

I HAVE A ZIPPER DOWN MY CHEST.

—— By ——

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I have a zipper down my chest. It's about eight inches long and starts at my sternum and runs down to my bellybutton. My chest hair camouflages some of it, but it's clearly visible whenever I'm shirtless. Of course, it's not a metallic or plastic zipper like the kind on pants or jackets. It's the zipper that's a souvenir of open-heart surgery. And it serves as a common bond, the secret handshake, when I see other zippered compatriots on the beach or in gym locker rooms.

The zipper was supposed to fade to near invisibility, I was told when I had the surgery to have my mitral valve repaired. When I asked if cutting my chest apart would leave a scar, I was told they wouldn't be using stitches or staples to put it back together: instead, some kind of super glue or adhesive. "Minimal scarring," they said. "No one will notice." Oh, sure.

They said a lot of other things before the surgery too. My cardiologist, my surgeon, the entire hospital staff, worked hard to prepare me for having my heart removed from my chest cavity. My condition was called mitral valve prolapse—the mitral valve not shutting properly, allowing blood to leak through the valve

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and flow back into the heart chamber that was supposed to be sealed off. Not a good thing. Mine was a congenital condition. When I was diagnosed with it in my 20s, it was nothing to be concerned about, I was told. “It’s fairly common. You’ll die of old age before this valve becomes a problem,” my internist said.

I filed the diagnosis away and didn’t think about it for almost 20 years. Then the leak got bigger and the doctors noticed that the “lub-dub” beat of my heart was becoming a “lub-de-do-da-day-dub.” A bit irregular. They began monitoring me. While they were giving me echocardiograms, stress tests, blood tests, EKGs, and injecting me with dyes and Jell-o, for all I knew, they told me that I should not lift anything weighing over twenty pounds. Any other physical activity was fine, including sex. Okay, I thought. How bad is it not to carry your own luggage or move furniture? I could still ride a bike, take brisk walks, and do the horizontal cha-cha. I didn’t want to contemplate the possibility of the valve continuing to deteriorate.

Then, during an annual physical, out of the blue, my doc said, “It’s time to think about fixing this puppy.”

“Oh? How?” I asked.

“Surgery,” he said, “but let’s consult first with your cardiologist.”

We consulted. And then I consulted some more. And more. Six doctors in all. (Why settle for just a second opinion? Keep going until you get the one you want.) I consulted locally. I consulted in California. I consulted in Ohio. That last consult was with the man who would do the surgery: the head of the cardio department at a well-known, out-of-town heart center (the Cleveland Clinic), the man who invented the procedure I would have and who had the manual dexterity to repair, rather than replace, the valve. With his pronouncement that I needed the surgery and that it should be done while the valve could still be repaired, I was stunned.

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Six cardiologists sang the same song: fix it. Now. Up until that moment, I had been in complete denial, thinking they'd say wait a year, we'll see then. In the meantime, my leak would miraculously stop or some oral medicine, based on the same principles that stop radiator leaks, would be developed to take care of the problem. No such luck.

So I was off to the Cleveland Clinic.

They prepared me well for the surgery. I was told what to expect, what they would do, how they would do it. I asked about a minimally invasive surgical technique they had pioneered. They said it was not appropriate for my situation. They had to have access to my whole chest cavity and they would have to open me up. With a saw. (Nobody tells you these things unless you ask. I shouldn't've asked.) They told me how my body would react after the operation and how long I would be in rehab. They showed my wife and me videos that were very graphic—graphic enough to scare the hell out of both of us. They told me about the heart-lung machine that would take over while they worked on my heart. They told me about medications I'd have to take. They told me a lot. Maybe more than enough. And they told me about the emotional and psychological effects of this surgery, but on that subject, they didn't tell me enough.

For some people, surgery is no big deal. You go in. They put you to sleep. They probe, they push, they cut, they fix you up, they sew or glue you back together, they send you home, and you heal. Good as new. Not for me.

For me, surgery is a trip into outer space. Floating around with no anchor, jerked away from stability. I was a zombie for weeks before the surgery, walking around in a daze. Is this really happening to me? I put my life in order because I assumed I would die on the operating table. Woody Allen-like thoughts raced through my brain. What happens if the heart-lung machine breaks down? Do they have a back-up? What happens if I wake up in the middle of the surgery?

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What if they take my heart out to work on it and it falls on the floor? What if they disconnect the heart-lung machine and my heart doesn't restart? Do they have jumper cables? What if the surgeon starts cutting to the beat of whatever music they're piping into the operating room and it's a fast song? What if a tornado hits the surgical center of the hospital? What if a terrorist sets off a bomb while I'm under? And what if—the unspeakable fear—I don't wake up when they're finished? What if . . . ? What if . . . ? What if . . . ?

You have to understand, this isn't a simple outpatient procedure (and even those are not minor). This is a major-league event, and I was scared going in. The morning of the surgery, I needed a triple dose of Xanax to calm down. But I didn't have any. Waiting in the pre-op room with my wife and mother-in-law, me dressed in an uncloseable gown, my tush winking at the world, a few tubes already plugged in, a priest walked in and asked if I wanted to pray with him. When I said I was Jewish, he give a mild snort and walked out. I realized God wasn't going to help me on this one.

Then they came for me.

My gurney was rolled out and down a long hall past dozens of busy people in different colored scrubs. I think they were all color-coded. I was parked outside an operating room. I was attended to by several nurses, and then, seconds before I was wheeled into the operating room, my eyes welled up with tears and a tune wedgie started running through my head. I can't remember the name of the song, some stupid bubble-gum lyrics from the sixties—"I like bread and butter, I like toast and jam, That's what my baby feeds me, I'm her loving man," where did that come from?—and I began to say the Shma. Then an anesthesiologist, a pretty woman of about forty with a shower cap over her hair, looked down at me and as she maneuvered something into my IV said, you're going to be just fine. And I was out.

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When anesthesia works right, it's a wonderful thing. The time you're unconscious doesn't exist. It's as though they edited those minutes or hours out of your life. You have no memory of it. I awoke in the ICU stuffed with tubes and airways and unidentifiable rubber things. Apparently, the heart-lung machine did not break down, my heart restarted, and the hospital was not blown up. I was alive, and according to the attending nurse, the doctors had repaired the valve and all I had to do was recover. Oh, sure.

Well, I did recover. Quite well, thank you. Here's the thing: while the doctors and staff were terrific (I've come to believe that my surgeon should earn an NBA superstar-equivalent salary, and I think he does) and they prepared me for the physical side of life after heart surgery, they could've done a little better with my head. While some patients may address open-heart surgery as a miracle, and it is, I consider it a near-death experience. I still have dreams about it. I constantly wonder how long the repair will hold up (longer than the rest of me, I've been told), and I can't forget how my fears overwhelmed me prior to the event.

There were also a few surprises that no one told me about. (Maybe they didn't know? Maybe they actually wanted to surprise me?) My booze bills are lower since the surgery. I get a buzz with just one drink. Two drinks, and I'm on the table taking song requests. And here comes the best part: the sex. They told me I could have sex when I was back in shape. But they didn't tell me how good it would be. A constant horniness. It's nice. My wife encourages our interludes. They are frequent and spontaneous.

Many months after the surgery, my wife and I traveled to Chicago. While there, we had lunch with a long-time friend and his wife. As we caught up with events in each other's lives, he told me he had heart surgery the past spring. As it turns out, he had the identical surgery I did, performed by a surgeon who had trained

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under my surgeon. What a coincidence, I said. At which point he leaned across the table and said, "You know, when they do that operation, they basically kill you and then bring you back to life."

And I thought, thank goodness for that second part.