had paid adequate attention to the pain experienced by the children I had treated for that illness.

That afternoon, working at the clinic, the pain got worse. I passed that night miserably and awoke the next morning with serious tumor, rubor, dolor, and calor of my left elbow and forearm.

At the emergency room I only needed to flash my elbow at the triage nurse to be granted admission to an examination room. A cheery ER resident greeted me and examined the elbow. The diagnostic and therapeutic plan went forward smoothly: x-ray (normal), CBC (WBC elevated), ESR (slightly elevated) and CRP (not yet back), and a bedside ultrasound confirming the resident's impression that I had fluid in my olecranon bursa.

After infusing lidocaine (stinging) she inserted a large bore needle into the bursa (didn't feel it) and aspirated nine cc of purulent fluid saying that I might experience symptomatic relief (I didn't). The aspiration site was dressed and my arm placed in a splint followed by an IV dose of an antibiotic. Throughout this sequence of events, the ER attending, who happened to be a former student of mine, kept checking on me to be sure that I was comfortable and well apprised of the diagnostic and therapeutic plan. He seemed keen to be sure that the right things were being done and that I approved of the plan. He and his crew—the resident and the nurse—performed efficiently and flawlessly. They only made one mistake: I should have been admitted to the hospital. Apparently, there had been a turf war between the plastic and the orthopedic surgery services. Neither of them seemed to want an elbow (me). Why? All we could figure out was that the elbow was between the shoulder (ortho) and the hand (plastics) but closer to the hand (debatable).

I went back to work, showing off my splint and sling, regaling my medical colleagues with my true-life illness narrative. I tried to work but I did not feel well and drove myself home with my arm in a splint. I probably shouldn't have been driving. I picked up my prescriptions for new antibiotics and a painkiller. I resisted the temptation to gobble a handful as I drove. At home I felt miserable and could only endure the pain with regular doses of medication.

I saw a physician in follow-up from the previous day's ER visit knowing for sure that he would tell me one thing: "You need to go to the emergency room."

This time my ER experience was not so great. I checked in closer to midday when the place was just heating up instead of first thing in the morning like the day before. A different ER physician took one look at my elbow and said I would have to be admitted for IV antibiotics and a drainage procedure. From the aggressiveness of my infection he guessed methicillin resistant staphylococcus aureus (MRSA) would be the culprit. My ER stay would last five hours.

My care was turned over to a nurse who told me that she had just returned from a medical mission to Africa. Well, I'm an internationalist and I thought this was going to be the start of a beautiful relationship. It wasn't. I don't think she really wanted to be back at work. She would start to do something like set up an IV pump only to stop because she didn't have the right equipment or what she did have didn't work. Instead of attending to the problem, though, she disappeared for long periods of time. By this time not only did I feel toxic—an unpleasant fuzzy sensation in the head—I could almost see the redness on my forearm advancing. My thoughts centered on flesh-eating bacteria. The ER physician confirmed my fears, telling me that, indeed, MRSA had invaded me. That did not hasten any intervention, however, as my nurse kept disappearing after each failed attempt to obtain blood or start an IV. I have big veins and no one has ever had trouble getting blood from me. I even caught her glancing at my feet. My feet!?! I thought back on all the times I had tried and tried to start an IV or draw blood from a kid without success and the feelings of mutual hostility that commonly ensued. It's not pretty and, while I said nothing to the nurse, at shift change she simply disappeared without saying a word to me. The ER physician should have been riding herd on me but he wasn't. Finally, a tenuous IV was started and the vancomycin went in. This occurred near simultaneously with the orthopedics resident, another former student, telling me the plan of attack. This was a Friday afternoon. While I had been nil per os since breakfast, there would be no surgery that night; instead, another needle assault. Concerned that more swelling might make it difficult if not impossible to remove my wedding ring, three orthopedists worked to remove my wedding ring, swapping stories about troublesome ring removals from the past. That it proved difficult garnered points for me from the woman resident: all men should find it so difficult to remove their wedding rings. And then I was admitted to an inpatient ward.

I hadn't been hospitalized since I was 10 years old and had my appendix removed. Now I found myself in a hospital gown or what they call a "Johnny" in New England. It's amazing how your age goes up and your IQ goes down as soon as you're lying in a hospital bed. My family came in and while, admittedly, my children are young (2, 6, 12, 17) for my age (53), never had so many persons inquired if those beautiful children were

my grandchildren. Thanks, I needed that. I still do big wave surfing and deep wilderness camping for gosh sakes; I'm not so old. And it only got worse. I started chatting with an IV tech, a plain, heavy woman just starting to gray. We talked about farming and after I told her that one of my daughters had a horse, she asked me, "Does your daughter still have a horse?" before answering her own question saying, "Oh, probably not, she must be around my age." What? I was thinking that this woman was close to *my* age. And then it hit me; I had become a GOMER! Now I understood how it felt from the other side. When a person becomes ill that person crosses over into another world, the world of the sick, and the healthy look askance and with trepidation and disdain on those, like me at that moment, who has crossed over to that other side.

That was a Saturday and nothing of medical significance happened. On Sunday I learned that the staphylococcus aureus growing in my olecranon bursa was sensitive to every antibiotic. I didn't have MRSA and that ER physician's ominous remark had been the result of rumor not fact. I was made npo after midnight and there seemed to be greater certainty that, indeed, I would be taken to surgery the following day.

Before going to the OR my earring was removed and I took off my glasses. Riding through the hospital on a gurney with blurred vision proved invigorating and I swear that I could feel gentle zephyrs blowing on my face as I passed through the halls and tunnels. And, no, I had not been pre-medicated. At the pre-op anesthesia assessment, the anesthesiologist asked me all the routine questions including, "Do you have any piercings?" Before I could answer, though, she said, "Oh, looking at you I doubt it." Then I told her how I had taken my earring out before being brought to the OR.

My left elbow's olecranon bursa was opened and drained and packing material put into the incision. The orthopedist told me he had made an incision and then stuck his little finger—gloved—into the bursa to ream it out. Post-operatively I felt more pain but a different pain, a less toxic pain. Back in my room on a full diet I ate to make up for lost time. But I had one more significant medical adventure to undergo: placement of a percutaneous intravenous catheter or PIC line.

Draped with my right arm stretched out at the bedside, the PIC line placement service used ultrasound to guide the line into my basilic vein. That final pop felt like nothing I had ever experienced: pain, yes, but more like a deep visceral invasion that sent chills up and down my spine. This was not something that I would like to repeat. Midway through the procedure, a delegation of medical students—my charges-- showed up at my room with a get-well card. Usually they are in the vulnerable role with me but I couldn't have felt any more vulnerable at that moment.

I languished in the hospital for two more days, PIC line in one arm, the other wrapped in a splint. Early one morning a phlebotomist came in, looked at my two inaccessible arms, and turned around without drawing blood, saying, "Have a nice day." There was a computer station just outside my door at the end of the hospital corridor far away from the nurse's station. Although a lot can be said against the idea of being hospitalized at the hospital where I worked, having access to the hospital's intranet allowed me to monitor my laboratory results and email conveniently. I had been doing so without any interference until the day before I was to be discharged when a nurse told me that I couldn't use the computer. I could understand such an injunction if I had a MRSA infection but this computer seemed to be just sitting unused and I had legitimate work to keep up with. Again, though, I felt that in my hospital gown I had crossed over into that other realm, the realm of the ill.

It was a relief to leave the hospital. A friend drove me home. I still had to complete two more weeks of home IV therapy and that precluded a lot of routine activities like working around my farm or swimming. I still went to work everyday and registered the ongoing inquiries into my health from my co-workers. Ironically, I was hospitalized for one week with cellulitis while a colleague of mine stayed in the hospital for four days after a kidney transplant.

My first serious illness experience ended when, fully recovered without sequelae, the PIC line was removed ten days later. As serious illnesses go this one proved rather benign, an

infectious illness easily treated without extraordinary medicines or measures. I also learned that my physical travails, while not insubstantial, paled in comparison to the emotional toll that the hospitalization had had on me. But what of future illnesses? Not all would be so straightforward. Not all will be cured. What then? What to do? Turn to the basics: count my blessings, enjoy the time allotted to me, cherish my family, prepare my soul.

**Author Bio:** Dr. Rockney (Randy) is a graduate of Brown University and the University of California at Irvine medical school. He completed pediatric residency at the University of California at San Francisco and Fellowship in Ambulatory Pediatrics at Children's Hospital of Boston. After working in Kenya in East Africa for 7 months in 1985-1986, Randy joined the faculty of the Department of Pediatrics at Brown Medical School in Providence RI. He is currently Director of Undergraduate Medical Education in Pediatrics at Brown and a physician in the Ambulatory Division of the Department of Pediatrics at Hasbro Children's Hospital. His international interests have continued and he has done medical work in Armenia, Guatemala, Cuba, and most recently Cambodia. Email: [Randy Rockney](mailto:Randy.Rockney@brown.edu)