

Nixon Condition Critical After Surgery

# 'Countershock' Measures Given To Ex-President

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LONG BEACH, Calif., Oct. 29—Former President Nixon was listed in critical condition tonight as he went into shock hours after vein surgery on his left leg.

A team of physicians administered "countershock" measures for three hours until a stable vascular condition was once again restored," said Mr. Nixon's personal physician, Dr. John C. Lungren.

Lungren said the serious complication was probably caused by "some . . . bleeding secondary to anti-coagulation therapy."

"The patient is still considered critical," Lungren said. He gave no other details in the written statement read to newsmen by a hospital spokesman.

Earlier a team of three surgeons had placed a plastic clip on a principal vein in his leg to prevent the potentially dangerous flow of blood clots to the lung.

Shortly after the operation he was returned to his seventh-floor room at Long Beach Memorial Hospital. At his bedside were Mrs. Nixon and Rose Mary Woods his long-time secretary.

Mr. Nixon has been plagued since last June by a recurrence of a phlebitis condition that first developed nine years ago. Phlebitis is characterized by abnormal formation of clots in the bloodstream. He has been hospitalized twice here since Sept. 23, with blood clots in the left leg and a small clot in the right lung.

The decision to operate came Monday night after tests taken earlier in the evening revealed new and extensive clotting in Mr. Nixon's left leg—specifically in the external iliac vein in the thigh. Lungren said the clot could have broken loose and traveled to the heart and lung, endangering the former President's life. He said Mr. Nixon agreed with the recommendation to operate.

The operation was not done Monday night because doctors felt Mr. Nixon was too weak due to the rigorous examination, which involved inserting a catheter and a dye into his vein.

The surgical team was led by Dr. Eldon Hickman, a vascular surgeon, who is an assistant professor of surgery at the UCLA School of Medicine. The other two surgeons were not identified.

Hickman, red-eyed with fatigue, described the surgical techniques to reporters shortly after the operation:

"We placed what's known as a Miles clip . . . to partially occlude (block) but not completely occlude the vein. The clip was placed above the area of the clot at the junction of the external iliac vein with the internal and common iliac vein. . . . The procedure was unevent-

See NIXON, A6, Col. 1

## NIXON, From A1

ful and he is recovering in a normal manner."

In lay terms, the clip, which is permanent, was placed across the vein roughly at the groin level. It is known as the Miles Teflon vena cava clip.

A white plastic device about an inch and a quarter in length, it resembles a serrated hairclip. The device manages to pinch the vein sufficiently to prevent the clot from passing, but still permitting some blood to flow. Usually in such cases, other veins in the leg eventually take up some of the blood flow from the blocked vein.

Hickman said the former president would require a post-operative recovery period of a week or so in the hospital and four to six weeks at home.

He said Mr. Nixon is "at bedrest with bathroom privileges. He has elastic support still on the left lower extremity." The former President will continue to receive anti-coagulant therapy, at first intravenously and then orally, Lungren said.

The history of Mr. Nixon's phlebitis since the recurrence in June has been a pattern of stubbornly escalating seriousness, which he at first tried to ignore. In essence, the treatment up to the operation represented a series of unsuccessful attempts to prevent and contain new clotting by the use of anti-coagulant drugs.

New or active clotting is considered dangerous because of the possibility that a clot could form quickly in the leg, be thrown off into the venal blood stream and lodge in the lung with fatal results.

According to Lungren, Mr. Nixon first acquired phlebitis in the veins in his left leg in 1965. It developed during an airplane trip to Japan. Lungren theorized that it was caused by a condition known as "stasis"—continued sitting or standing in the same or

similar position over extended periods of time.

The condition reactivated last June before the then-President was to tour the Middle East. He developed swelling and pain in the lower left leg. Mr. Nixon refused treatment at the time and continued with plans for his trip. In Egypt, the leg swelled up again, and did so a third time in Russia.

In September, after leaving the White House, Mr. Nixon began hurting above the knee. Lungren examined him Sept. 11 and urged hospitalization but Mr. Nixon refused. He did agree to take anti-inflammatory drugs.

A week later, Mr. Nixon finally agreed to enter the hospital and was admitted to Long Beach Memorial Sept. 23.

The purpose of his stay was two fold: to treat the existing phlebitis with intravenous anticoagulant therapy, and to administer an exhaustive round of tests to assess the cause of the ailment.

Within 24 hours a nuclear radiation examination known as an airway patency scan determined that Mr. Nixon had a small clot—or embolus—in the right lung. The clot had done enough damage to be dangerous, but, Lungren stated, illustrated the potential danger of the phlebitis condition.

During his 11-day stay at the hospital, Mr. Nixon was examined by a team of consultants that included: Dr. John Anderson, former chief of radiology at Long Beach Memorial, now assistant clinical professor of radiology at the University of California at Irvine; Dr. Hickman, who eventually did the surgery; Dr. Earl Dore, director of nuclear medicine at Memorial, who did the patency scans; Dr. Dennis McQuown, director of diagnostic ultrasound at Memorial; and Dr. Siebert Pearson, associate clinical professor of medicine at UCLA.

In addition to the nuclear radiation examination, Mr.

Nixon was given a series of sophisticated tests of the colon, the gall bladder, and the upper digestive tract.

All results were negative, leading the physicians to exclude malignancy as a possible factor in the phlebitis. Mr. Nixon's left thigh was examined by McQuown, using a doppler ultrasound technique, which operates on a sonar principle to detect internal obstructions. At the time, the test was negative. The doctors decided to forgo the more specific technique known as ven-

ography, which involves injecting dyes into the bloodstream.

"It was our impression that this would not be necessary at this time; it would not achieve additional information . . . (and) there could be complications that occur during the time of this examination," the doctors concluded. Possible complications could have included dislodging of clots, doctors here said.

Mr. Nixon was dismissed from the hospital on Oct. 4. At the time, Lungren said he was responding well to the anti-coagulant drugs, that the leg was less swollen, and the defect in the lung resolved or smaller.

He prescribed oral doses of coumadin, an anti-coagulant, at home and an extended period of limited activity for Mr. Nixon.

As to the cause of the phlebitis, Lungren reaffirmed his opinion that it was a flare-up of the old ailment, which he speculated may have been caused by stasis or some unknown, or "idiopathic," cause.

idiopathy: [Medicine]

1. A disease of unknown origin or cause; a primary disease. 2. A disease for which no cause is known.

At the same time, Lungren sharply repudiated inferences that the hospitalization and restricted convalescence were related to demands for Mr. Nixon to testify at the Water-gate cover-up trial in Washington.

In less than three weeks, on Oct. 23, Mr. Nixon was back in the hospital. Lungren announced that blood tests had shown that Mr. Nixon had not been responding to the oral anticoagulant medicine.

The doctors decided to resort to a venogram study, which enables physicians using a dye to trace the flow of blood and pinpoint obstructions.

The tests showed blockages of blood vessels in the veins of the left leg and thigh. The blockage was so thick, however, that the dye could not get past the leg to other parts of the body. At that point, last Sunday, doctors knew only that the clots were there, but could not determine whether they were old or new.

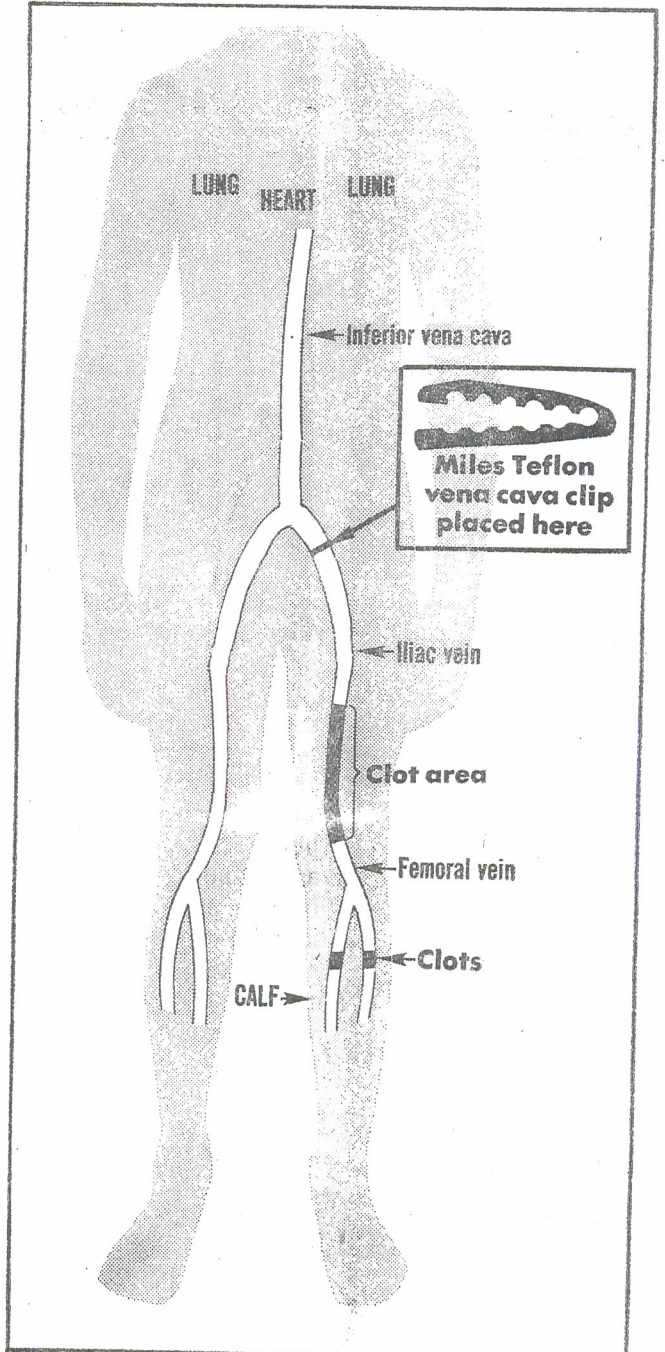
A second, more complicated and delicate venogram was ordered, and carried out on Sunday night. It involved inserting a small polyethylene catheter tube about a millimeter in diameter into the vein of the right thigh and running the catheter across the pelvis into the left vein.

It was this test that disclosed the existence of a "fresh, active clot" in the upper left thigh that had developed despite anticoagulation therapy. "The new clot," said Lungren, "threatens to become a pulmonary embolus and thus endangers Mr. Nixon's life."

With the surgery, Lungren appeared confident that the danger of large runaway clots escaping to the former President's vital organs was over.

There were still these imponderables: if Mr. Nixon continued to develop clots despite anticoagulant treatment, could other blockages develop in other, unprotected parts of his body? Also, if oral anti-coagulants will not work for Mr. Nixon, might he have to continue on intravenous treatment periodically for an indefinite length of time? And, finally, if clotting continues in his left leg, could it either permanently immobilize him, or possibly, result in malignancy?

*Washington Post special correspondent Robert Meyers contributed to this story.*



Joseph P. Mastrangelo—The Washington Post

Chart shows where a "Miles Teflon vena cava clip" was placed during the operation on Mr. Nixon. The white plastic clip, about 1¼ inches long, prevents clots from traveling while permitting some blood to flow.