

# A HEARTFELT THANK YOU

*Peter Munk said it meant a great deal to him when family members of patients at the Peter Munk Cardiac Centre approached him out of the blue to share how the hospital had saved a loved one's life. Here are the stories of four individuals who are grateful recipients of the centre's world-class cardiovascular care. They each faced the fear, pain and uncertainty of heart disease, and came out the other side with a new lease on life*

BY JORDANA FELDMAN



## HEART OF A SUPER

John Dickhout is a 55-year-old man with the energy of someone several decades younger. The Burlington, Ont., resident speaks with the projection of a stage actor, apt for a man who decided to plunge full-time into acting two years ago. His eyes well up with tears when discussing emotional subjects, and he has a range of unconscious habits – like angling sideways when engaging in conversation and twisting the silver Superman insignia ring on his left pinky.

In that last detail, there's a profound link between subject and object. The ring once belonged to Adam Prashaw, a 22-year-old man from Kanata, Ont. And the heart giving Mr. Dickhout his high colour and boundless energy once belonged to Mr. Prashaw, too.

"I wear this to remind me that he's my superhero," Mr. Dickhout says.

Mr. Prashaw passed away in 2015 after suffering an epileptic seizure and drowning in a hot tub. Described as kind, generous and deeply loved, he had signed on as an organ donor to ensure he would continue his spirit of giving back to others. Mr. Prashaw's thoughtfulness would end up saving Mr. Dickhout's life.

In 2013, Mr. Dickhout suffered a heart attack as a result of sarcoidosis, a rare disease that causes the immune system to turn on the body's internal organs.

"The whole thing was surreal, because I went from what I thought was completely healthy to completely a mess overnight, with no explanation and no understanding," he says.

At the time of his heart attack, Mr. Dickhout, a call centre executive, was living in the Philippines. He had relocated there from Welland, Ont., with his wife, Lynn, when an opportunity arose to help get a new satellite location off the ground. The Dickhouts made the most of their new adventure, exploring their surroundings and playing golf with other ex-pat friends on Sundays.

One Saturday, Mr. Dickhout woke up in the middle of the night with a racing heart. He tried to control his breathing and eventually went back to sleep.

"Old depictions of heart attacks have people clutching their chest in agony and falling over, and that's part of the challenge, because that's what you expect. [But] that's not what happened to me," he recalls of the heart attack that nearly killed him that day.

Mr. Dickhout was immediately admitted to intensive care in the Philippines. His condition confounded his doctors, but they were clear about one thing: the otherwise perfectly healthy middle-aged man would need a heart transplant. With costly private health care their only option in the Philippines, Mr. Dickhout and his wife moved back to Ontario, where he was referred to the Peter Munk Cardiac Centre. There, he was "extraordinarily fortunate" to land in the office of cardiologist Dr. Heather Ross, he says. Dr. Ross is Director of the Ted Rogers and Family Centre of Excellence in Heart Function and the Cardiac Transplant Program at the Peter Munk Cardiac Centre.

"The first time I met her, I felt I'd known her my whole life," Mr. Dickhout says of Dr. Ross. "She wasn't so much focused on the event, or the 'why.' Her focus was on getting better and, 'What do we do now?'"

In 2016, Mr. Dickhout received a call from the Peter Munk Cardiac Centre informing him they'd found a match. At the time, as per custom, he was given no information about his donor's identity in order to protect the family's privacy. The heart was a

fit, and thanks to the great work of Peter Munk Cardiac Centre cardiovascular surgeon Dr. Terry Yau, the transplant operation was a success.

"The whole thing was extraordinary," he says of his medical team at the Peter Munk Cardiac Centre. "I am overwhelmed with gratitude to everyone involved in my care and recovery."

Several months post-op, Mr. Dickhout felt compelled to write a letter to his donor's family through the Ontario Trillium Foundation, who removed markers of identification before passing it on. When he received a reply from the family, he realized he wanted to know his donor's identity. He plugged five or six "clues" from the letter into Google and pulled up an obituary for Mr. Prashaw. "I was sure it was him," he says.

Taking a risk, Mr. Dickhout set up a social media account and contacted the father of the man whose heart he believed had ended up in his chest. Once again, it was a match.

He's since developed a "special friendship" with Mr. Prashaw's family, culminating in the clan travelling from all over the East Coast to cheer for Mr. Dickhout as he competed in the 2016 Canadian Transplant Games in Toronto. (He took the gold medal in golf and finished fourth in his age category for the 5K run.)

In addition to gaining a heart and a new family, Mr. Dickhout remains awed by the luck that led him to be the "caretaker of Adam's heart" and to the Peter Munk Cardiac Centre.

Struggling to speak through tears, Mr. Dickhout recalls what Mr. Prashaw's father wrote to him during their early correspondence.

"Based on your enthusiasm and zest for life, we know our son's heart is also the perfect match for you." ■





## UNCOMMON RESILIENCE

From the very start, it was going to be a bumpy ride. Keri-Lynn Kasaboski entered the world in a Brampton, Ont., hospital in 1971 as a blue baby. She had a medical condition called transposition of the great arteries, which meant her newborn arteries weren't properly connected. The congenital heart defect was further complicated by a silver-dollar-sized hole between the two ventricles (pumping chambers).

Surgeons at Toronto's Hospital for Sick Children (SickKids) were able to "patch up" her heart, says Ms. Kasaboski. But she wasn't expected to survive for long. "My right-sided pumping chamber must work much harder than the left," explains Ms. Kasaboski, now 47 and living with Adult Congenital Heart Disease (ACHD). "The problem with that is because of all the extra work, if my right ventricle fails, I can go into right ventricular heart failure."

The self-described "old punk rocker" has made a habit of defying the odds since day one.

Ms. Kasaboski says her biological mother, then a high-school student, was strong-armed into giving her baby up for adoption, a far-too-frequent occurrence of the time. Ken and Barbara Threlfall, an expat British couple with two adopted teenagers at home, took up the challenge.

"My parents were in their 50s and, at the time, they exceeded the legal age to adopt," says Ms. Kasaboski. "[I think] they only allowed them to adopt me because they thought I was going to die."

At four and still very much alive, Ms. Kasaboski returned to SickKids for a

seven-hour operation called a Mustard procedure (developed in 1963 by Dr. William Mustard of SickKids), where doctors stop the heart and redirect the venous blood returning to the heart at the level of the atria to the opposite ventricles. They also closed the hole between the two ventricles. This operation allowed her to survive until adulthood.

Despite these early surgeries, Ms. Kasaboski says she never felt different from other kids growing up.

"My parents never kept me in a bubble because I have a congenital heart defect. I did horseback riding, dancing, all the school sports," she says.

But her uncommon resilience did have one drawback. She developed what she describes as a "careless" attitude toward her condition.

"Because everything worked, I figured I was fine," she says. So, when Ms. Kasaboski found herself pregnant at 28, she was shocked back into reality. Well into her pregnancy, she had a cardiac event that caused her to lose consciousness.

Now a patient at the Peter Munk Cardiac Centre, Ms. Kasaboski delivered safely – a healthy son born in 1999. But her joy was short-lived. Realizing the vulnerability of her situation, Ms. Kasaboski developed postpartum anxiety and returned to the centre for support.

That's when she met Dr. Erwin Oechslin, a man who would become instrumental in her recovery. Dr. Oechslin, Director of the Adult Congenital Heart Disease Program at the Peter Munk Cardiac Centre, immediately got her in to see one of the hospital's clinical psychologists with expertise in congenital heart disease, a resource that she says saved her life again.

"They had a program at the time that helped me, and it was the spark that started turning my mind from the dark place with all the things that had gone on in my life," Ms. Kasaboski says.

But circumstances led to more challenges, both psychological and physical, at the age of 42. A combination of family and work stresses exacerbated her depression. She was overweight, unhappy and inactive, and says her heart began to "give way." Dr. Oechslin put her on heart failure medication to stabilize her heart, and let her know she would also need a pacemaker/defibrillator and an inevitable heart transplant.

The idea of additional surgeries shocked Ms. Kasaboski into taking control of her lifestyle. After education about healthy diet and exercise by Dr. Oechslin, she began with slow lunchtime walks alongside her "incredibly supportive" manager at department store company TJX, where she currently works in operations. She soon added a second walk after work with her husband.

Ms. Kasaboski worked with Dr. Oechslin to monitor her physical exertion rates safely. Within a year, she'd lost 67 pounds and was exercising with weights, yoga and running for two hours a day. The former rebel had turned into the model cardiac patient – another turn of events that defied the odds.

"Ms. Kasaboski has a very strong mind and personality," says Dr. Oechslin. "She took ownership of her health and became her own health advocate. She was very determined to change her lifestyle and to [reverse] the slippery slope of her health. Her lifestyle changes and medications improved her condition and quality of life dramatically. She is a role model as a patient; I admire her."

At 47, Ms. Kasaboski hopes to keep playing the odds in her favour. Last October, her test results began to indicate recurrence of severe heart failure. She's now on the list for a transplant. Instead of dreading the inevitable, Ms. Kasaboski's experience at the Peter Munk Cardiac Centre has given her a more hopeful perspective.

"I used to give [my doctors] a hard time because I was scared," she admits. "But this is the place to be if you need to be here. I get really emotional when I talk about them, because I love them so much." ■

## SAVED BY THE BARK



The most critical countdown of Matthew Church's life began on an otherwise unmemorable December night in 2014.

The 55-year-old editor went for a two-hour bike ride, as was his habit, then returned to his home in downtown Toronto. He greeted his wife, Patricia, and chocolate labradoodle, Zola, who was keeping warm by the fire. But something felt off.

"I apparently said to Patricia, 'My elbows are sore,'" says Mr. Church, who has no memory of what transpired that night. His wife, a physician, "told me to take Aspirin before heading upstairs, just in case it was heart-related," he says. That was the beginning of a series of extraordinary life-saving interventions.

Within minutes of sitting down on the third floor to watch television, Mr. Church thudded to the ground. His heart had stopped.

An athletic man with no medical history of heart problems, Mr. Church had suffered an ST-elevation myocardial infarction (STEMI), a heart attack where one of the major arteries that supplies blood to the heart gets blocked.

Unwitnessed heart attacks of this kind outside the hospital typically result in death. In North America alone, 15,000 people are killed this way each month. But if the right medical steps are taken within a critical 90-minute window, the victim has a shot at survival and recovery.

In Mr. Church's case, the interventions continued with a series of hysterical barks. With his wife oblivious to his condition two storeys away, it was Zola whose doggy instincts kicked into high gear.

"She wouldn't stop barking until Patricia got up. Zola made her go upstairs,"

says Mr. Church. Trained in CPR, Patricia jumped into immediate action until the ambulance arrived nearly 10 minutes later.

Paramedics used a defibrillator to restart the heart, and recognizing the signs of a STEMI, notified the hospital. Mr. Church was rushed through emergency to Dr. Chris Overgaard's cardiac catheterization laboratory, or cath lab, at the Peter Munk Cardiac Centre. A cath lab is a specialized examination room with imaging equipment where doctors can diagnose and treat cardiac abnormalities or disease.

Back in 2014, the cath lab was cutting-edge, and it has recently become even more so. Through philanthropic support, the centre has become the first hospital in Canada to add new equipment focused on radiation safety, boasting the lowest radiation emission per procedure.

But on that fateful December night, Mr. Church had arrived with no time to spare. By the 88-minute mark, Dr. Overgaard had removed a clot from Mr. Church's blocked artery and inserted a stent.

"I'm incredibly lucky to be living where I am," says Mr. Church. "My proximity to the Peter Munk Cardiac Centre saved my life."

Since his heart attack, Mr. Church has modified his exercise regimen and discovered the benefits of meditation. He is now part of a mindfulness-based stress-reduction workshop at Toronto General Hospital.

He says that on the surface, his life hasn't changed very much. "But really, everything is different. Everything changed that night."

Zola's life has also changed. The heroic pup is now a proud member of the Purina Pet Hall of Fame. ■



## POWER OF POSITIVITY



Sharon Greer was in her 60s when her family doctor retired and was replaced by an enthusiastic young upstart near her North York, Ont., home.

Although she complained of no medical ailments, the doctor wanted to make sure he was doing his job.

“He said, ‘I don’t know you, so let me run a whole bunch of tests so I can be familiar with what your problems are,’” recalls Ms. Greer, who is now in her early 80s.

When he summoned the grandmother of two back into his office, her doctor didn’t mince words. “He said, ‘You’re a mess,’” says Ms. Greer. He immediately sent her to the Peter Munk Cardiac Centre.

Ms. Greer would spend more than a decade and 10 major surgeries sorting out that “mess.”

Tests revealed Ms. Greer initially had a thoracic aneurysm, which had presented in her chest. Aneurysms of this type are a degenerative condition of the aorta that cause the artery to enlarge due to a weakness in the arterial wall. A ruptured aneurysm causes internal bleeding and can be fatal if blood leaks into the chest.

Ms. Greer was referred to Dr. Thomas Lindsay, vascular surgeon at the Peter Munk Cardiac Centre. He quickly assessed a series of complications in Ms. Greer’s case that would require him to assemble a team of fellow experts.

“The problem is she also had a symptomatic hardening of the arteries in her neck, so before we could get to the main procedure, I had to clean the artery that goes to her brain to prevent a stroke and make sure the brain had maximal blood flow,” Dr. Lindsay says, noting she would also present with a thoracoabdominal aneurysm in her abdomen over the course of her treatment.

With a two-month recovery window, Ms. Greer returned to the Peter Munk Cardiac Centre for the next round. She would need an aneurysm repair, or a TEVAR. This is a spring-like device that’s inserted into the artery in a collapsed position and, once successfully positioned, gets expanded via X-ray control in order to cover over the aneurysm.

While her body recovered from multiple serious operations, Ms. Greer recalls feeling nothing but optimism.

“I didn’t go into one surgery being frightened, because I knew who was doing it and I had such confidence in them,” she says. “Everyone was so kind and good, and no one ever put me under stress.”

Dr. Lindsay returns the compliment, saying Ms. Greer’s sunny attitude made treating her a pleasure. “When patients are positive, it makes them easier to look after, it makes the whole process a whole lot smoother,” he says. “She’s a very delightful individual.” ■