

No Place Like Home

by Frederick Wickert



Vein mapping



I recently became a patient in the hospital where I became a “cabage.” I was surprised when I first heard that term and was referred to as a “cabage.”

I learned that referred to patients who had just had, or were about to have a coronary artery bypass grafting operation. The first letters of those words spell “cabage,” and it is pronounced the same as cabbage.

I had been admitted to the hospital for just such an operation after having a heart catheterization done. The procedure revealed all of my main arteries going in to my heart were plugged and I was in danger of having a fatal heart attack at any time.

I became a “cabage,” and was placed in a room with another man. I had been taking a drug called Plavix for a little over a year. The drug is a blood thinner and had to be completely out of my system, which was going to take at least five days. Otherwise, I might bleed too much during the surgery. I was told it was going to take at least five days to get the Plavix out of my system.

While waiting for the Plavix to get out of my system, they were doing other things, such as taking me for a procedure called vein mapping, so the surgeons could know where the best veins to take were located. The procedure was done by ultra sound and even determined the diameter of the veins and whether or not they were clear and unplugged.

There had been an IV needle put in the back of my right hand, and from time to time things were given me via the IV. Before the Plavix could be completely out of my system, I found the hand and the forearm with the IV in it, turning red like a cooked lobster and swelling considerably. It was determined that I had a staph infection. The IV was removed and another installed in the back of the left hand. It was determined by still another ultra sound that I had a small clot in a branched off vein from the vein the IV had been in. Doctors decided the clot had something to do with the staph infection but was not significant enough to remove the clot with surgical means. They decided to leave it there.

I was then moved to a different room. There was a room a couple of doors away in the corner with only room for one bed in it. With the Staph infection they wanted to keep me away from other patients, just in case. A regimen of a 30 minute pumping of an anti biotic through the IV in the left hand was begun every four hours to cure the staph infection.

Before the staph infection, it was my habit to get out of bed frequently and walk up and down the halls. In doing so I noticed a sign posted on the door of one of the rooms. The sign was a warning to the nurses that the patient in that room had a problem of falling down. After I was moved into a room by myself, I could look out the door of my room and see part way up the hallway. In the other room I could not see out the door. In the new room, I could see three doors down the hall, the sign on the door warning the patient therein falls.

One of the nurses who tended me was a middle aged woman with a broken accent and a no nonsense attitude, although she was really great. She was all business but at the same time, very aware of the needs of the patients, full of advice for being more comfortable and more healthy. She also had a sense of humor. She wore her glasses more often on top of her head than on her eyes. She was always in demand by other nurses asking advice from her, which she willingly gave to them. Her name was Ariel.

One morning Ariel came into my room to attend to me. While doing so, she asked, “If you could go home, would you want to stay here?”

“Good heavens, no!” I replied, “There is no way I would stay if I didn’t have to.”

She went on to explain they had a man who they had tried to discharge twice before. Both times he fell before they could discharge him, and then he had to stay while they tried to determine why he fell. After a

number of days being unable to find anything wrong, they tried to discharge him again. Again he fell. Again they kept him while they tried once more to determine the cause of his fall.

Finally, on that day, they informed him he was fine. He could go home. They were going to discharge him. The man informed the nurse that they could not discharge him. If they tried, he was going to fall again.

With that statement, it dawned as to what was going on. The man did not want to leave the hospital. He was happy there. Whenever they tried to discharge him, he deliberately fell down to make them keep him there.

Now, for me, that was going too far. I have to tell you that I cannot say enough about those wonderful nurses and their assistants in that unit. They were superb in every way. I have never seen a group of nurses that could compare to them. Even so, a hospital is not a fun place to be and there is no way I could be induced to stay any longer than I had to.

The man was told he had to go. He could not stay any longer. The man refused. After some time, a half dozen security officers showed up at his room. One of the hospital staff came with a wheel chair. The man was placed in it, and the security officers escorted him out of the hospital.

I later heard that as the man was being escorted out of the hospital, he told security officers that he had no home to go to. If so, I am sure the Department of Social Services was called to help him. To him it seems, the hospital room was Home Sweet Home. He had a lot of good service, three meals a day, and Medicare to foot the bill.