

Chapter Two: Aortic Regurgitation — Mild Turns to Severe

My cardiologist delivered the news in October, right after an echocardiogram showed my condition had shifted from mild to severe. He referred me immediately to a heart surgeon, Dr. Michael Paulsen, who practiced at Cottage Hospital, just down the street from my house in Santa Barbara.

Dr. Paulsen had spent ten years working under the head of Cardiology at Stanford, and he practiced a pioneering valve-sparing technique that allowed his patients to go on to live full, “regular” lifespans. There was just one catch: it required open-heart surgery.

I wasn’t content with a single opinion, so I sought a second, and then a third.

The second came from a cardiologist at Cedars-Sinai in Los Angeles, whose team offered me an alternative: no open-heart surgery at all, but a catheter threaded through the groin to replace the valve. I’ll admit, I was drawn to it immediately. No surgery. Four days of recovery, give or take. Back to work in ten days or less, none the worse for wear.

I went back to Dr. Paulsen to share the news. I was seriously weighing the groin route to avoid the longer recovery — a week in the hospital, a month to heal. The Cedars-Sinai team had told me I qualified for the procedure, even as additional test results between visits were showing more ominous developments. The valve replacement, it turned out, was only the beginning of what I needed. The aneurysm that had once been borderline had grown larger. I needed an ablation to address AFIB episodes that were becoming more frequent. And then the big one: I needed a triple bypass. Three arteries were blocked at 100%, 95%, and 85%.

Even knowing all of this, I sheepishly relayed to Dr. Paulsen that the Cedars-Sinai team still believed their technique could handle it. What about the aneurysm? “We think it will shrink once your blood flow normalizes.” What about the ten-year lifespan of the artificial valve? “By then, there will be new technology, a replacement available.” What about the arteries? “Renewed blood flow should open them back up.”

I could see the agitation building in Dr. Paulsen as I explained it all. “I can’t believe they would suggest this procedure, knowing what your CT scan shows,” he said. “I strongly disagree with their findings,” he wrote in his notes.

