

Chapter 5

“Get Me The Leeches”

Our Lansing based hospital and attached cancer center had been recently acquired by the University of Michigan health care system. No big deal in the grand scheme of things. Companies merge or get acquired all the time especially insurance companies and health care providers. It happens. What is interesting about this merger is that it pitted two collegiate rivals against each other, namely Michigan State University in Lansing against the University of Michigan in Ann Arbor. Most all of the staff at our hospital were graduates from MSU even wearing the Spartan logo proudly attached somewhere on their hospital uniforms. Nurses and med-techs wore sewn on patches or pins on their hospital uniforms and doctors always seemed to have their name and MSU logo stitched on their white medical coats. All of our experiences with the hospital staff and the cancer specialty center at this Lansing hospital were excellent. Wonderful people. Smart. Courteous and caring. Go Green. Go White. (Only Lansing people will get that last part).

The plastic surgeon assigned to Shirley’s case just so happened to be from the University of Michigan health care system, but on loan to our hospital. His presence was part of the merger I’m assuming, and while none of the other hospital staff said a single negative thing about him there were two instances where his affiliation was highlighted and not by accident. It was the sort of verbal exchange you might expect from two med-techs who didn’t recognize the doctor’s name. “He’s from Ann Arbor”, one would say. The other replying simply, “Oh.” Not a bespirmament on the doctor’s skill or reputation at all, just a college rivalry nod to the fact that this guy was from the other team. I noticed a similar reaction from MSU staff about our U of M doctor more than once. And you thought that big college rivalries were limited to the basketball court or football field? Silly rabbit.

Following our first unplanned extra night stay in the hospital, Shirley’s plastic surgeon did another quick exam and found that the skin flap was getting darker. It showed a definite deepening of red and some purple colors covering the transplanted skin, meaning that blood was pooling under the skin and not moving out through those new capillary connections. He had floated the potential option for leech therapy before the surgery, but we thought he might be kidding. “But only if absolutely needed”, he would say. Now late in the afternoon on the second day after surgery, he placed an order for leeches to be applied to the darkening skin flap to alleviate the back pressure under the skin. All of his words were calmly spoken and instructions were given to the hospital staff as if they were all part of a normal, widely practiced medical procedure. Except, nobody currently on our hospital floor had ever done it. Leeches were also not a medical treatment commodity that could be found anywhere in the city of Lansing. If this were Las Vegas, you could find leeches everywhere. (sorry) It all sounded like a news story you might hear that opens with the headline, “A Florida Man...”. In any case because we had our own reality to deal with, a dozen medical leeches had to be ordered from the pharmacy of all places, at the University of Michigan medical center.

Before leaving for the day and while the leeches were still in transit, the plastic surgeon tried to comfort us on how relatively normal this practice was despite being a good joke you might hear at a Renaissance festival. “They actually perform very well, extracting the pooling blood from under the skin”, he said. As I joke about this whole development in my wife’s recovery from a double

mastectomy, the practice is not dead, it's just rarely used. So rare in fact, the nurses who had been on staff for years at this hospital had never done it. The clinical benefit was however, that the leeches would help remove the excess blood from under the skin until the body could move the blood away to new capillary connections on its own. Leeches also emit some sort of enzyme called "hirudin" that prevents the blood from clotting, making it easier to pull that pooling blood out from under the skin. The thought of this being done to my wife while she was awake no less was grotesque. In addition to that, we just weren't aware at the time how humiliating it would be for Shirley in the coming hours.

Before I had to leave for the night, two husky guys from the maintenance department came rolling into Shirley's room with a mini refrigerator on a hand cart. It seemed to be heavier than the college sized mini fridges I was familiar with as they struggled to get it off the cart and slid into position against the room's back wall. One of them tipped the fridge over on one edge to improve his grip and water started spilling out all over the floor. We learned later that there is a special clear round container filled with specialized salt water to support the leeches but of course, not any more. No one on the floor knew how to make up a new batch of the water so they called down to the hospital pharmacy where an older woman at the pharmacy knew exactly what to do. Apparently she was one of the last people on staff those many years ago still familiar with the procedure.

The tension started to get pretty thick in the room as hospital staff members tried to find supportive things to say but also admitting that they had never done anything quite like that. I could see Shirley's apprehension rise, being captive to the bed she couldn't run away from and waiting for a medical procedure that nobody really wanted to be a part of. I tried to break up the thickening atmosphere in the room by texting my kids about the leeches (they already heard that we might be doing this) and asking them to help name the leeches in order of application. I mentioned that I named the first one "Bob" in homage to my favorite Minion and their follow up responses were swift and funny. Our oldest daughter was first naming the second leech "Groot". Daughter number two named the third leech "Edward Cullen". My son chose something akin to a stripper name for the next leech who would come to be known as "Cinnamon". Shirley's assigned nurse for the evening shift came in the room and we told her about the list. She thought it was hilarious offering to name the next one if they needed it.

It had gotten late and I had to leave before the shipment of blood suckers arrived. It would be the night nursing staff's responsibility to start the treatment whether they wanted to or not. Shirley had recounted the story for me the next morning while one of the leeches remained attached under her hospital gown.

So her story goes, after the leeches arrived our lead nurse and the doctor in residence began to prep her bruised flap of skin for Bob's arrival. Assuming that both had to read up on what needed to be done, a rolled up sticky form of waterproof "rope" was applied to the skin around the outside of the flap forming a barrier or a mini swimming pool for the leech. The rope was designed to keep the leech from leaving the desired area though Shirley said they routinely wiggled their way over the rope if they didn't feel like attaching to the skin. The nurse struggled a bit at first but remained a professional, eventually getting Bob to attach so he could start doing his job.



Hospital teaching moments are sometimes rare for the staff. Most hospital procedures are routine and repetitive and not conducive to attracting a crowd. Though the floor nurse asked if it would be okay for others to drop in and see Bob, or more specifically the new procedure that was actually an old procedure, Shirley agreed. Coming from the medical profession herself, Shirley knew the value of a training opportunity like this but after seven people filled the room at the same time all looking to see her mutilated chest and the bloody leech, the whole scene became overwhelming. She broke down in tears again finally absorbing all that was happening to her and how many people wanted to watch. People just love to watch a train wreck. It's all too horrible to look at but nobody turns away. Crowds gather. We should have charged an entry fee. The resident doctor on staff ordered some Valium and did some verbal hand holding as Shirley eventually calmed down. People there also finally understood the privacy invasion and started to fall away from her bedside. The leeches received their fifteen minutes of fame at my wife's expense.

The night dragged on like this as a rotation of nurses took their turn at trying to attach or reattach a leech that decided to break away from their duties. Shirley said that a couple of the nurses couldn't bring themselves to touch the leech or apply it to her skin. Someone else less disgusted by the assignment would then take a turn.

Since we had named these grotesque little animals I thought it best to apprise you on their individual performance. In order of the names given to the leeches, Bob did his job quite well even with a crowd of onlookers. Good performance under pressure, that one. Well done sir. Groot also attached nicely and pulled his weight quite literally doubling his overall size after gorging himself on my wife's skin flap. Oddly, the only leech named after a vampire (Edward Cullen from Twilight) wasn't interested in sucking any blood at all. He kept wriggling over her skin, twisting himself over the top of the retaining rope and trying to slither away. Apparently they move like inch worms across skin if they are not swimming in water. After several minutes of trying to get the guy to do his job, he was removed to another glass beaker filled with alcohol where he died in drunken stupor. Cinnamon also did his or her job well; I'm not quite sure how you tell a male from a female leech. When it came time to add another, the nurse asked if she could name the next one and Shirley agreed. It was sort of a social happening at this point and everyone on the floor was hooked into Shirley's celebrity leech story. "Fang" was named as the next contestant on the Flap is Right; COME ON DOWN.

That next morning I greeted my wife and heard the tale. I took a look at whoever was doing their job on the skin flap at that moment. They look just like a two inch long, thin strip of beef liver laying on top of the skin. Again, I'm not sure why I wasn't repulsed by the sight. Maybe because the leech wasn't attached to me. Maybe it was because this was a proper, formally accepted? medical procedure helping to cure my wife's ailment. I don't know. I'm glad I could remain there, be as supportive as possible and not feel like I had to run out of the room screaming like a frightened child. In fact this event triggered another realization for me. Whenever I go to get a shot or blood drawn for a doctor's checkup the medical assistant doing the draw always looks at me and asks beforehand if I'll be okay. I had to ask at one point, "why do you ask?" Apparently some large guys will sometimes pass out or panic during any procedure involving a needle. "It's alright if you want to look away" they would say. I'm kind of a large human. I get why they might be concerned. I'd be difficult to pick up off the floor. "I'm okay..."

Thud. Somehow this weird medical stuff and the sight of blood either mine or hers didn't make me queasy. Under current circumstances, that was a good thing.

“But, I didn't feel anything”

One of the things that Shirley felt strongly about, was that I tried to describe the whole leech encounter as honestly and accurately as I could. In fact it was shocking to hear that this was indeed an effective medical practice even though it will sound to most of you, to be something you might never agree to. She told me more than once that “It didn't hurt”. She could not actually feel the leeches getting attached to the skin or feel anything really as they went about the business of enjoying their dinner. What appeared to be a strange encounter in the hospital, and it was, the practice was founded in years of medical studies and repetitive results especially in this type of tissue transplant plastic surgery. Not that you or your loved one might ever be faced with the same medical procedure recommendation, but she wanted people to know that the hardest part of the whole experience was to just get past the weirdness of it all. You won't feel a thing, other than maybe your own fifteen minutes of fame.

Now, before you make too many assumptions about what local river or polluted estuary you might need to troll in order to find leeches, they are actually obtained from a sanitary medical facility. Somewhere, somehow these leeches are grown in a sterile environment before shipment out to hospitals. How they are fed so that they can grow is still a mystery and maybe one explanation I don't really want to hear. Eventually they reach a mature size, whatever that means, where they get shipped in a refrigerated environment containing clear salt water to your local hospital where they rest comfortably in the pharmacy. Got that? It's an example of how far the medical sciences have come, reverting to a barber shop medical practice from more than a thousand years ago.

“Hello friend, welcome to Theodoric's Barber Shop. How can we service you today?”

“Well, I could use a haircut, a stale urine shampoo and perhaps a leech blood letting. I'm in a rush so no need to wash your hands.”

After more than 18 hours of leech on – leech off rotation, the doctor wanted to take a break to see if the skin color would change for the better. It often takes more than a couple days for the tiny capillaries on a transplanted piece of skin to find new pathways for blood flow. On day three Shirley resigned herself to being stuck in her bed, still wrapped up in gauze to soak up the constant bleeding from the leech bites. The leech's natural saliva enzyme also doing its job after being removed, not allowing the blood to clot. That was okay though, because we wanted the blood still pooling under the skin to be released somehow. Even without the leech attached, the pressure was relieved through the skin and the open wound for what would be days after the initial leech was attached. It was all just a bloody mess on her left side, requiring constant gauze changes, gown changes and bedding changes.

Before coming up to her room, I stopped to grab her a chocolate croissant, one of her favorite discovered treats from a previous trip to Europe. She still wasn't all that hungry which made some sense given the events of the past two days. She adjusted herself in her bed again, still not being able to really use her arms or any chest muscle to push herself forward or back. It wasn't so much from pain in

her chest area, but a constant pinching and poking from the drainage tube stuck in her back. There would be no physical or comfortable way to lay on her side or her back given the location of all the scar tissue and drainage tubes. That, and there was a constant barrage of medical staff continuing to check on her at nearly half hour intervals. I was never sure if it was because she needed the constant overwatch and testing or it was because a new shift of nursing staff wanted to see the leech lady. There would simply be no sleep.

With the announcement of Shirley's extended stay, I returned home the night before to shower and shave and repack my trusty backpack with a couple more days worth of clothes. I found an inexpensive hotel so I could crash for the next two nights if needed, and then wouldn't have to drive home in the dark. After moving away from Lansing, we lived about 90 minutes door to hospital door. Not really a bad drive if doing it a couple work days per week, but fraught with other real dangers in winter months in the dark. Driving is relatively stress free if you're on a Michigan freeway, even in the dark. Most highways and multi-lane freeways are fence lined or have large swaths of land cleared away from the road edge. That little detail is important because you can see animals approaching the road rather than them popping out at the last second from behind trees and bushes. But, that's most major roads. My path home eventually takes me down 25 miles worth of two lane insanity where trees and scrubs and tall dead grass butt up against the edge of the pavement and do a wonderfully superb job of hiding all sorts of nocturnal animals. They of course just want to jump out and say, "Hi", every freaking one of them.

Skunks are hard to see because they are mostly black and have a small snout and eyes. You might catch a glimpse of them if they happen to turn sideways and flash you with that white stripe on their tail. I spotted two dead skunks in this trip home, right in the middle of the lane. They don't seem to react quickly enough and if you hit them the wrong way you might as well sell your car because you're never getting that smell out from your undercarriage. Speaking of slow, opossums seem to saunter along as if on drugs, unable to get excited about any sort of danger. This might be a good thing because if spotted you can maneuver around them without fear of them running quickly the wrong way. Raccoons are a little better at jumping out of the way in the face of danger, but they are not really gifted gymnasts. They can do an amazing amount of damage to your car. The carnage delivered is not because of their size or their weight, sometimes allowing them to pass under your vehicle without incident but if it's a larger one with a big head? I've had body shop guys tell me that the skull of a Raccoon is so thick it will destroy steel body panels and wreck the undercarriage of your car or truck. Another lesson in "small" not necessarily meaning without power and impact. On this trip home however, it was an all out attack from White Tail Deer. Perhaps the stupidest of the deer species, they seem fascinated with lights at night especially when coming towards them. They will hide in the trees next to the road side, their gray and brown coats camouflaged perfectly by dead grass and tree bark. They seem to have the safety versus danger wiring crossed inside their puny brains because rather than crossing the road when there are no lights or tire noise, they'll wait until all of that visual and audio stimulation is at it's peak and THEN jump out into the



middle of the road to say hello. My young daughter quite innocently stated many years ago; “They seem pretty stupid”. I replied, “That’s why they’re food”.

My trip home for fresh clothes that night was much like a demolition derby on those 55 mile an hour back roads; I successfully avoided three near-deer encounters to win my derby trophy which included a shower, fresh underwear and a pair of clean Levi’s.

That third day afternoon our plastic surgeon returned to check the results of the leech parade and the color of the skin flap. It clearly hadn’t gotten any darker, but it had not gotten any lighter either. The rest of the skin around the flap had returned mostly to Shirley’s normal flesh tone, but the flap was still purple and darker red. There was also a visible redness appearing under the new flap which the doctor thought might be remnants of radiated skin from 2018. It started to get “angry” on that third day. I guess it wasn’t much of a fan of leech therapy either.

With a calm demeanor and a soft voice, he poked and prodded my wife’s chest while I sat and watched. He tested the bounce back resilience of the flap of skin and the color change once depressed. Normal tissue will turn white, or less pink once pushed against and then the color comes back once the pressure is removed. Try it yourself on your own skin. The color coming back means the blood flow you just pressed out of the tissue is coming back slowly and normally. Shirley’s skin was firmer and the blood returned too quickly for his liking. The blood was still pooling under the skin and not finding new pathways back to the circulatory system. I think Shirley and I both knew what would be coming next.

There was a reason the leech refrigerator was left behind still plugged in at the back of her room. A few of the left over leeches were in there swimming around, looking for the opportunity of a next meal. My mind went running back to the earlier days of Saturday Night Live when Steve Martin played a character called Theodoric of York – Medieval Barber. Martin’s character made fun of the barbaric practices of the day and regardless of customer complaint or ailment, he would always include a declaration for blood letting or to “Get me the leeches!” To be clear and honest, our doctor didn’t sound as emphatic, dramatic or happy as that, nor did he use those exact words. I believe he tried to soften the news by saying that he thought she was making progress but that a couple more sessions with her blood sucking friends would be best. More names might be needed for the ones still left in the jar, but I think Shirley was over the novelty of whole name-the-leech activity. Nothing was exciting or fun or would lead to her appetite returning over this news, and it also meant that she would be stuck in the hospital for at least another 24 to 48 hours. Her chocolate croissant sat on her tray table partially wrapped in plastic with only a couple bites taken from it. I was back to wondering what I could do to fix the effects of this most recent news. She looked up at me once the staff had left the room. “I just want to go home”.



Through the evening of day three and into day four, the leech therapy was completed per the doctor’s additional instructions. The hospital doctor in residence or a plastic surgeon assisting our primary

doctor would occasionally visit to check the color of the skin flap, taking pictures each visit on their iPhones. I forgot to mention that. The doctors use pictures with the same lighting conditions to track the progress of surgery like this. A lot of pictures. It really bothered me to see a variety of people all using my wife as a breast surgery model and a leech therapy test case. There were many pictures taken from multiple doctors, potentially all sitting in an electronic folder somewhere with my wife's name on it. Worse, just sitting on their personal cell phones mixed in with selfies, pictures of their cat or pictures of things I really don't want to speculate on. I get it. I understand why photos can be helpful in tracking and documenting progress. It is important for people to learn about treatment options and side effects and proper care for a situation like this so they can help another patient some day. In a way, we were glad to help others who might be faced with the same horrible treatment choice. In another way, "stop taking personal pictures of my wife's chest". Hopefully you understand the reasons for my angst and anger.

Shirley remained close to her sisters all through these years despite them being scattered around the state. All of them still emotionally hurting from the very recent loss of their mother, they all were making pleas to come and visit her in the hospital as were our children. I could see other patients in the hospital with five, six or seven people crowded around their bedside, none of them wearing masks; a total violation of hospital rules for visitation on a post surgical floor. Shirley remained in contact, being able now to use her arms a little, hold a phone, send a text or receive a call. Our kids were pretty upset that mom didn't want to see anyone. In a way she was adopting the same attitude that her mother took when she was in the hospital. It was a matter of not wanting anyone to see her in a diminished state. Her, stuck in bed with all the tubes with bloody fluid hanging out, and the missing parts of her body evident under the hospital gown. She couldn't hug anyone. Her hair was matted flat. She just wanted to go home and find a sense of normalcy before entertaining visitors. She even commented about returning home but not being able to hold her new granddaughter and that made her cry. "No, I'm truly sorry, but she really doesn't want anyone to see her like this. Let me get her home and settled and then maybe, okay", I said.

Shirley drifted back into regret again for not making the decision back in 2018 to have the double mastectomy. "None of this would have happened if they were already gone." She was of course right. The leaky duct, the biopsy, the ductal surgery, the papilloma discovery, the mastectomy surgery, the radiated skin issues, the back flap surgery, the risk of skin graft failure, the leeches, all of it would have never happened if she had made the decision for a complete removal back in 2018. I forgot that she might simply be in a mood where she wanted to talk rather than engage me to the point where I tried to fix things again but I jumped in anyway. "You really didn't know any of this would happen back in 2018. This is just 20/20 hindsight," I said. "I know, I know," she replied and then looked away from me to stare at the curtain that separated the open view of her from the always open doorway. This time, I wasn't helping at all.

By the morning of day five, things seem to stabilize to the point where the drainage on the four suction lines were pulling a slightly smaller amount of fluid in a 24 hour period. The skin graft taken from her back was still red and slightly purple around the edges, but the color did seem to be fading. Smaller blood vessels seemed to be making their connections and moving blood through the circulatory system. We wouldn't see the plastic surgeon again until much later that afternoon while he was finishing up in

surgery on another patient. He came in for another picture, and to poke at the skin one last time and was continually concerned for the health of the flap. Eventually he agreed to release Shirley from the hospital putting us on flap watch for the next few days. If the color had gotten any deeper either red or purple, to call the surgical resident immediately for re-admission to the hospital. His fear was that we could lose the flap altogether requiring it all to be removed permanently, eliminating the chance for any reconstruction on her left side. All Shirley knew is that she wanted to go home, red or purple, still bleeding or not. The doctor signed the release instructions and we were free.

It took a while to get her out of the wheel chair and into our car. I had brought some extra padding for the back of the seat to take some pressure off that back tubing. The challenge for her was that she couldn't really use her arms to hold onto the door handle or help to lift herself onto the seat. Once she carefully fell backward onto the seat, it was another herculean effort to scoot her butt backwards into the seat far enough so that we could attach a seat belt. The tubing under her baggy shirt was pulling as her body shifted. It pinched. Another stabbing pain. We stopped to clear the obstruction. She finally sat back and exhaled and I reached across her body pulling the belt so she could plug in the buckle. Ninety minutes later as the skies darkened and friendly animals stood staring at us from the roadside, we arrived home without accident or incident. Before she could rest, we had some washing and fluid management to do in the privacy of our own bathroom. Standing in front of the large mirrors and well lit room, we carefully removed her clothing and she got her first real look at all the work they had done. She cried. I cried. I got her washed and bandaged the best I could. The suction bulbs were drained and recorded. She was able to finally brush her teeth. I found her large warm hooded robe that ran head to toe, and it mercifully covered her and all the tubing as well. A large comfy recliner was waiting for her in the great room, as was Dash our concerned Beagle and our son, both seeing her for the first time and doing their best to welcome her home without any sad emotion. Our daughters were preparing for a surprise visit the next day, with new granddaughter in tow. We're now back full circle to the story's beginning in chapter one, but we were apparently not yet done with the hospital. Our recovery journey would be forced to deal with another hurdle.