NIXON'S DOCTORS DELAY OPERATION

OCT 25 1974 Anticoagulation Therapy to Be Used to Try to Avoid Dangerous Development NYTimes

By LAWRENCE K. ALTMAN Special to The New York Times

LONG BEACH, Calif., Oct. 24-Doctors have deferred surgery for former President Richard M. Nixon and decided to try to prevent potentially dangerous developments from his phlebitis with another round of anticoagulation, or blood-thinning, therapy, according to all medical source connected with the case.

The decision to defer an operation was made after a vascular surgeon, Dr. Eldon Hickman, examined Mr. Nixon at the Memorial Hospital Medical Center here. Because of complications that had developed in Mr. Nixon's phlebitis treatment, the former President was unexpectedly readmitted last night to the same hospital from which he was discharged three weeks ago.

The complications were not of an emergency nature, Dr. John C. Lungren, Mr. Nixon's

chief physician, said.

Dr. Lungren said in a bulletin today that the former President was "undergoing intensive heparin and coumadin therapy efforts continued today to build up the level of anticoagu-

Though Mr. Nixon felt well, Dr. Lungren said that he con-

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sidered readmission "imperawas responding poorly to high doses of coumadin. Mr. Nixon tained by drugs."

a venogram test had shown sponse to coumadin therapy, he "that the deep femoral vein in wanted to do the venogram the left leg is almost totally and to repeat lung-scan tests occluded" and disclosed "the two weeks earlier than sched-presence of new or old clots in the deep venous system of the left thigh."

Dr. Lungren had planned to do a venogram on Mr. Nixon's

occluded" and disclosed "the presence of new or old clots in the deep venous system of the left thigh."

Dr. Lungren said that he suspected that the clots were new because a Doppler ultrasound test, which had given normal results during Mr. Nixon's previous admission, showed an abnormality consistent with a blood clot in his left leg.

Accordingly, Dr. Lungren said, he resumed heparin bloodthinning treatment but prescribed injections under the skin instead of into a vein at Mr. Nixon's insistence. "If anticoagulant therapy cannot be adequately established and controlled ,then surgical intervention is a real posibility," Dr. Lungren said.

The type of operation has not beeen chosen. In such cases, surgeons can make an incision in the abdomen and ligate (tie off) or plicate (pleat) the inferior vena cava. This is the main vein carrying oxygen-poor blood from the lower body. The purpose of these surgical

orein-snaped device through a vein elsewhere in the body.

The purpose of these surgical procedures is to prevent a blood clot that breaks off in the leg from araveling to the heart and then lodging in the heart and then lodging in the lung. Large clots in the lung can be fatal. During Mr. Nixon's previous admission, dictors discovered that a small clot had lodged in his right lung.

Dr. Lungren also said that

Continued From Page 1, Col. 1 "special studies are being conducted to see if Mr. Nixon is tive" because blood tests had shwn that the former President cal cases, i.e., people for whom

had been swallowing the coumadin pills to thin his blood
since his discharge Oct. 4 after
a 12-day stay at the same hospital.

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