

Patient Stories



A Life Saved

Don Bilodeau

Don Bilodeau doesn't remember the day he died or being brought back to life.

His wife sure does, though. It was an experience she'll never forget ... one that includes the sight of Don, lifeless next to her in her car, and the team at NMC working hard to bring him back.

That Sunday started typically for the Montgomery couple; Don and Christina had breakfast together and she went off to work at an apartment building they own. Don showed up mid-morning and said he didn't feel well. He was tired, rested for a bit and then, unexpectedly, asked Christina to take him to the hospital.

Christina knew something must be serious for him to make that request and so they got right in the car and began the 40-minute drive to St. Albans. He didn't complain of chest pain or shortness of breath, just tiredness and a bit of nausea. Suddenly, though, he made an odd noise and she watched him arch his back, clench his fists and stop breathing. Thus, began one of the most frightening experiences of her life.

She immediately began chest compressions with one arm as best she could as she drove madly the rest of the way along Route 105 to Fisher Pond Road. They got lucky with light traffic, a green light, and no approaching traffic when they passed a milk truck, eventually arriving at NMC blaring the horn. Christina ran inside, and nurse Kari-Ann Tremblay ran back out with her along with Dr. John Minadeo,

NMC's Chief Medical Officer and an ED physician. The two started CPR, got Don on to a stretcher, and with more help from the team, got him inside. Luckily, Don's heart was in a rhythm that allowed Dr. Minadeo to shock him with a defibrillator and get his pulse back.

That kind of quick response isn't unusual for the ED team, said Dr. Minadeo, praising the department's staff who are highly-trained, quick-thinking and compassionate. What is unusual, he said, is to have a positive outcome from this kind of case.

Christina was surprised that she was allowed into the room where the team was at work, trying to revive her husband. A nurse stayed at her side, explaining what the team was doing. "It was just amazing to watch this," she said. He lost his pulse again, and again the team shocked him to re-start his heart.

Don had had a heart attack and had a very weakly pumping heart – a very dangerous situation. Despite losing his pulse again, the NMC team stabilized Don, started therapeutic hypothermia and transferred him to the University of Vermont Medical Center. There he required two procedures, one combatting artery blockages, and the other to insert a balloon pump to assist the beating of his heart.

At UVMMC, Don flatlined again, was brought back, and Christina continued her worried waiting, hearing from providers that his situation was dire. Following the surgeries, UVMMC air-lifted him in

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the early morning hours to Massachusetts General Hospital, uncertain that his heart condition could be adequately treated in Vermont if his condition worsened.

Christina drove to Boston with the couple's nieces Carrie and Dorothy, and spent two weeks there, as Don slowly recovered. Amazingly, he needed no further surgeries and the doctors slowly weaned him off the medications and the balloon pump that was supporting his heart function. At times the healthcare team would allow Don to wake and assess his cognitive function – with encouraging signs.

Only late in his hospital stay does Donnie's memory return. He vaguely remembers being at Mass General – but nothing before that, dating back to breakfast the day of his heart attack. After a two-week stay, the doctors sent him home. That four-hour drive was only slightly less nerve-wracking for Christina than the first one. "I was pretty much scared to death," she said.

Don had been receiving IV antibiotics for a mild infection and needed to continue that when he returned home. This brought him back to NMC.

Having come home on a weekend, he was once again treated in NMC's Emergency Department, this time receiving his antibiotic infusion. Having returned exactly two weeks later, the same team

was working in the ED. Dr. Minadeo was shocked to learn that Don was back, and in good health.

"People don't usually have that type of recovery," he said. "Lots of fortuitous factors lined up to offer him a successful outcome."

Don and Christina agreed that good fortune played a big role in his survival – but they are also grateful for the exceptional care they received in all three hospitals, and were impressed by their glimpse into emergency medicine.

For Dr. Minadeo and the ED team, Don's return visit and good health was welcome good news. "It's rewarding, and re-affirming, to see these kinds of extreme measures – that aren't usually successful ... really do save lives... and whole families lives," he said.

Kari agreed that getting to reconnect with Don and his wife was wonderful. ED staff deal with death and dying all the time, she said, and are happy to care for and comfort patients no matter the outcome. But getting the good news of a life saved is uplifting. "This is why we do what we do," she said.

Happily, the changes for Don and Christina have been simple and positive: a need to take care for a steady recovery, and a deeper appreciation for life ... having seen how quickly it can slip away.



{Y}our Tomorrow **Lauri Ellis**

At NMC we know that our future impacts yours. This year we created a campaign that would give us the opportunity to explain our goals, celebrate how we're growing together, and share new ideas and stories. The {Y}our Tomorrow campaign features stories about what we're working on to

build a healthier tomorrow for our community, testimonials from patients and community members, and a question and answer section where you can get involved in the dialogue with NMC. Check it out online at: tomorrow.northwesternmedicalcenter.org.



Healthier for Surgery

James Warpinski

Lifestyle Medicine: A simple formula for success

The formula for weight loss, feeling good, low cholesterol and a healthy blood pressure is actually a simple one. Eat well and be active.

So why is it so difficult for so many people to lead the healthy lifestyle that they want? Well, knowing the answer to a healthy lifestyle and actually living the healthy lifestyle are vastly different things.

Ask James Warpinski, a local mental health counselor, who worked this year with NMC's Lifestyle Medicine Clinic to lose weight and reduce his high blood pressure. He says he knew that healthy food choices and being more physically active would work ... but it was the accountability, encouragement and motivation provided by the Lifestyle Medicine team that helped him put the wellness formula into action and create success.

He was referred to the clinic by surgeon Anna Royer of Northwestern Associates in Surgery. She recommended he lose some weight and address his blood pressure before a surgery that he needed. He was surprised that his blood pressure had gotten so bad, and was thankful that Dr. Royer recommended he take action. "It was the kick in the butt I needed," he said.

His first appointment at the Lifestyle Medicine clinic set the tone and the foundation for his success. That first, hour-and-a-half-long visit with Dr. Elisabeth Fontaine and Health Coach John Burke focused on his goals, and learning about him, his life and the healthy habits he already had down pat.

He then met every two to three weeks with Wellness Specialist Kate Robinson and Registered Dietician Lindsay Hoar. Those regular check-ins kept him honest. In addition to providing a natural accountability check, James had established a strong enough relationship with the team that he felt he could be totally honest about slips and setbacks.

"They wanted me to succeed," he said of the Lifestyle Medicine team.

The team recommended he make small changes in his lifestyle – things that he felt sure he could continue. He started walking to work. He began making his own lunch to take to work. He started having a side salad rather than a side of fries. Even small choices – like just one slice of cheese on his sandwich – added up to big impacts.

After 2-3 months, James had lost over 30 pounds and brought his blood pressure down. Just as meaningful were the quality of life improvements. Getting down on the floor to look for something under the couch? No problem. Walking up the two flights of stairs to work? Easy. All combined with a sense of pride in having accomplished what he set out to do.

He recommended the process as a positive one that would benefit many people – especially if the motivation for change is already there. If you have that, he says, Lifestyle Medicine can help. "They're not going to fix you, you've got to fix yourself."



Hope & Recovery

Charlotte Jackson

Sometimes it is the connection with our families that get us through the toughest experiences. It is certainly that way for Charlotte Jackson who says her two children are her world. “My kids are everything to me,” she says. It was for them that she quit doing drugs, and selling drugs. “I wanted better for them.”

In some ways, it was also thoughts of her children that got her into drugs.

When her daughter was three, Charlotte was introduced to the idea of selling drugs for extra income. She didn’t do drugs then, never had even tried them except experiments with marijuana when she was younger. Charlotte was a young mother, the only one working in her family, and she was struggling.

She vividly remembers the trouble her own parents had in providing for her and her siblings, and she wanted more. The drugs seemed like an easy – and popular – answer.

So, she got herself a prescription for pain medication and began a lucrative side business in peddling pills. Soon, both she and her husband were doing the drugs, too. Vicodin 10s turned into Percocet 5s. Then the Percocets turned into 15 mg pills. Soon she was taking four a day, with morphine as well. When the 80 milligram OxyContin pills came on the market – known as OC80s – she got hooked and stayed hooked for about a year.

Everyone she hung out with was buying and selling drugs – pills mainly. “It was just there,” she said. “Everyone was doing it.”

She describes herself as a responsible user, she worked, she always put her family first, she kept her kids safe, she kept the income stream coming. She detoxed from the OC80s on her own, and went back to smaller pills. It was manageable, but not what she wanted.

“I woke up one day ... looked at my kids realized they were being raised in front of a television,” she said. She had to quit.

Her solution? Begin buying the treatment drug Suboxone off the street and self-medicate her way out of the addiction. That didn’t work well, because she didn’t get the doses right.

She was tired of the drug-centered life. “It’s the worst thing. You wake up, and all you can think of is who can I call, where can I get it. It gets so sickening,” she said.

When she was offered a permanent job where she would need to take a drug test, she knew the time had come to quit for real. She became a patient of Northwestern Partners in Hope and Recovery and restarted a clean life that she’s maintained for six years now.

Though not tall in stature, Charlotte always fills a room with her energy. Her words speed out like sparks from a firecracker during her visits at the Partners in Hope and Recovery clinic. Her intensity is softened by an easy smile and an infectious laugh.

Despite her continuing battle with chronic pain related to serious problems with her spine, she has much to be thankful for these days, and she isn’t afraid to share. With grit and determination, she has turned away from drugs to make a healthier life for herself and her family. She shows up consistently to keep herself on track and she has earned her pride in her recovery.

She and her husband stayed together through difficult times, she worked to save for and buy a home of her own on 11 acres. She’s able to provide the life for her son and daughter that she always wanted. “Everything I didn’t get growing up, I give to them,” she said.

Over the last several years Charlotte has demonstrated such consistency with her appointments and urine drug screens that she has progressed to visits only once monthly, says Medical Director Dr. Suzan White. The Suboxone medication she takes not only prevents cravings to return to dangerous use of drugs on the street, but it also helps to take the edge off her chronic pain. “The stability in her recovery from use of

Hope & Recovery - Charlotte Jackson *Continued*

drugs has allowed her to become more stable and fully present in her relationships with her husband and her children. This stability has also provided a foundation for her recent decision to go back to school to prepare for a meaningful career,” says Dr. White

As Charlotte tells her story, she has great insight into how destructive her previous lifestyle was to herself and her family.

Yes, she’s had slip-ups. And no, the life isn’t perfect. At times, she finds the maintenance doses of Suboxone a frustrating process. The regular appointments, the urine tests, the feeling of always having to answer someone ... it’s difficult. But it has helped her stay on track, she feels solid, she doesn’t worry. “It’s my safety crutch for now. It’s allowed me to live, to grow, to make better decisions,” she said.

While the recovery journey hasn’t been easy for her, Charlotte credits her success in part to the support team at Northwestern Partners in Hope and Recovery. She and her husband have had financial struggles, and nearly lost their house at one point. But staff at Hope and Recovery pointed her toward a mortgage modification that saved them.

That kind of help with things not directly related to addiction is key to the services at Hope and

Recovery, she said. The team there goes far beyond the prescriptions and UAs and becomes a resource community, a different kind of family.

Another example of that wrap-around service is the support and advice Medical Director Dr. Suzan White has given her about her son’s ADHD behaviors. Having someone to talk to who offers helpful support makes a huge difference for Charlotte.

“They take you as a whole package,” she said. That inclusive, non-judgmental treatment helps people ground their recovery in their whole life with all its aspects and impacts. “It’s not just a one-person recovery,” said, Charlotte, “it’s a family recovery.”

She’s now taking classes at the Community College of Vermont and thinking about what her future career might hold. She’s spending time with her kids and husband, and enjoying their simple lives together. She knows first-hand that recovery is the work of a lifetime, but she offers passionate advice to others embarking on their own recovery.

Failure leads to success, she said, encouraging others to be proud of every step they take. “Be proud of the fact that you made the decision,” she said. Recovery takes struggle, heartache, ups, and downs. “But at the end of the day, anything is possible,” she said.



Back in Balance

Linda Pelkey

Highgate – Upon waking one morning, Linda Pelkey was alarmed as she sat upright in bed and immediately fell backwards, unable to keep her balance.

“I can’t tell you how scary it was,” says Pelkey, 55, who had experienced episodes of mild Vertigo in the past. She endured the dizziness all weekend, waiting until Monday to visit the ER at Northwestern Medical Center, where they performed cardiac

tests and ruled out the possibility of a stroke. Most people are familiar with Vertigo, a sudden sensation of dizziness or spinning, often triggered by rapid head movements. Yet, those who have experienced prolonged episodes know just how uncomfortable and disruptive it can be.

“Vertigo has a big impact on what you can and can’t do,” says Pelkey. “It’s not life threatening yet can really limit you.” Though her bouts of nausea were minimal, the dizziness and periods

Back in Balance - Linda Pelkey

Continued

of imbalance that Pelkey suffered would persist for nearly five months.

During those first few weeks, Pelkey met with her Primary Care Physician, Dr. Terri Nielsen, to set a course of action for diagnosis. She underwent an MRI and was also seen by a Chiropractor for possible alignment and gait issues, neither revealing a cause for the dizziness. Pelkey then attended Physical Therapy which provided no relief. She met with a Neurologist at UVM for a series of motor coordination exams, including the Romberg Maneuver.

“It was becoming a long road toward resolution,” Pelkey says about multiple specialist visits, also noting the hefty deductibles. Although she was working hard to be healthy, the Vertigo began impeding her routine. Under the guidance of Dr. Nielsen, Pelkey had stopped smoking three years prior with the help of tobacco cessation counseling.

With rejuvenated lungs, she lost a substantial amount of weight through diet and exercise. Joining New Beginnings in Swanton, Pelkey says it was her first time in a gym, “They really made me feel at home,” even attending an eight-week course on healthier eating. But, when the swaying and nausea began hindering her gym workouts, she had to stop.

Her symptoms were often exacerbated when moving quickly between seated and bent or standing positions. “I began compensating and limiting my movements,” she says, to eliminate triggers. “I was very cautious in the way I would move my head.”

Increasingly frustrated, Pelkey says she was ready to ‘throw in the towel.’ “Yet, I knew it was a physical issue, and that there must be a resolution. Dr. Nielsen encouraged me not to give up,” she says.

It was now July, and Pelkey was referred to Northwestern ENT specialist Dr. Kahren Aydinyan, DO, for audiology exams. Dr. Aydinyan recognized Pelkey’s symptoms as Benign Paroxysmal Positional Vertigo (BPPV), recommending Vestibular Rehabilitation. The function of the

vestibular system is to send signals to the brain about head and body movements relative to gravity; with this type of physical therapy being recommended for recurrent vertigo, to help train the other senses to compensate.

A bit weary, as physical therapy hadn’t alleviated her symptoms before, Pelkey met with Anna Krahn, DPT, at Northwestern Orthopaedic and Rehabilitation Center, for a specialized assessment. Utilizing a tool introduced to their practice in October 2018, digitized video goggles called Frenzel Goggles, Krahn was able to capture video recordings of Pelkey’s nystagmus (uncontrolled, rapid eye movements), enabling her to reassess the video for better diagnosis.

“The goggles have a camera that focuses on the pupil of the eye and records the movement. This can be viewed in larger size and slower motion through the computer, which is very helpful because often the symptoms occur very quickly and can be easy to misdiagnose,” says Krahn. “We also have the capability of putting the patient in the dark, through blacking out the lens of the goggles,” she says, which still records the eye’s movement. “This is very helpful for diagnosing individuals who have learned to stabilize their eye movements by focusing on objects in the room,” as Pelkey had learned to do.

“In Linda’s case, it seems that the therapist who had seen her prior may have misdiagnosed the nature of her nystagmus, thinking that the problem was in a different area of her vestibular system,” says Krahn. “Her nystagmus occurred very quickly and would have been easily missed if we had not been able to review the testing with the video captured by the goggles.”

The diagnosis was indeed BPPV, affecting Pelkey’s left side. With the assistance of another therapist, Krahn moved Pelkey’s head in a series of positions (Canalith Repositioning Maneuver) to try and get the inner ear crystals, called otoconia, to move back to their correct location.

“The head positions vary, depending on where the crystals are out of place. It takes the skill of the physical therapist to determine which area of the inner ear is impacted as the treatment position is

Back in Balance - Linda Pelkey

Continued

specific to an individual's presentation," she says. "I could tell the difference right away," says Pelkey, relieved. "Anna had fixed it!" She then asked Krahn what she could do to prevent it from happening again.

"BPPV typically occurs for no known reason. You are more likely to get it again if you have experienced it before," says Krahn. "While BPPV is the most common diagnosis for individuals with episodic vertigo, it's also the type that responds most quickly to Physical Therapy treatments."

BPPV typically affects individuals who are over the age of 45 years, with women more likely to be affected than men. NMC's therapists say they regularly see patients dealing with vertigo, sometimes two or three a day. "The good news is many patients only need to be seen for one visit and their symptoms resolve, others may have to be seen a few times."

With the aid of the Frenzel Goggles, such delays in diagnosis and treatment, should be a thing of the past. "Frenzel Goggles are the cat's meow, without them I'd still be struggling," says Pelkey. "The goggles have allowed us to improve our accuracy with diagnosing the specific cause of a patient's vertigo, particularly for patients who have BPPV. They have been a great educational tool for our patients so they can better understand the testing process and what we are watching for," Krahn says.

"We are hoping to learn even more ways that we can utilize these goggles in the future, that may be able to assist us with treating individuals with symptoms of vertigo, as well as concussion."

For anyone dealing with vertigo symptoms, NMC's physical therapists recommend avoiding activities that make your symptoms worse, such as sudden head movements. They suggest talking with your doctor to ensure there are no other medical issues contributing to your dizziness; and asking for a referral to see a physical therapist who can evaluate and treat vertigo.

"When you know something is wrong and it's not your natural state you must continue until you have the answer. Keep on the path until you find the right person who will diagnose you and fix the problem," Pelkey offers, to others who might be struggling.

"In the end, all of the tests were beneficial. I got my eyes and ears checked. I'd never had my hearing tested before, and at my age it was good to have it done," says Pelkey.

"I was close to just accepting the limitations that my body was encountering. It brings you down mentally; the frustration, anger, and pattern of emotions when you don't have answers."

Pelkey is now playing catch-up, finishing all the projects she couldn't tend to this summer, with plans to get back into the gym. "Once I was fixed, I got my life back," she says, "I got myself back."