

MY JOURNEY WITH PULMONARY EMBOLISMS (BLOOD CLOTS) TO BOTH LUNGS SIMULTANEOUSLY

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September 2010:

After returning to ADT medications with antiandrogen bicalutamide (generic of Casodex) at 50mg daily and LHRH agonist Lupron in September 2010 added to Avodart I had been managing my prostate cancer for two months short of six years, this return to triple hormonal blockade was not stemming PSA elevation, so Medical Oncologist and I decided to up my bicalutamide/Casodex to 150mg daily. Don't know if this strength of bicalutamide/Casodex was the cause, but shortly thereafter I thought someone had hit me in the chest with a baseball bat. I was in the garage and was able to stumble into the house where my daughter immediately called 911. I didn't know what was wrong but I could only gasp. I didn't know if I was experiencing a heart attack or stroke or what. EMT got oxygen mask on that didn't provide much help and they got me to the ER of Via Christi St. Joseph Hospital in Wichita where an X-ray found both lungs had large clots with little ones behind forming the blockage but permitting just enough air that with oxygen and infusion of Heparin reduced the clot sizes as well as the significant pain over the next 24 hours. Spent two days in the ICU then another 4 days in the Cardio ward on Heparin and warfarin before they stabilized my INR in appropriate range permitting me to be released. Hospital physician told me I was among the fortunate in that there was just enough minimal opening between large clots at the entry to my lungs that I could at least gasp air until they got me to the emergency room and infused the Heparin and got me on the oral blood thinner warfarin to provide thin enough blood to enter the lungs while the blood clots wore down for open passage. Spent two days in the ICU and four more on the cardiac ward. The doctor said more often when this occurs to people the lungs get totally blocked and they never make it to the hospital.

July 17, 2013 back in ICU again:

Came down with heavy rectal bleeding that wouldn't stop, obviously because on warfarin, Daughter drove me to the ER of Via Christi St. Joseph Hospital Wichita where I was first administered oral Vitamin K followed by an injection of the same vitamin to counter the thin blood. Experienced constant bleeding for 32 hours before Vitamin K countered warfarin and blood finally coagulated. While still in ICU 7/18/13, had colonoscopy in late afternoon but with blood having coagulated about an hour before (and system "cleaned out" with the yuk drink the night before) physician unable to determine cause. Physician came in to report he contacted three colleagues and all said the diverticulosis I have had for years likely had a nodule eruption then bled so severely because of the thin blood from warfarin that it couldn't coagulate; he said this happens frequently to men over 70 years of age. Hospital physician gave me choices of leaving hospital with no warfarin, returning to warfarin, or I could have a Vena Cava (IVC) Blood Clot filter installed that was to prevent blood clots from travelling up to the lungs and warfarin then not necessary, or back to warfarin. Well, I opted for the filter installation that was installed either July 18th or 19th, and was released from the hospital 7/19/13 afternoon. Subsequently became anemic from blood loss: early August 2013 red blood cell count 4.20 when bottom of range is 4.69; hemoglobin/HgB 13.0 when bottom of range is 14.1; and hematocrit/HcT 38% when bottom of range is 43.5. Took iron tablet twice a day and ate more greens and red meat (though red meat otherwise considered a no-no for PC patients) to get these counts back up. Physician said it could take 3 to 4 months to do so. With the fatigue and energy loss from the blood loss, on top of the fatigue and energy loss already experienced from the testosterone reducing medication Zytiga/abiraterone acetate and subsequent testosterone level less than 3.0ng/dl (as low as the equipment reads), to this day I tire very fast and even walking a short distance takes its toll. Otherwise feel okay.

SPRING 2015:

While coming down the stairs after getting up in the morning, I found I had a hard time breathing but passed it off as just an unusual occurrence. However, the next day I again really had a hard time breathing by the time I descended the stairs. In that I was driving my granddaughter to school every morning, and when her mother/my daughter came downstairs, I told her I was going to drive my granddaughter the nine miles to school, then would return and go to the ER.

Again, my daughter had presence of mind to tell me “NO WAY, I’M TAKING YOU TO THE ER RIGHT NOW!” Well, as you can guess by now, both lungs were again being blocked by blood clots, but not to the extent of blockage just over four years earlier, so back to Heparin infusion once again. SO MUCH FOR THE VENA CAVA IVC BLOOD CLOT FILTER! Another two days in the ICU and another 4 days in the Cardio ward before my INR once again stabilized so I could return home, but this time I returned to warfarin “forevermore” Different hospital physician explained that though the IVC filter can be helpful, blood clots broken up by the filter can sometimes join back together above the filter and thus again block air to the lungs. This doctor advised me to never stop warfarin since if the clots bunched up before branching off to the lungs that would be certain death. He said that with my experiencing double pulmonary embolism to both lungs simultaneously I was exceptionally fortunate, reiterating what the other hospital physician had advised over four years previously that more often than not the patient does not survive. I definitely prefer warfarin/Coumadin to Pradaxa (dabigatran), Xarelto (rivaroxaban) or Eliquis (apixiban). There have been no comparative trials among these newer anticoagulant medications. All of them have similar or slightly less bruising and bleeding risk than the older drug Coumadin (warfarin), **but importantly, if there is a serious bleed while on one of these newer drugs, there is no quick way to stop it** as opposed to warfarin that can be countered with Vitamin K in the case of excessive bleeding.

Up until my first experience with pulmonary embolism, I was never explained the likelihood of a blood clot possibly developing in my system. I had heard of “Deep Vein Thrombosis/DVT, but never had any expectation this was going to occur to me.

THUS MY ENCOURGEMENT THAT YOU BE AWARE OF THIS POSSIBILITY, DO SOME RESEARCH TO BETTER UNDERSTAND HOW BLOOD CLOTS MIGHT OCCUR, RECOGNIZE THE FEELING YOU MIGHT EXPERIENCE IF A BLOOD CLOT DOES OCCUR, DISCUSS WITH YOUR TREATING PHYSICIAN(S), AND LOOK TO MEASURES OF PREVENTION