One minute Chris Ward was unloading camping gear; the next minute, an aortic aneurysm stopped him in his tracks.

Today, the 30-year-old Anamosa man is thankful for the remarkable collaboration of highly skilled cardiologists, led by Mercy Medical Center, who saved his life.

Chris and his wife Jillian, a nurse at Mercy, are active with their three daughters and work out regularly. He’s also busy as a Midwest regional sales and service manager for Rud Chain, Inc. of Hawortha. In July, the family went camping. Chris noticed a slight pull in his chest as he unloaded their camping gear, and then felt very tired.

“There was really no pain involved. It was just discomfort,” he recalls. “I just basically ignored it.”

Another day went by. But, when he started getting dizzy, short of breath and sweating heavily, he says, “My wife said, ‘Something’s seriously wrong. I’m taking you to the clinic.’”

The Jones County ER sent Chris by ambulance to Mercy’s Emergency Department. On-call cardiologist Salman Mehboob called in Dr. Cam Campbell, cardiology specialist and Medical Director of the Mercy Cardiology Clinic. They ordered a trans-esophageal echocardiogram, chest CT and a heart catheterization, which revealed a small tear, or dissection, in Chris’s aorta (the heart’s main artery). A flawed aortic valve in his heart with narrowed function was also restricting critical blood flow. The combination had led to an aneurysm—a abnormal widening or ballooning of the aorta.

“It was a remarkable case,” Dr. Campbell notes. “We don’t see that many people this young who have an aortic dissection. He had a bad valve and an apparent predisposition to aortic aneurysms in his family.”

The Anamosa man’s youth and fitness, alert family and friends, and speedy assessment of his medical condition at Mercy’s Emergency Department were critical to saving his life. “One of Mercy’s great strengths is our rapid response with heart attacks,” Dr. Campbell explains. “Our team is so hard-wired with this process, which makes exceptional response possible.”

The specialized surgery Chris needed was best provided by the cardiac surgeons at University of Iowa Hospitals and Clinics in Iowa City, who Dr. Campbell works closely with through a well-established relationship. When Chris woke up in the Emergency Department at UI Hospitals and Clinics, he had stabilized. His surgery was scheduled for the next morning, July 31.

His family gathered in his room.

“They said later they didn’t think I was coming back,” Chris recalls. Chris underwent 8½ hours of surgery.

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“It was a remarkable case,” Dr. Campbell explains. “We have a wonderful rapport with the University’s cardiac surgeons. We communicate regularly and often. It’s great communication, teamwork and leadership.”

Everything went right that day for Chris. Physical therapy twice a day began immediately. Two days after surgery, Chris took his first steps with a walker.

“I didn’t know anything like that could be so hard,” he says.

Two weeks after surgery, Dr. Bates released Chris to Dr. Campbell’s care. Chris began working with Mercy physical therapists three days a week.

“My physical therapy was really good,” Chris notes. “They had me walking on a treadmill. A month later, I was jogging on it.”

With Dr. Campbell guiding his recovery, Chris has gradually regained his strength. He completed cardiac rehabilitation on Oct. 11, returning to work Oct. 14.

“I’m not 100 percent,” Chris admits. “Dr. Campbell says, ‘Your body is going to tell you what you can and cannot do.’”

Chris still reflects on some extraordinary coincidences: His mother died of a brain aneurysm when he was a child. His paternal grandfather died of an aortic aneurysm. Two months before his surgery, Chris dreamed that he died of an aneurysm. And, he has a tattoo of praying hands on his chest—just over his heart.

“It’s just weird how things fell into place,” he says. “I’m so thankful that it all worked out.”

Today, they can screen for heart conditions such as Chris’s. In fact, that revealed a similar heart valve condition in one of Chris’s daughters. That knowledge enables preventive care, should it be necessary.

“No one place can be all things to a patient. Our strengths are in our alliances and partnerships. We recognize the need to play off each other’s strengths to provide the best possible care,” Dr. Campbell says.

TEAM WORK

“The Mercy touch

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