

I Can Tie My Shoes

In a Cardiology Suite

As physicians, we often become inundated with excessive data and laboratory tests. In a world of CT scans and MRIs, we often forget to listen to the patient. A good example of this occurred during my recent cardiology rotation. A patient reported that every day for the past week he would pass out whenever he would bend to tie his shoes, waking up on the ground a few minutes later.

The patient's complaints were taken seriously; he had a pacemaker placed several years earlier for atrioventricular node disease. The pacemaker was interrogated and seemed to be working properly. The patient agreed, saying that while exercising he did not experience any symptoms related to the pacemaker.

A tilt-table test was performed. Throughout each stage, the patient had no symptoms. He was insistent that he only passed out when he tied his shoes. We completed all the stages of the test without reproducing his symptoms; he consistently had a regularly paced rhythm.

As we were helping the patient off the table, he defiantly stated, "I knew I wouldn't pass out. I only pass out when I tie my shoes."

I looked at the nurse, and we both knew what we had to do—have the patient tie his shoes.

We asked the patient if he would be kind enough to tie his shoes for us.

"Gladly," he announced.

He leaned over and started to grab his laces. Slowly at first and then more pronounced, he started to appear unsteady. I looked at the monitor, and he was in asystole. There was no paced rhythm. As I called the patient's name and reached for him, the patient continued to slump down and hit the floor. Incredulously, we went to the basics: airway, breathing, circulation.

We turned the patient onto his back and called a code blue. As we were assessing the patient, we looked at the monitor and we once again saw a paced rhythm. He also had a pulse. We called his name, and he responded.

The patient subsequently was evaluated in the electrophysiology lab. Under fluoroscopy, we saw that the patient had a fractured pacemaker lead wire that would separate whenever he would stretch and lean forward. The electrocardiogram monitor confirmed the pacemaker's failure to capture and the pacemaker was changed uneventfully.

The ultimate test of the new pacemaker was given soon afterwards. The patient was asked to tie his shoe. After accomplishing this feat without passing out, the patient looked up with a sheepish grin and said, "I can tie my shoes."

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