

The Glass Bug.

Doug wasn't feeling well at all. His only good feelings were that he was still alive and that his family doctor of twenty-plus years had told him categorically that his heart was not the issue. Doug hadn't been feeling well for several years, and his health had dramatically deteriorated. Of course, he had gone to his family doctor on multiple occasions, complaining that his chest was painful and hurting. He also complained of shortness of breath and being tired all the time. His doctor had his nurse practitioner run EKGs, and the results showed that Doug did not have a heart problem. With that information in mind, his doctor told Doug he had a condition called Costochondritis, which he explained was an inflammation in the soft cartilage where Doug's ribs met his sternum. Costochondritis, he was told, mimicked a heart condition, so this diagnosis made sense to Doug. He was pleased to hear he had no heart issues.

Slowly, though Doug's condition worsened, the pain increased, and Doug went back to his doctor. Another EKG was performed, and the results were that Doug did not have a heart condition.

Another year passed, and Doug was now in constant, daily pain, so much so that he almost constantly was pressing the palm of a hand against his chest to relieve the pain. He was still doing his daily hikes in the hills around where he lived, but more and more, he needed to stop and rest, especially on the steep hills. When he went surf fishing, the hike from where he parked his truck to where he fished was one mile in each direction, and Doug carried his waders, pole, and tackle box and wore a small day pack with his lunch, water, and other items.

The hike wasn't too hilly, but it was over sand in places, and there was a steep sandy hill down to the ocean. He would usually go alone and often stand in the surf fishing for two to three hours, only breaking to rest and eat his lunch. The walk back was usually even more arduous due to the extra weight of the surf perch he was carrying.

Doug was determined and stubborn, yet he also believed his doctor's diagnosis, and because of that belief, he kept hiking and fishing and doing everything he had done before this pain had started. Doug was like that; he would investigate a pain or malady, and as long as he wasn't making things worse, he would exercise as hard as he could.

One day, he was hiking the hills where he lived, and a neighbor caught up with him as Doug rested halfway up a very steep hill. Doug was pressing his palm against his chest to relieve the pain somewhat, and when his neighbor, an EMT, asked him what was going on, Doug briefly told him about his pain and his doctor's diagnosis. His neighbor told Doug he doubted what his doctor told him was accurate and that he should get a second opinion. As they neared a flat spot on the hill, the neighbor advised Doug to go home, make an appointment with his doctor, and ask for a second opinion before climbing up any more steep sections of this or any other hills. Doug turned around and walked home, constantly pressing on his chest as he gingerly descended the steep dirt and rock trail.

Two days later, he was in his doctor's office again, and another EKG was done. Doug showed his doctor that the pain was slightly to the right side of his sternum, to which his doctor replied that his heart was more to the left, so he didn't think it was Doug's heart. But Doug told his doctor he had great medical insurance, and he asked his doctor for a referral to a cardiologist. His doctor agreed, and he was in a cardiologist's office the next day. The cardiologist was immediately very concerned by Doug's appearance and the fact that Doug

was pressing his palm to his chest, and he ordered an EKG right then and there. The cardiologist thought the EKG showed some significant issues and ordered a treadmill stress test, the earliest of which could be done on Friday. He also told Doug he believed Doug was in a critical state and that Doug should be doing nothing strenuous until the stress test was performed. Doug, however, was stubborn, and he went home and hiked up the hill he had stopped on two days before. He felt he needed to stop, but he made his stop very brief, and then he managed to hike to the top. This gave Doug a sense that his health, while it was not perfect, was not as dire as his cardiologist had insinuated.

Friday came, and Doug went in for the stress test. He stripped down to his underpants and lay on a bed, and many sensors were placed on his body. After some readings and a baseline were established, the technician told him to get on a treadmill. Doug began walking, and slowly, the treadmill got faster, and slowly, the treadmill was raised until it was as steep as the hills he walked up. Doug's breathing became labored, and the technician asked if he wanted to stop, but Doug shook his head no. Finally, the twenty-minute test was over, and the technician hurriedly moved Doug back to the bed he had been on; the sensors were quickly attached to a computer, and many tests were run. Doug's breathing was finally normal when his cardiologist returned to the room. After the cardiologist and technician had conversed in hushed speech for many minutes, his cardiologist informed Doug that he was being admitted to the hospital the following Tuesday to have a stent implanted in the artery on the right side of his heart. Doug dressed and followed the cardiologist to his office, where he was told, in a most severe tone, that he needed to do absolutely nothing except rest until the following Tuesday. He was given prescriptions for nitro-glycerine and ordered to take it if he felt he needed to. He was told to dial 911 if his condition worsened, and a bunch of other things that

Doug had stopped listening to. He was also given a prescription he was supposed to take before going to the hospital on Tuesday.

Sunday was a beautiful, sunny day. Doug felt good, too, so he checked the tide chart, and high tide, the best time for surf perch fishing, was in two hours. He decided to go fishing as he believed this would be the last time he could go for quite a while. Doug got his fishing gear ready, stopped at a delicatessen for a chicken salad sandwich and water, and headed for the ocean. He hiked the mile to the beach, stood in the surf, and fished for 2 ½ hours, catching numerous surf perch before hiking back to his truck. He needed to stop several times, including twice on the steep, sandy hill leaving the beach, and he was pressing his open palm tightly to his chest, thus relieving some of the pain. As he rested, he realized he had not brought his nitro-glycerine pills, and as he glanced at his phone, he saw he had no cell coverage where he was. Doug gulped a little, thinking this was a silly thing to have done, but he didn't fear dying. He carried on, arrived back at his truck, and drove home. He cleaned, filleted, and skinned the six perch, washed the sand and saltwater off his fishing pole, waders, and other gear, and finally made some delicious fish tacos and a cold beer.

He took the prescription on Tuesday morning, and his son drove him to the hospital. Doug woke up after the procedure, and a male nurse was pressing down on what felt like a ball in his groin. He learned later that evening that the operation was aborted because the artery was ninety percent clogged.

After four hours of lying in the most uncomfortable bed he had ever been in, Doug was transferred to the heart ICU ward. At seven that night, his cardiologist and the man who would be his new surgeon entered his room. Doug was informed that he needed open-heart bypass surgery. The cardiologist told Doug that neither he nor the surgeon could figure out

why Doug was still alive. The other artery, horribly named the Widow Maker, was more than ninety percent blocked. The cardiologist informed Doug that his children, who were in attendance for the operation, had told him about his fishing trip. The cardiologist told Doug they would do the surgery the following Wednesday, and he told Doug he wanted him to remain in the hospital until then because he didn't feel he could trust Doug to rest.

Doug said he didn't want to stay in the hospital for a week. He insisted he be allowed to go home. The cardiologist sighed, patted Doug's hand, and told Doug that no matter what he chose to do, he would remain his cardiologist. He then told Doug to rest and that he would be back tomorrow.

The following morning, Doug was informed that his operation had been rescheduled for Saturday morning. This operating team had not performed a Saturday coronary bypass surgery in many months, but his surgery was now deemed an emergency due to Doug's condition. Many tests needed to be completed before the operation, so Doug would be very busy. His surgeon asked Doug many questions about his life and the things he loved doing, and the two men talked for nearly an hour.

Doug's bedding had gotten uncomfortable, so after his cardiologist and surgeon left, he got up, took the blanket and sheets off, and was remaking the bed when an orderly and a nurse came in and asked him why he was remaking his bed. Doug replied that it needed it, and after being admonished by both the orderly and the nurse, they all laughed. The nurse told Doug that all his vital signs were being monitored in real-time at the nurse's station right outside his room, so when his heart rate and blood pressure soared, an alarm went off, and they hurried into his room. She asked him to press the call button next time, and someone would come in and do whatever he needed.

The next three days leading to his surgery were indeed filled with appointments, to which he was either wheeled in his bed or in a wheelchair. The tests were done early and late, culminating in his body being shaved late Friday evening.

Early Saturday, his children were by his bed, and he was finally wheeled to the operating room.

Doug became semi-conscious, in a different room than he had been in before, but he soon passed out again. This scenario played out over the next day or two, and Doug was woken seemingly every four hours to take various pills. Finally, enough of the massive drugs he was given for the operation had left his body, so when he came to, he was more lucid and more aware of everything around him. The nurses talked with him at length and answered his many questions; his surgeon visited and informed Doug he had replaced all four arteries since Doug had stated he loved hiking. The surgeon went on to say that Doug's surgery had lasted a little more than six hours. His heart and lungs were stopped most of that time, and his main arteries were attached to a machine to keep his blood flowing. He added that he was holding Doug's heart upside down in his hand after his arteries were reattached, and when the pump was turned off, he watched Doug's heart turn pink again. Doug was struck dumb by the picture those words created in his mind.

Doug asked the surgeon, "You had my heart in your hands?"

Doug's ever-vigilant cardiologist visited several times each day. While Doug was the most uncomfortable he had ever been while lying in a bed, he also knew the worst was probably behind him now. Doug had a large plastic drainage tube exiting just below his chest cavity. This tube was the most uncomfortable piece of equipment he had attached to him. Whenever

he moved, the rough edges of the plastic tubing would scratch his legs. The nurses reiterated that he was not to use his arms as aids while getting up and that his sternum needed to heal before he put any pressure on it. His surgeon had told Doug he had used stainless steel wire to pull his sternum tight while it healed, but the bone still needed to heal back together.

During all this time, Doug began to feel the need to poop. So, he asked the staff what the protocol was for that. An orderly came in and explained to Doug that all he needed to do was to let him know when he was ready. Doug was mortified at the idea of another man needing to wipe his butt, but once the urge became too great to resist, he pressed the call button, and the orderly came to help him. The orderly opened two cupboard doors, and there was a toilet that he swung out into the room. He helped Doug out of bed and onto the toilet by making sure the various tubes and wires didn't get tangled or pulled. After Doug had taken his poop, the orderly stood him up, wiped his butt, helped him back into bed, and that was that. Doug had felt no shame whatsoever. He even laughed a little at how normal it had felt.

Doug was put on a special diet dictated by his surgeon. Doug thought the food was awful and refused to eat it after seven days. After nine days, his surgeon reappeared, and while examining Doug and removing many wires, including the one to his pacemaker, a nurse came in and told his surgeon that Doug had only eaten Jello for the past two days. His surgeon immediately told her that Doug could now eat whatever he wanted, and with that, a lunch of lasagne, salad, and garlic bread was ordered. His surgeon told Doug he could go home in two days if all went well.

After eleven days in the hospital, he was finally informed that he could go home. A nurse came to remove the plastic tube that was draining his chest. She told him that he needed to take a deep breath and then hold it as she pulled the tube out and that if he breathed, stuff

would fly out of the hole, and she wouldn't like that. He took a deep breath and held it; the nurse pulled the tube out and then closed the wound by pulling the stitches tight that were used to hold the tube in place. Finally, the nurse told him he could exhale. His chest skin had been glued back together, as was the incision that ran from his ankle to his groin. Doug had laughed when he found out they had used glue, and he asked his surgeon if it was Gorilla Glue they needed to use. His surgeon laughed aloud at that question.

His son picked him up and stayed with him while he recovered at home. His son drove to the pharmacy to get his prescriptions, cooked his meals, and gave him his meds each day. Doug settled back into his familiar surroundings.

Doug kept taking the medications he had been prescribed. Doug was asleep in his bed one night when he felt something bite his leg. The pain was so sudden and so acutely painful that he woke up. Then he felt that same pain again, and he threw the blanket and sheet off himself. A giant glass bug with an acutely pointed and hooked mouth was taking bites out of his leg. Doug tried to shoo the big bug away, but it was too tenacious to be shooed away. Doug was now on his knees, swinging wildly with his two, now clenched, fists. The bug, however, was speedy and elusive. As Doug watched the bug, he could see that the bug was made entirely of what looked like transparent glass. Its wings, mouth, exoskeleton, legs, and even the tibia and tarsus were glass. Finally, Doug tired and, as he rested with his arms on the wall where the bug had just been, he realized he was in a drug-induced, altered reality, an amazingly realistic hallucination that had seemed so natural he had been completely taken in. Later, when he checked his leg, he saw the terrible scar that ran from his ankle to his groin, where the surgeons had removed the artery on the inside of his right leg so they could cut pieces of that artery to bypass the blocked arteries. Using his artery meant his body wouldn't

reject it, and he wouldn't have to take anti-rejection meds for life. What Doug did not find, however, were any bite marks or scratches from the Glass Bug.

Doug laid back down and decided he would not take more pain pills. He promised himself to look into all the drugs he was taking and their side effects to determine if he would continue them.

The End.

Written by Peter Skeels © May 16th, 2022