

I'd been having headaches for a couple of weeks.

Weird headaches, not like the usual ones from too much reading or too much parenting or paying gargantuan legal fees (I was nine months into a divorce). These came only after several minutes of strenuous exercise, like the cardio-kickboxing class I'd grown so fond of. And the headaches were in a strange place—sort of in the middle of my head, back behind my eyes. And they didn't go away until after I stopped exercising. I figured they were signs of a sinus infection. So I asked a guy at work. ■ Work is an outpatient surgical center in the northwest suburbs, where I'm an anesthesiologist. I had a case with Dr. Bob Meyers, whose specialty is sinuses, and I told him about my headaches. "Come on over to the office," he said. "We've got a new CT Scanner. I'll tell you in five minutes if it's your sinuses." ■ It wasn't. But the headaches continued. ■ In mid-March, I was exercising after work as I typically do, and the headache

began. This time, I thought, I'm going to keep going. I will think positive thoughts and stay on the elliptical trainer. I will be fine. But instead of disappearing, the headache became a hot flash of searing pain across the back of my head, and my neck grew stiff. I stopped the machine and sat down, perfectly still on the floor. As a physician, I knew the signs of meningeal irritation—when the lining around the brain is affected. I knew I was experiencing something extremely bad.

My headache lessened over the next hour, and I went home, though my neck remained stiff. I called an old friend from med school, John Ruge, a neurosurgeon at Lutheran General Hospital, where I am also on the medical staff. I told him about the headaches.

"You need to get an MRI, Margaret. Tomorrow. And an MRA. That'll show the blood vessels."

I'd never heard of an MRA.

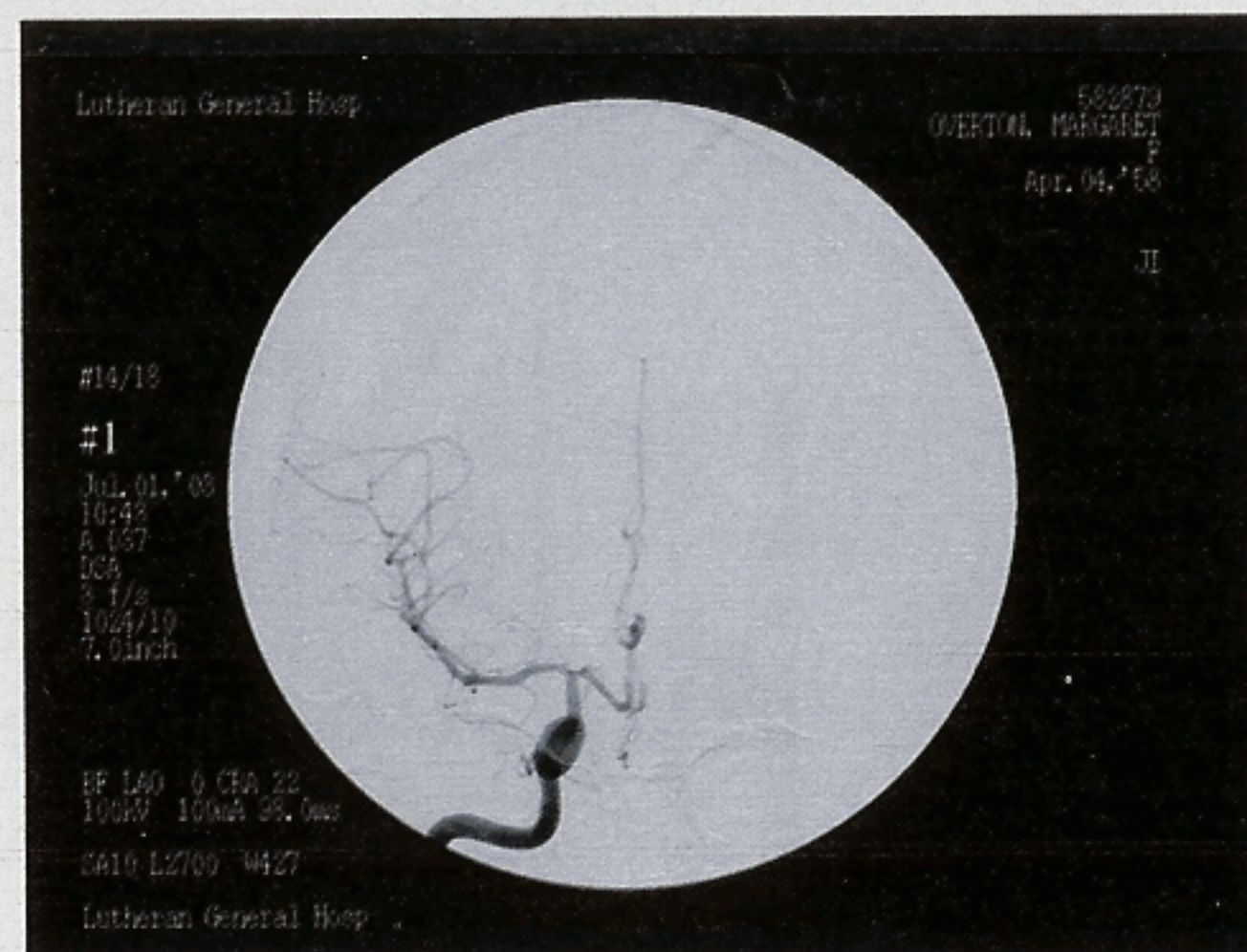
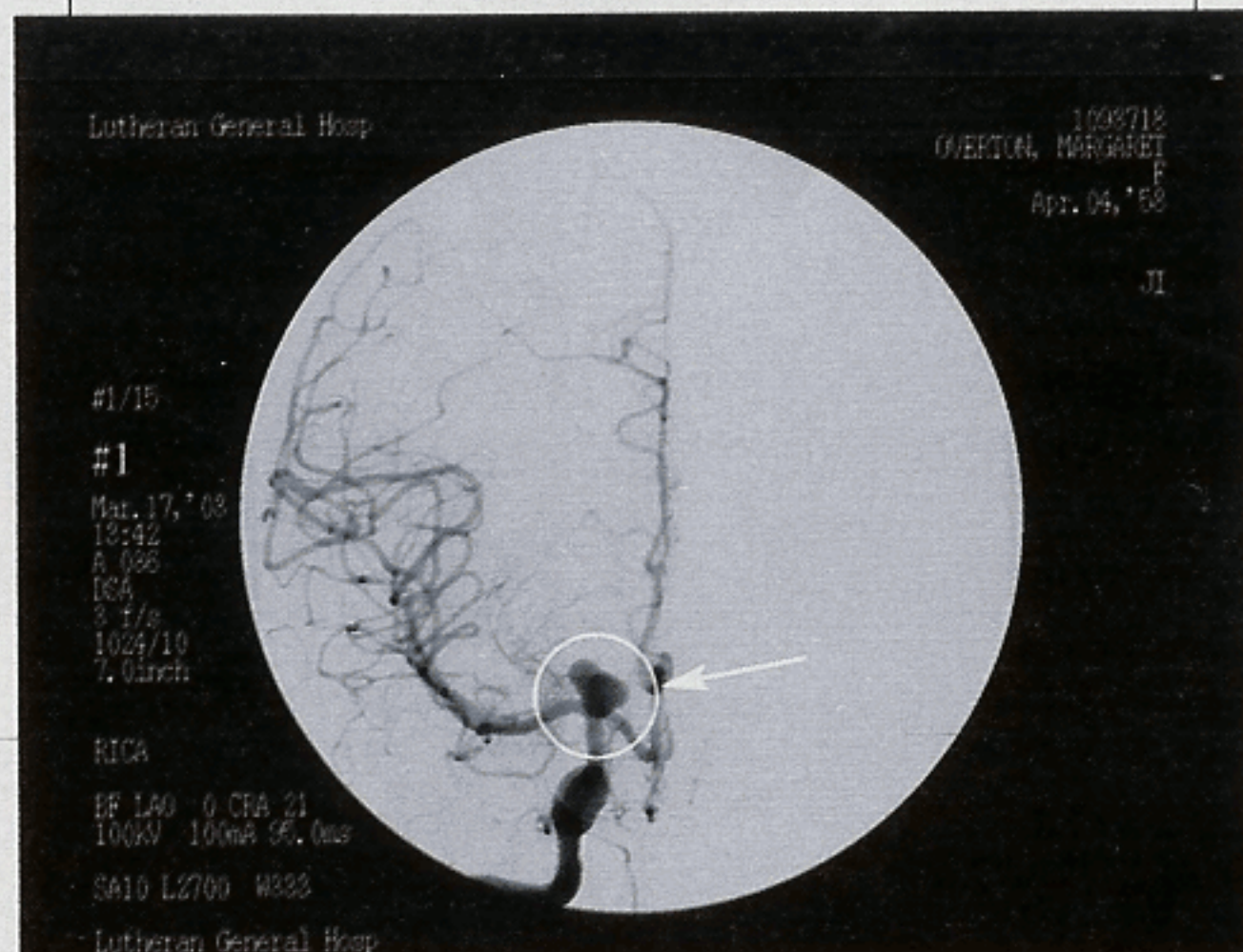
"Call me tomorrow if you have problems. Call me anyway when it's done so I can look at the films."

Normally, I'm an insomniac. But I slept well that night because I figured I was probably overreacting. On Friday, I did five cases at the surgicenter, made nine phone calls to my insurance company, was put on hold six times, had to hang up four of those, was given different phone numbers to call on two occasions, was told I could not have the MRI/MRA done at Lutheran General because the MRI Center was not covered under my health plan, but that Lutheran General Hospital itself was covered. Then I was given another number to call to schedule my MRI, but was cut off two times, then put on hold while they tried to figure out what an MRA was (magnetic resonance angiogram), then had to hang up so I could wake up a patient. When I called back, I got another person who didn't know what an MRA was, got put on hold then cut off, called again then finally was told I would be called back by someone in scheduling who doesn't actually work with an MRI per se, but at a central referral/clearing house for MRI centers which then need to be contacted directly, though I would need to check with the individual MRI centers to make certain they still had active contracts with my health insurance network. By 3 p.m., I had another headache.

After work, I drove to Lutheran General. I had a power of attorney for health care, which I planned to put in the mailbox of my close friend and fellow anesthesiologist Karen Schneider. I'd recently had my will changed, and a new power of attorney drawn up, and I figured this was a good time to get it to her. While I was at Lutheran, I called John Ruge's office to let him know I hadn't been able to get my MRI scheduled. He told me to wait five minutes, then called back and said to go downstairs, they would do an MRI and MRA for me at Lutheran. I felt a little guilty accepting this favor, since it seemed an obvious perk of being a doctor. Would John do this for anyone? I didn't know, but I sensed that he would.

After the scan, I got back in my car and began

to drive home. Traffic was terrible, and I opted for a roundabout route instead of getting on the Kennedy. I'm one of those people who has an uneasy relationship with geography: I can follow directions or read a map, but I have no internalized sense of where I am at any point in time. Luckily, I've lived in Chicago my whole life and have a compass in my car, and the lake has remained in the same position for as long as I can remember. So I usually manage, though daylight also helps. I was bumper to bumper on Dempster Street in Skokie when my cell phone rang.



Angiograms show the aneurysm (top, arrow) as a bulge in the carotid artery in Dr. Margaret Overton's brain before the coiling procedure. It disappears (bottom) after platinum coils were inserted, sealing it off from the blood flow.

"Margaret?" John Ruge's voice sounded grave over the Rolling Stones. "You can't . . . always get... what you wa-aant." Of course, John's voice always sounds grave. He's a serious man, which is a good thing, I suppose. You wouldn't want to say about your brain surgeon, "What a cutup!"

"Your MRI showed an aneurysm. Where are you?"

I flipped the stereo off. "I'm driving home." My heart had begun an alarmingly slow, dull thud, like when I'm at a stoplight and a car blasting hip-hop pulls up beside me. My face burned. I swear I could feel my blood pressure skyrocketing, which of course is ridiculous, as I've always told my mother when she tells me she can feel her blood

pressure going up. Suddenly I realized I was wrong, and she was right.

"Maybe this isn't a good time to talk," he said.

Right, I thought. Call me back in three weeks. "It's OK. Might as well be now."

"The aneurysm is at the bifurcation of the internal carotid artery, which isn't a very good spot. It's about a centimeter and a half. We need to talk about what we're going to do."

What we were going to do. What were we going to do? What about my kids? I'll have to have my head cut open, and how am I going to tell my kids? My kids don't need this. They've had too much to deal with already this year; divorce brutalizes children. I was the one person left on this Earth they knew they could count on, who would be there for them, and now this! Their worst fears could be realized. Liz, who just happens to be home for spring break, is 19. She's managing, sort of, if you consider avoidance a coping technique. But Jocelyn, who is 16, has had a very difficult time with the divorce. I thought, I'm not ready to leave them.

"Where are you?" John asked again.

"Sitting in traffic," I said.

"Listen, there's an excellent neurovascular neurosurgeon at Northwestern, named Hunt Batjer. I'm going to page him and see if I can get you in tomorrow. Oh, and Margaret, don't take any blood thinners or do anything strenuous. Just go home and take it easy. I'll call you back."

So. OK. There I was. I understood that the aneurysm in my brain was like a time bomb, ticking away toward the moment when it would blow and render me dead or worse, incapacitated. Lots of people have aneurysms, I knew, but they don't all die. They have them clipped surgically. Something about having my head cut open scared the bejeebes out of me. As did the long recovery time. And the lost income. But I'd heard—vaguely—of other ways to treat aneurysms. Embolizing, or something. So don't panic.

What about my hair? I'd been growing it out for over a year. With a shaved head, I'd look nothing like Sinead O'Connor. Stay calm, I thought. How could John just hang up like that? What about my blood pressure? Wasn't he worried about my blood pressure? I sure as hell was worried about it. Not that I had high blood pressure, but I was pretty sure it was elevated right this very second.

My cell phone rang. The lady from my insurance company offering to schedule my MRI. "Already done!" I hung up.

I needed to share this with someone. My 86-year-old mother was spending the winter in Florida. My dad died four years ago. I'm close to all three of my sisters, and two are in the Chicago area. I checked my watch. Lydia would be on the train going home from work, so I dialed Kathy's number.

"Are you sitting down?" I asked.

"Why? What's going on?"

"I mean it. Are you sitting down? I've got some bad news."

"OK. I'm sitting down."

"I've been having some headaches," I said. "This afternoon I had an MRI, and it seems I have

an aneurysm in my brain.”

“Oh, honey, what are you going to do? You gonna tell the kids?”

“I don’t know yet. For now, I’m just going to try to get home.”

My cell rang again. Karen Schneider.

“I got your power of attorney. Just picked it up.”

“Unbelievable timing. Karen, I’ve got an aneurysm.”

“What? Where? What do you mean, you’ve got an aneurysm?”

“I had an MRI this afternoon. John Ruge just called me. I’ve got an aneurysm.”

“Ohmigod, Margaret. What are you going to do? Stay calm. OK? Just stay calm.”

I told her John was trying to contact Dr. Batjer at Northwestern. “I’ll go with you,” she said. “You won’t be able to think clearly, ask the right questions.”

“OK.”

“Do you know where it is?” she asked. “The aneurysm?”

I tried to imagine where the arteries of the Circle of Willis sat inside my own head. But like I said, I’m not good with visuals. I thought, it’s in the middle somewhere, sort of like Kansas. Imagine the World’s Largest Ball of Twine in Cawker City, all 16,828 pounds of it, sitting alone in its lovely gazebo, which I’ve always meant to visit. Somewhere near there. In the Kansas of my brain.

“I’m not sure,” I finally answered.

“I’ll call you later. Are you OK?”

“Yeah,” I said. “I’m OK.” I thought of the Winnebago trip I’d never taken, the places I’d never been. I wanted to see Graceland and Mt. Rushmore and the World’s Largest Ball of Twine. Maybe Dollywood too. I could do it all in one trip, couldn’t I?

At home, I found my daughters in the kitchen. They’d done the grocery shopping, and were planning their evening.

“I need to talk to you,” I said. “It’s important.”

AN ANEURYSM IS a weakened bulge on the wall of an artery. It is similar to a thinned area on a balloon or inner tube. Aneurysms tend to occur where arteries branch. An estimated 2 million people in the United States have brain aneurysms. Every year, about 30,000 of them bleed. Half of those who bleed die within minutes. Of the 50 percent who survive, half of those will have a delayed but related death. The survivors often live with severe long-term deficits, such as diminished mental function, paralysis, nerve dysfunction, speech impairment, visual impairment or coma.

Who gets aneurysms? Women outnumber men by 3 to 2. Most patients are in their 40s or 50s when they are diagnosed, but aneurysms can occur at all ages. It is believed that by age 65, nearly 5 percent of the population will have an aneurysm. Not all of them will bleed. When they do, people typically complain of the worst headache of their lives, though they may also experience a localized headache, nausea and vomiting, stiff neck or neck pain, blurred vision or double vision, pain above and behind the eye, dilated pupils, sensitivity to light or loss of sensation.

Although many factors are thought to contribute to aneurysm formation, such as smoking, hypertension, traumatic head injury, use of alco-



Dr. John Ruge, a neurosurgeon at Lutheran General Hospital, advised Overton to choose the newer, less invasive procedure to treat her brain aneurysm.

hol and oral contraceptives, they often occur in otherwise healthy patients without predisposing conditions. People like me.

I spent Friday evening paying bills, making certain my affairs were in order, watching my kids try to cope. They spent a lot of time in their room, conferring with each other, then emerging to ask questions. You won’t die, right? How long will you be in the hospital? They tried hard not to let me see how upset they were, and I tried hard not to see it myself.

I canceled my hair appointment for the next day—why spend \$120 on my roots if my head

Introcaso called me. I have little recollection of our conversation, except that he described a procedure that sounded slightly less scary than having my head sawed open, brain shoved aside, and a staple placed (hopefully) across the aneurysm and not across the artery that supplies my soul.

He said he wouldn’t know until I’d undergone cerebral angiography, which is an X-ray of the blood vessels of my brain, but he thought he might be able to put a coil in me. He mentioned a study that had been published recently, which showed coiling to be safer than surgery. But he warned me that different specialists interpret the

HE DESCRIBED A PROCEDURE SLIGHTLY LESS SCARY THAN HAVING MY HEAD SAWED OPEN, BRAIN SHOVED ASIDE AND A STAPLE PLACED (HOPEFULLY) ACROSS THE ANEURYSM

might get shaved?

Kathy came over and we ordered a pizza.

John Ruge called again, and told me he’d spoken to Dr. Joe Introcaso, a Lutheran General neuroradiologist who specializes in the placement of endovascular coils in aneurysms. John had asked him to look at my MRI/MRA to determine whether I might be a candidate for this procedure. Then

study’s results to their own advantage. They can’t help it, he said. People believe in what they do.

Then I spoke with Hunt Batjer at Northwestern. He told me I would be his seventh aneurysm of the week. Must be a seasonal thing. We laughed. Ha-Ha. We agreed to meet at noon the following day.

Shortly before going to bed, I spoke with John again. He told me I was lucky to be living in Chica-

go, because both Batjer and Introcaso were experienced and highly regarded in their fields.

"But the surgeon will want to operate, won't he?" I asked. "And the neuroradiologist will want to insert the coil. So how do I decide which one to have done?"

"I'll go with you tomorrow, Margaret," he said. "We'll hear what Batjer has to say, then we'll figure it out."

SURGICAL CLIPPING OF brain aneurysms has been around for 60 years, and has a proven track record. Patients are placed under general anesthesia (this part I know about), a piece of skull is removed, and the aneurysm is exposed. A titanium clip resembling a clothespin is placed across the "neck" of the aneurysm, preventing blood from entering. Then the skull is replaced, and the surgical incision is closed. It may sound easy, but the procedure is incredibly complex.

Guglielmi Detachable Coils treat aneurysms through the arterial system. The technique was developed by Italian doctor Guido Guglielmi in the late 1980s and has been used in this country for about eight years. This procedure is done through the femoral artery, which is accessed in the groin, and with the patient under general anesthesia. Coils are pieces of metal attached to

the end of a guidewire. Under X-ray guidance, the coil is directed into the aneurysm, then a current is passed through it to separate the coil from the guidewire. No cutting or sawing is necessary, other than a small incision where a catheter punctures the femoral artery.

On the telephone, Introcaso had mentioned a study published last fall, and suggested I look it up online. The researchers studied over 2,000 patients and found that for patients treated with endovascular coils, the risk of death or significant disability at one year was 22.6 percent lower than for those treated neurosurgically with clipping. The results were so compelling that the study was halted prior to its completion. Even so, 23.7 percent of patients treated with endovascular coiling were dead or dependent at one year, compared with 30.6 percent of patients treated surgically. The numbers were better, but still not very encouraging.

KAREN, JOHN AND I met with Hunt Batjer and his colleague, Dr. Bernard Bendok, at the Starbucks in Northwestern's lobby. I handed over the MRI/MRA films, and they held them up to the light, passing them back and forth. Then they began to confer with each other quietly, but loud enough for me to overhear them planning a surgical approach.

I stared at the floor. I felt I was lying in the path

of a bulldozer. It was bearing down. John moved between Batjer and me, as if he wanted to physically interrupt the momentum.

Batjer told me I could be admitted on Sunday, have the cerebral angiogram Monday morning, then surgery in the afternoon.

"What about coiling?" John asked. He told Batjer we'd spoken with Joe Introcaso, who used to work at Northwestern. They knew each other. Batjer asked for Introcaso's opinion. John said he'd wanted to see an angiogram before making a final decision.

Batjer told me why he believed surgery was the better option for me. "Surgical clipping has been around for decades. We have a lot of experience doing this operation safely and effectively. There isn't any long-term data for [the coils] You're 44; you should have a long life ahead of you," meaning that clipping had better odds over the long term.

The question came down to where I should have my cerebral angiogram performed. It was clear that if Introcaso didn't believe he could coil my aneurysm, I would need to have the surgery. Therefore, I didn't want to piss anyone off. With John's guidance, we decided to have Introcaso do the angiogram at Lutheran General, and we would keep in touch with Batjer regarding the

results.

After Batjer and Bendok left, I tried to listen to John's interpretation of Batjer's comments, how things stacked up for and against, but I couldn't follow along. I felt childish and numb and completely out of control. I couldn't process my thoughts. I didn't have any thoughts to process. The choice before me seemed completely overwhelming. Surgery versus coiling. We weren't even positive I was a candidate for the coiling, but if I was, then what?

I understood Batjer's point. I was still relatively young, and hopefully had a long life ahead of me. Did I want to take a chance on a procedure without decades of proven efficacy? On the other hand, if the coiling didn't last, or work, I could have the surgery at some future date. I kept imagining the summer months ahead, not knowing if I'd be bedridden, paralyzed, unable to care for myself. The past year had taken its toll on me and on my kids—our future already seemed tenuous. It came down to choosing between the here and now and a future I could not imagine, let alone define.

Finally, I turned to John, "What would you do?"

"I think I'd go for the coil, Margaret, if I were you. Your aneurysm is in a risky spot. And it's big. That worries me."

And so my decision was made. I chose the here and now. If I was eligible.

John reached Joe Introcaso on the phone, and we agreed he would do the angiogram on Monday afternoon, and if the aneurysm was amenable to coiling, he would go ahead and perform the procedure while I was under anesthesia. I wouldn't know until I woke up whether he'd been able to treat the aneurysm. Was that OK with me? I said that it was.

On the way home, Karen and I stopped first at Dairy Queen for ice cream, then at McDonald's for French fries. She already had Twizzlers in the car. As experienced health-care providers, Karen and I agree on the medicinal effects of comfort food. Trust us, we're doctors.

On Sunday, I took care of details in the event of my death, or in case I woke up stupid and/or drooling. I sent e-mail to my banker, signed a power of attorney so Kathy could pay my bills. I wrote e-mails to all my friends, explained my situation, asked for their prayers. I called my new boyfriend, Greg, told him the gist and offered him the opportunity to bow out of our fledgling relationship. He passed on the opportunity and rushed back to Chicago from visiting relatives in Cincinnati. Sunday evening, Greg and Liz and Jocelyn and I watched television in my bed and argued over who was in charge of the clicker. I wrestled it away from Liz, saying, "I'm the one with the aneurysm!"

Later, after Greg had gone home, Jocelyn snug-

gled beside me. "I'll shave my head too, Mom. So you won't be alone. It'll be kinda cool."

I hugged her close. My girls were all that mattered. "Thanks, honey," I said. "I'm hoping that won't be necessary."

On Monday morning, Kathy drove me to the hospital. I registered, then met Karen, who'd worked all night and was exhausted and nervous, my friend Cindy, Dr. Bill Soden (my anesthesiologist), my sister Lydia and Greg. We made jokes and laughed as we waited for things to get going, but I was less funny than usual. Something about having my backside uncovered inhibited my sense of humor.

Then they wheeled me back to the Special Procedure Room. I moved onto the table. Everybody—nurses, doctors, X-ray technicians—looked really nervous. The last thing I remember thinking before going to sleep was this: My co-workers will see me naked.

When I woke up, 3½ hours later, I was on a cart being wheeled to Intensive Care. I didn't gradually emerge from the anesthetic the way I always tell patients they will. I went from asleep to awake within nanoseconds. No funky dreams, no floating, no sense of well-being. Awake did not feel good. Karen walked beside the cart, holding my hand, and told me, "It's all done, Margaret. They were able to get rid of your aneurysm."

I should have been relieved, but all I could taste was anesthetic, a harsh chemical flavor. My chest burned, my groin hurt, my head throbbed and I wanted to throw up. I'd never felt worse in my life. So this, I remember thinking, is what it's like to

awaken from an anesthetic. I had a sudden and profound appreciation for what I'd been putting patients through all these years.

THE SEVEN COILS Joe Introcaso placed in my aneurysm are made of platinum. Think of a Slinky, pulled straight, then cut into sections varying in length from 7 to 20 centimeters. When released inside the aneurysm, the wires curl up, lining the wall, and provide a surface that causes the blood to clot. The clot prevents blood from flowing into the aneurysm, thereby preventing it from growing and/or rupturing. Platinum coils have the advantage of not interfering with MRI technology (titanium surgical clips make MRIs difficult to interpret), but the cost is impressive. I have \$8,984 worth of platinum in my head.

I spent the next 22 hours in intensive care on my back because of the catheter still in my femoral artery. I slept not a wink, took every drug offered me but was still dreadfully uncomfortable, whined a lot, had many visitors and ate some of the worst food I have ever, in my entire life chocked down (since I've spent the last 20 years eating hospital food, this is saying something). I received wonderfully kind and attentive nursing care. I also had what I now recognize as my very first migraine, which lasted all night. It would be the first of many.

On Tuesday, I left the hospital. Liz went back to college that afternoon, and for the first time in days I found myself alone. The apartment was filled with floral arrangements from friends and

acquaintances.

I stayed home for a week, talked on the phone, surfed the net, wrote thank-you notes. To friends I wrote e-mail to let them know I was fine, but I felt disoriented. A close friend came to visit; she said I looked haunted. Slowly, I began to absorb the enormity of what I'd been through.

People often say, after a near-death experience, that their priorities suddenly change. They learn what "really matters" in life. I can't say that happened to me. My priorities are pretty much as they were before the aneurysm. But what I felt, and still feel, was a profound sense of luck, like I'd dodged a bullet, that I'd been in the right place at the right time and somehow escaped something dreadful. I felt deeply indebted to my friends, to Karen, to John Ruge in particular, that I owed them something I could never repay.

I felt incredibly lucky to have had the medical training to recognize the significance of my own symptoms. I was lucky to have known whom to call and that those people returned my calls. I was lucky I didn't have to rely on my insurance company to schedule my MRI. I was lucky to be affiliated with an excellent hospital and receive the best possible medical care from the best possible caregivers in unbelievably timely fashion. My

own good fortune I never doubted. The thought that kept recurring, that woke me up at night, was this: What do other people do? What do *normal* people do?

In the end, I can't answer those questions, but I do understand that part of the solution lies in education because, in a sense, my education saved my life.

Unfortunately, my story isn't over. It is common knowledge in the medical community that when the patient is a doctor, nothing is straightforward. It turns out that some patients require more than one coiling procedure. In late May, I began having more headaches, had another angiogram, and found out that my aneurysm needed more coils. I had to do it all over again, and my platinum total now stands at \$15,722.

The Brain Aneurysm Foundation sponsors a Web site (www.bafound.org) that I highly recommend. It covers all aspects of aneurysms, including symptoms, detection, treatment, resources and support groups.

The site even includes diagrams depicting the coiling procedure and what an aneurysm looks like after the coils have been placed. Believe it or not, the schematic drawing of a coiled aneurysm looks exactly like the giant ball of twine! Just a little smaller. How comforting—and somehow fitting—to have a platinum ball of twine right there, behind my eyeballs, in the Cawker City, Kan., of my brain. □