

Nixon in Critical Condition After Blood-Clot Surgery

Doctors Give Countershock Measures Until Stability Is Restored—Vein Was Clamped in the Operation

NY Times

By The Associated Press

OCT 30 1974

LONG BEACH, Calif., Oct. 29 —Former President Richard M. Nixon was listed in critical condition tonight after he went into shock following surgery.

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

Dr. Lungren said the serious complication was probably caused by "some retroregional bleeding secondary to anticoagulation therapy."

"The patient is still considered critical," Dr. Lungren said.

He gave no other details in the written statement read to reporters by a hospital spokesman.

Earlier Details

By LAWRENCE K. ALTMAN
Special to The New York Times

LONG BEACH, Calif. Oct. 29 —In a 70-minute operation early today, surgeons at Memorial Hospital Medical Center clamped a vein in former President Richard M. Nixon's pelvis to prevent a newly discovered blood clot from breaking off and lodging in his lungs.

After the operation, Dr. John C. Lungren, Mr. Nixon's physician, described the former President's condition as "stable" and said he was "somewhat sleepy" and "at bedrest with bathroom privileges." Liquid nourishment in the form of sugar water flows through a vein in Mr. Nixon's arm.

The state of Mr. Nixon's health is expected to be a key factor in whether he will be able to testify in the Watergate cover-up trial in Washington.

The former President "is recovering in a normal manner," Dr. Lungren said at a news conference shortly after Dr. Eldon Hickman stitched Mr. Nixon's lower abdominal incision closed. Unless the patient's condition changes, Dr. Lungren said, he will not issue another bulletin until tomorrow.

Visit From Wife

The 61-year-old Mr. Nixon began waking up from general anesthesia shortly after the operation ended about 6:40 A.M. (9:40 A.M. New York time). He was wheeled on a bed from the operating room on the hospital's main floor to a private room on the seventh floor where nurses began giving him routine postoperative care. For security reasons he is the only patient on the seventh floor, a newly constructed area that the hospital expects to open for general use in a few weeks.

Mrs. Nixon visited her husband briefly before he began dozing. Their two daughters, Julie Eisenhower and Tricia Cox, flew to California from the East today to be at their father's bedside. Ronald L.

Continued on Page 29, Column 1

Continued From Page 1, Col. 7

Ziegler, press secretary during the Nixon Administration, described Mrs. Nixon as "strained."

Dr. Lungren said "we hope" the operation will solve the problem of potentially lethal clots breaking off from a vein in Mr. Nixon's lower body, passing through his heart and damaging the lung.

But the Long Beach specialist in internal medicine said it was "problematical" if Mr. Nixon would develop further swelling and circulatory deficits as a consequence of the operation.

"We don't know" yet, he said.

Before the operation, he said that Mr. Nixon faced "somewhat more risk than normal for this type of surgery." The reason cited was that his blood had been thinned by drugs for more than one month.

Yet, Dr. Lungren said that no excessive bleeding occurred during surgery. He said that he did not prescribe vitamin K, an antidote to the Coumadin blood-thinning pills that Mr. Nixon had been taking since his previous hospitalization a month ago.

Because Mr. Nixon, like other postoperative patients, will not

be allowed to take food by mouth for another day or so, Dr. Lungren said he would continue the injections of heparin, also a blood-thinning drug. The doctor resumed heparin therapy when Mr. Nixon entered the hospital unexpectedly last Wednesday night.

Despite the slightly greater risk, the former President needed the operation "urgently," Dr. Lungren said, because a new clot discovered in an X-ray test late last night "threatened to become a pulmonary embolus and thus endangered Mr. Nixon's life."

Discovered in X-Rays

The new clot was discovered during a venogram, or series of X-rays of the veins in the thigh and pelvis. Last night's test was Mr. Nixon's second venogram during this hospitalization.

Dr. Lungren said that Dr. Scott Driscoll, who did the test, found that the patient "had an active [dangling] clot" in the external iliac vein that connects the femoral vein in the thigh with the inferior vena cava, the main vein in the abdomen.

Because of an error in transmission, it was incorrectly stated in some late editions of today's New York Times that the newly discovered clot extended from the iliac vein into the inferior vena cava. Dr. Lungren said the inferior vena cava and the veins in Mr. Nixon's right leg were free of clots. He added:

"It was our feeling that this was probably a threat, an active clot, and as I indicated to you in the past, this would be one of the indications for surgical intervention—i.e., if under adequate anticoagulation he still developed active clot formations, then we felt surgical intervention would be necessary."

Mrs. Eisenhower said in Washington that her father's doctors wanted to operate last night but had deferred surgery until 5:30 this morning because he was too weak from his illness and the venogram tests. It is not known if Dr. Hickman canceled surgery on other patients.

Dr. Hickman indicated in a brief interview that the operation was done at that hour because the operating room schedule was full. He said Mr. Nixon could be cared for as well in his room as in the recovery room. His treatment in the recovery area might have interfered with the care of other patients on today's surgical schedule.

Dr. Hickman said that during the operation he could feel the clot in the external iliac vein. When he located a clot-free area, a nurse handed him the serrated Miles clip that is made of Teflon, a plastic. The clip is named for Dr. Robert Miles, who developed it in Memphis in 1963.

Dr. Hickman placed the clip around the left common iliac vein below the inferior vena cava and a safe distance above the clot. Then he gently clamped it around the vein so the serrations on both sides of the clip meshed to pinch the vein into a series of up to six channels, each about three millimeters wide.

By suturing the clamps shut, Dr. Hickman said he partly but not completely obstructed the left common iliac vein so as to permit blood to flow yet impede the passage of any large runaway clot. If small clots clog the clip, then blood may still return to the heart through collateral, or alternate, circuits. Clot can form above the clip.

However, the usual expectation is that a successful clip operation will reduce the risk of potentially fatal pulmonary emboli and allow a patient to resume his customary life-style.

Talked to Daughters

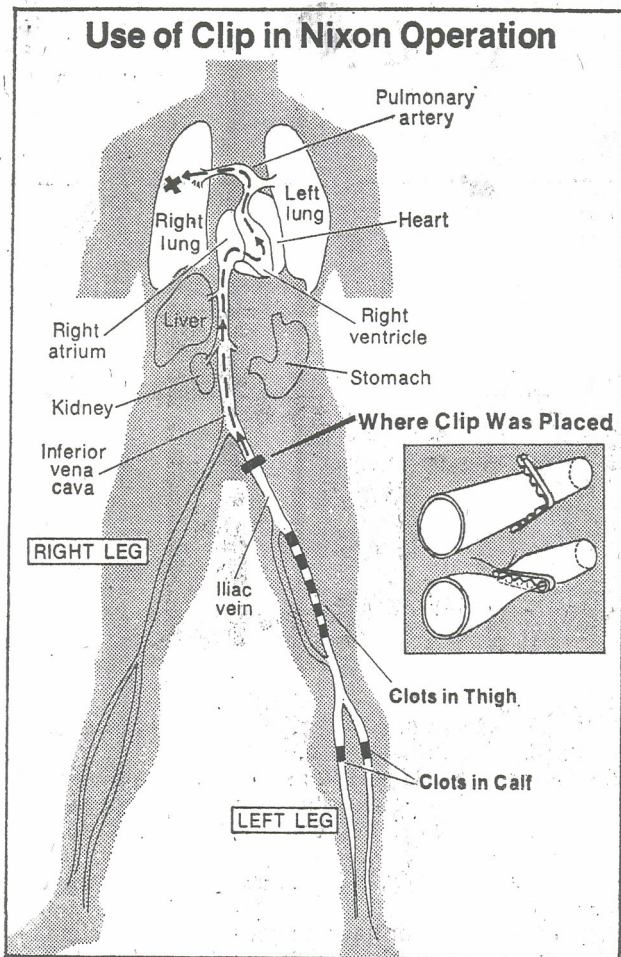
WASHINGTON, Oct. 29 (UPI) — Richard M. Nixon's two daughters talked to him shortly before he underwent an operation today.

Mrs. Eisenhower reported her father was in "good spirits" as he faced surgery. Mr. Nixon also talked to his elder daughter, Tricia Cox, in New York, according to Cindy Vanden Heuvel, Mrs. Eisenhower's personal secretary. Both Mrs. Cox and Mrs. Eisenhower also talked to Mr. Nixon's physician, Dr. John C. Lungren.



United Press International

Dr. Eldon C. Hickman, left, and Dr. John C. Lungren at a news conference yesterday in Long Beach, Calif., after operation on Richard M. Nixon.



The New York Times/Oct. 30, 1974

Serrated clip used in Nixon's operation pinches left common iliac vein into small openings (inset). This is intended to trap clots, but permit blood to flow. A month ago doctors found that a clot, following the path shown by arrows, had lodged in his right lung.