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Nixon Undergoing New Tests on Clots

LONG BEACH, Calif., Oct. 24 (AP)—Sophisticated tests were under way today to discover if blood clots are still forming in former President Nixon's phlebitis-tormented left leg — a condition that would require surgery.

In a brief written statement,

Dr. John C. Lungren said, "Mr. Nixon's condition is unchanged . . . We are in the process of carrying out the specific, new diagnostic tests. . . ."

Lungren told a news conference Sunday at Memorial Hospital Medical Center, "If the tests show that there is active clotting, then the chances of surgical intervention are good."

If tests reveal that the anti-coagulant drugs Mr. Nixon has been receiving are preventing the formation of new clots, the former President may be permitted to return to his San Clemente villa by the end of the week, Lungren said.

Lungren said he could not predict when Mr. Nixon could travel to Washington, D.C., to appear as a witness in the Watergate cover-up trial—surgery or not. But the doctor said, "Over the long haul I'm sure he'll be available."

In a written statement read to newsmen Sunday, Dr. Wiley Barker, a consultant in the case, said that even if surgery is unnecessary, Mr. Nixon will need "close medical supervision for a protracted length of time, and by protracted length of time I mean many months"

A spokesman said the Watergate special prosecutor's office in Washington "will have no comment" on Barker's statement.

Doctors fear that any new clots in Mr. Nixon's leg could travel to his heart or lungs, where they could cause death.

Old clots usually attach themselves to the wall of a vein and eventually are absorbed by the body.

One of two tests scheduled is a venogram. A dye is injected by a catheter—a thin plastic tube—into Mr. Nixon's bloodstream. It is picked up by a camera to reveal old or new clots. A venogram last week showed that the deep femoral vein in Mr. Nixon's left leg was 99 and 44-100ths per cent clotted," Lungren said.

A second venogram should show if any new clots have formed, said a hospital spokesman. The other test is a radioactive fibrinogen uptake. It will show if new clots are forming.

Surgery for Mr. Nixon's condition is described as relatively simple. There are two common methods. In the first, a surgeon ties off the main vein taking blood—and any

clots—from the legs to the heart. Other veins take over the function of the vein closed off by surgery.

In the other operation a small, umbrella-like screen is inserted in the vein, allowing blood to pass through but stopping clots.

"Whenever you talk about surgery, you're talking about risk. It would require a general anesthetic. We don't want him to undergo surgery unless we know nothing else will help him," Lungren said.

Mr. Nixon re-entered the hospital last Wednesday after Lungren found that the oral anticoagulant Mr. Nixon was taking at his San Clemente home was not working adequately. He left the hospital Oct. 4 after 12 days of treatment and tests.