

New Test Planned For Nixon

Surgery Likely If New Clots Are Found

By Robert Meyers

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LONG BEACH, Calif., Oct. 27—Former President Nixon still faces surgery if "sophisticated tests" scheduled this week reveal the formation of new blood clots in his left leg, doctors said today.

Dr. John C. Lungren, Mr. Nixon's personal physician, said that vein specialist Dr. Wiley Barker, a professor of surgery at the UCLA School of Medicine, examined the former President early this morning.

Mr. Nixon has been hospitalized at Memorial Hospital in Long Beach since last Wednesday evening with a recurrence of thrombophlebitis, or blood clots in swollen veins.

In a statement read by Lungren, Barker said there are several problems facing the former Presidents doctors. First "is that of controlling the clotting mechanism" — clots have almost totally blocked a major vein in Mr. Nixon's lower left thigh.

The second "is to identify whether the symptoms in the leg . . . are due to the old clotting process" or "whether they are due to any new activity in the clotting process in the leg in spite of the anticoagulants," Barker said.

If there is new clotting activity, then surgery will be performed, doctors said. The former President's condition, Lungren said, is "stabilized" at this time.

However, Lungren also said that surgery might be performed if there is a new embolus—a runaway blood clot

—or if tests show that Mr. Nixon's condition is difficult to control with oral anticoagulants alone. Mr. Nixon has been taking coumadin, an oral anticoagulant at home, but apparently needs the frequent administration of heparin, a blood thinner given intravenously.

Lungren declined to speculate on the nature of the possible surgery. Alternatives available apparently include removing the clots, or modifying the leg vein to prevent passage of the clot, while allowing the blood to flow.

Lungren said that Mr. Nixon "is not in the small group of paradoxical patients" who do not respond to anticoagulants. The medication he had been

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taking apparently failed to have the desired blood-thinning effect because of the unexpected new clotting activity. Lungren said the new clotting apparently prevented the drugs from working, rather than any inability of Mr. Nixon's system to respond to anticoagulation. Lungren last week did a computer study to see if Mr. Nixon was one of a small group of patients on whom blood-thinning agents do not work.

The tests to be conducted on Mr. Nixon this week will include a venogram of his pelvic area.

Mr. Nixon last week had a venogram from his ankle through part of his thigh. In the venogram a liquid "contrast material" is injected into the blood stream, and its passage monitored by X-ray. The resulting picture shows where the passage of the contrast material is blocked by clots.

Dr. Scott Driscoll, a cardiovascular radiologist who has examined Mr. Nixon, said he particularly wants to know if

the left iliac vein, which enters the left leg, is blocked. Describing the venogram he gave last Wednesday night, Driscoll said the results showed that the deep venal system of the left thigh was "99 44/100 per cent clotted." Driscoll said he would not sell his property to have his property sold through a real estate

Using a blackboard with a chalked-in diagram, Driscoll explained that although this deep venal system is blocked, there is a vein paralleling it that is not blocked, and that blood is moving through it. Driscoll said there was no apparent clotting in his right leg.

Driscoll called Mr. Nixon "a stoic patient who did not complain" during the sometimes uncomfortable venogram examination.

Lungren said that if there is no new clotting activity, then his patient could probably go home "at the end of this week." In his statement, Barker had said that Mr. Nixon was going to require "close medical supervision for a protracted period of time, and by protracted period I mean many months."