

### Eureka!

| *Agnieszka A. Ardelt, MD*

Before my story unfolds, full disclosure: I am a critical care physician and a control freak; and I most certainly did not want to have surgery. It's always difficult for me to become a patient, even for my annual physical exams. And now I was facing complete loss of control during the surgery and hospitalization afterward. As with most physicians, I am uncomfortably aware of potential surgical complications. After much thought and discussion, I agreed, reluctantly, to undergo the procedure.

As I lay on the operating table in the spare, functional operating room, the gynecologic surgeon reassured me that a strong team would be assisting her. I lifted my head and (with my speech already slurring from the drugs) replied that that was good to know. Then, midazolam performed its magic. Appearing before me were the blurred faces of the surgeon, then the anesthesiologist, telling me that everything went well.

First postoperative sensation: visual synesthesia associated with breathing—white (inhalation) and red (exhalation). This was less surprising than it might have been to someone else, as I have letter-color synesthesia. So, while this was not so disconcerting, I had never before experienced synesthetic sensations with anything other than letters, numbers, words, or, occasionally, musical notes.

Next postoperative sensation: left leg not working properly. Fuzzily, I tried to work through a neurologic self-exam. My toes wiggled; my ankle dorsi- and plantar-flexed. Then fatigue set in. The rest of the exam would wait.

Time passed: The clock hands moved; waking, sleeping; and eventually, more waking, less sleeping. As if in some slow-motion, heavily edited movie sequence, the lower extremity motor exam proceeded: left hip flexion 2/5, hip adduction 0/5. I was discovering what each of my conscious patients with focal motor neurologic injury already knew: the strange sensation of wanting to move . . . and trying to move . . . but not being able to move. Left knee flexion and extension, ankle dorsiflexion, and plantar flexion: almost full strength. Right leg: normal strength. Numbness on the left, starting at T8 and continuing into the L3 dermatome. Numbness also on the right, with the involved area much smaller than on the left. In a vague, gut-feeling sort of way, I concluded that the motor problem was primarily with the L1 and L2 nerve roots. Feeling reassured by this, I fell back to sleep.

Postoperative day 1: awake and sitting up in bed

intermittently throughout the morning. Everything worked properly, and the left leg was back to normal. With assistance, I stood up and traversed the few steps to the chair. Instantaneously, I broke out in a sweat, became nauseated, and profoundly exhausted. The severity of the symptoms stunned and surprised me. My mind was still fuzzy from the narcotics I was taking for postoperative pain, and I couldn't readily understand what was happening. I had no headache, no chest pain, no abdominal discomfort. Maybe this was normal for the postoperative period? The symptoms subsided slightly over the next few minutes as I sat, but I still felt unwell. Relatively young and healthy and determined not to be a wimp, or a slug, or a hypochondriac, I remained sitting in that chair. Having survived medical school, a doctorate, residency, and a critical care fellowship, under no circumstances was an uncomplicated, 2-hour laparotomy going to destroy me.

The longer I sat, the worse I felt. The world was hazy; my eyelids kept closing automatically and forcefully as if pulled down with a string. I dozed. Intermittently, the hospital bed beckoned. Deep down, I worried that this malaise was not physiologic, that it was a manifestation of some severe, deep-seated, previously undetected personality defect. After barely 15 minutes that felt like a lifetime, I summoned the nurse and collapsed onto the bed, absolutely the best feeling ever.

Postoperative day 2: about the same—definitely not better. Awakening from fitful sleep throughout the morning, finally got up to walk to the bathroom. The trip left me exhausted and nauseated, craving sleep; but I felt relatively normal upon awakening. The anesthesiologist told me that the nausea, exhaustion, and malaise were how patients sometimes reacted to anesthetics. Even though this was my first surgery, my first experience of being a patient, this advice rankled. At the bidding of my surgeon, I walked in the hallway a couple of times with predictable and inglorious consequences.

Postoperative day 3: worse. Incessant nausea, and I was still not eating—not only lack of appetite but also of strength to lift the utensil and chew the food. Still on IV fluids. Profound general malaise and exhaustion, now while resting in bed. New symptoms: distorted hearing, the sensation of being under water or of sounds amplified, yet less clear, right more than left. Serous otitis? Disturbingly, I heard pulsations inside my head and felt an overwhelming, unrelenting desire to lie down.

I did not see my doctors that day, nor complain, nor demand a diagnosis. Maybe I did not want to be labeled a slug, a whiner. Maybe I wanted to be in control and figure it out all by myself. I thought: perhaps it's the medication. I stopped asking for narcotics to see if the nausea would subside.

Postoperative day 4: still worse, demoralized and depressed, wanting to leave the hospital at all costs. Long devoid of anesthetics and of narcotics, my symptoms continued. Fortunately (I thought at the time), I had no pain: none, anywhere. Lacking an etiology for my failure to thrive, I became convinced that it was due to inherent sluggishness or some other hideous character flaw. Believing I might take control of my life again, I talked my partner into taking me home. In the lobby, while waiting for him, my body, out of my control, was slipping out of the wheelchair, pulling and forcing me to lie down. During the brutal ride home, I reclined in the passenger seat. Summoning some energy from somewhere, I walked up the three porch steps and the short flight of stairs to the bedroom and buckled onto the bed. I felt deathly ill. I could no longer sit up at all.

Now, all of the sudden, I experienced severe pain.

Any attempt to raise my head would result in excruciating nuchal pain radiating to the midthoracic region, pounding occipital headache, worsening auditory distortion, profound nausea, crushing exhaustion. Tunnel vision developed: the world shimmered, vibrated, and pulsated at the lateral edges as the field of view constricted. I fell back on the bed and lay flat. No symptoms when I put my head down? Eureka!

Perhaps you arrived at the diagnosis sooner in the reading of it than I did in the living of it. What had confused me was the total absence of headache while in the hospital. Presumably the continuous IV infusion of fluids had been partial treatment.

My Eureka moment was sublime—it felt like the most glorious moment of my life. I finally had a reasonable hypothesis, was able to design a therapeutic strategy, and could monitor the results. I had achieved a moment of clarity in an otherwise murky, frustrating, and uncertain situation; and was back in control.

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Agnieszka A. Ardelt

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