

# My Experience From the “Other Side” of Our Job

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I am a radiologic technologist/scrub tech who works in the cardiac catheterization laboratory at Enloe Medical Center in Chico, California, and I also just happened to turn 48 years old. One morning, a few weeks ago, I went into work like any normal day, except I had chest pressure and pain on inspiration. I was under significant stress and so I dismissed it as nothing (this would later turn out to be denial). The symptoms increased over the next couple of hours, prompting me to call my cardiologist. He ordered an ECG, and later, a troponin, for peace of mind. The ECG was unchanged from a routine ECG done two months prior, to my relief. In addition, the troponin was negative. “Thank goodness,” I thought. I went back to work, but it was not long before I was feeling worse and chose to leave early.

At home, I tried to rest but became uneasy, thinking of the many patients I have seen in my line of work over the last decade. By this point, the chest pressure was increasing and it was harder to breathe. Half of me continued to deny my symptoms, while the other wanted to scream “don’t be that guy!” I have a strong family history of premature coronary artery disease; however, my father smoked and rarely sought routine medical care. I continued to debate in my head, thinking my chances were low because I eat well, I do not smoke, and though I have high cholesterol, it is well treated. Besides, I figured, “I couldn’t possibly be having a heart attack.” The symptoms persisted and I informed my fiancé, and asked her to take me to the ER. She also happens to be a cardiology physicians assistant (PA), so you can imagine what she said to me.

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On the way to the car, I almost passed out, becoming so dizzy I had to lie on the ground in front of the car. I needed help into the vehicle and straight to the ER we went. I continued to feel poorly, and (apologies to the local police department) we probably traveled faster than the speed limit while she drove with her hand grasping my radial pulse. Once there, we went immediately to triage. At this point, I was still dizzy, slightly nauseated, and shaking. An ECG was quickly obtained, and out of the corner of my eye, I saw ST elevation in the inferior leads. “I know where this train is headed,” I thought. Everything began moving faster. I was moved to the ER, and before I knew it, there was a team around me of my co-workers shaving my groin — an experience for sure — and placing an array of ECG patches, defibrillator pads, etcetera.



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Next were requests to sign a consent for cardiac catheterization. The “on-call” ST-elevation myocardial infarction (STEMI) doctor, whom I work with often, told me it was most likely pericarditis, but given everything, we would have to look, due to the small chance it might be a coronary occlusion. He consulted with my cardiologist, who happens to be a friend of mine, and who was at home that day. Without hesitation, he said he was on his way in to do the procedure.

I requested a radial approach before I was even in the lab suite. Things began to feel real for me. “I am an actual ‘STEMI’ patient,” I thought. Everything was happening amazingly fast. My co-workers were trying to reassure me on the way to the lab. There was one last kiss from my fiancé. I was hoping I would be fine, but realized how I have walked many patients into that room whose families would later get bad news. Patients who needed coronary bypass surgery, even though yesterday they were “fine,” or they became hemodynamically unstable and passed away, despite our best efforts. All the while,

knowing their family was sitting in the waiting room and life would be forever altered.

My co-workers transferred me to the procedure table and yes, if you were wondering, that yellow slide sheet is cold. The table, however, was not as uncomfortable as I thought it would be. Instead of looking down at a patient, I thought to myself, I was the patient looking up. It passed through my mind to wonder if this is what my dad experienced. At this point in his experience, he would soon find out he would need 5-vessel coronary artery bypass graft surgery. With all these fears running through my mind, all I could do was look up at the ceiling.

There was a sting and burn at my wrist from the lidocaine. The physician got access fast, first try. Next was the “radial cocktail”, consisting of heparin and verapamil. We frequently hear patients tell us the cocktail burns, and yes, I can confirm it does. I turned my head to the left to watch the monitor and the first image showed the left coronary system wide open. A breath for a minute, but I was still concerned it would be the right coronary artery. I could not see clearly, but I heard some noise from the control room, and didn’t know if it was good or bad news. After what seemed like an eternity, the doctor said, “all clear,” and “your arteries are fantastic. It’s pericarditis, just as we thought!” I was so relieved! Even though the chest pain was still severe, at least I knew it wasn’t coronary. A radial band was applied and all my co-workers patted me on the shoulder. A sense of relief for all of us. One co-worker remarked that she would happily take my arteries.

I work with a great team of highly efficient and highly professional clinicians. I am proud to be a member of that team every day. Even though it would seem to be common sense, this experience, from a patient’s point of view, will undoubtedly follow me as I continue in my career. The entire experience from the debate in my head, unclear if I should be evaluated despite my training, the sounds of the buzzing razor, the cold room, to the tears of my fiancé as they wheeled me into the lab, have given me a new perspective. I am thankful it all turned out well and I am left now only with the itching from hair starting to grow back.

Kudos to the Enloe Medical Center Cardiac Catheterization Team. You are simply the best!

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Jesse, Rebecca, and the Enloe Medical Center Cath Lab team.

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