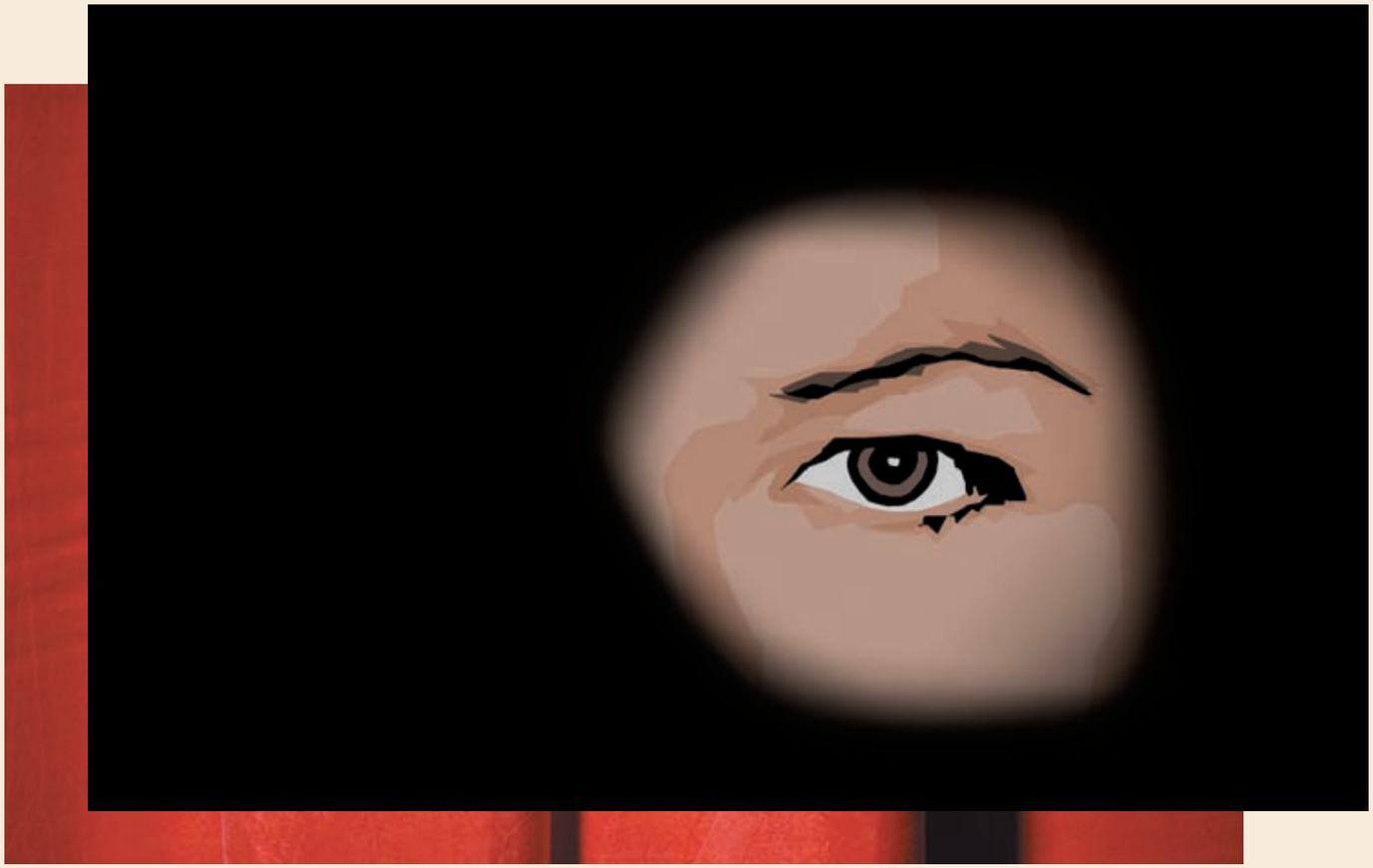

ROB KELLY

# WHEN I WOKE

## HOW TO RECLAIM A LIFE

BY EMILY STORCH (MD '08)

There was no discrete moment when I realized I had been in an accident. I had been unconscious in the ICU for four weeks, during which time my family was talking to me and explaining what had happened. When I came to, it was as if this knowledge had just slowly trickled in. My life prior to the accident came back in bits and pieces: "Hmmm, I was in medical school. I must be missing classes about now." "I have a cat. I hope someone is taking care of her." Gradually, I started to piece together what had happened and what the implications would be.

On Jan. 22, 2007, I was in Virginia, where I had an interview for a residency. As I left, I may have felt relieved that I'd finished up the last of my interviews. On my drive back to Pittsburgh, I was probably trying to organize my thoughts about residency and the upcoming year. The next thing I remember is waking up in UPMC Presbyterian next to one of my aunts from St. Louis.

My accident occurred on the Pennsylvania Turnpike about 45 minutes outside of Pittsburgh. I have no memory of it or of the day leading up to it. I have been told that it was dark and icy, and that I lost control of my Jeep Cherokee, hitting the median, at which point an 18-wheeler rammed into my car. The driver didn't even know he'd hit me. I may have been catapulted out of my car and smashed between it and the median. Possibly I was already out of the car when I was hit. (Some people have theorized that after I hit the median, I got out of the Jeep, and then the truck came and pinned me.)

I suffered bilateral open femoral fractures and bilateral crushed tibias. My bladder was ruptured, and I had a pulmonary contusion, broken ribs, and a fractured pelvis. The trauma tore veins in my brain and resulted in bleeding that can often be fatal (both subarachnoid and subdural hemorrhages).

Fortuitously, an MD and a paramedic happened to be driving by with equipment in their car. They stopped and started an IV on the scene. I was then life-flighted to Pittsburgh, where I was met in the trauma bay by the physicians I had seen in action many times before. I had multiple laparotomies (incisions into the abdominal wall).

When I woke, my belly was gaping open, left that way because of increased intracranial pressure. I later had to have a wound vac attached—imagine a machine with a tube taped to the wound to suction out extra fluid and encourage growth of connective tissue. A very strange and uncomfortable experience. I never got used to having the bulky machine attached. I would frequently forget about it and start moving in my wheelchair, only to feel something pulling me back. It is very odd to be plugged into the wall. I vehemently opposed the vacuum, but came up against an aggressive wound nurse who would not be deterred. In the end, I appreciated her insistence. My wound healed well, without any need for a skin graft.

I spent about four weeks in the ICU, where my care was excellent. I remember none of it.

After those four weeks, I moved to the general floors. In my former life as a medical student, I'd felt very involved in patient care. In addition to visiting a patient, my team members and I would discuss that patient all day long, monitor results, "run the list." But the patient sees little of this. The experience becomes dominated by nurses, nurse assistants, and techs. As a patient, I felt disconnected from the doctors. I often saw them only once a day and not always the same ones. Typically, I was tired or confused when they stopped by.

My first night out of the ICU, I experienced delirium, probably because of a combination of bacteremia and pain meds. That night, I decided I could make it to the bathroom by myself. I scooted across the room to the toilet, then realized I was stuck. This is where I stayed, huddled in the bathroom in front of the toilet, until the orthopaedics team found me. From then on, my family decided that either a relative or a sitter would be with me at all times. This was difficult to swallow. I even needed someone to lift me to the commode. In general, I could accept the assistance with fairly little resistance. But one day, two nurse assistants were sent in to brush a large knot out of my hair. I couldn't take it. I sent them away. It was too symbolic of my total loss of autonomy.

**Two nurse assistants were sent in to brush a knot out of my hair. I couldn't take it. It was too symbolic of my loss of total autonomy.**

From Presbyterian, I was taken on a stretcher in an ambulance to a small plane, then flown to St. Louis. An entourage that included two reassuring nurses and a claustrophobic aunt took me to a rehabilitation hospital.

Before the accident, I didn't really know such hospitals existed. I was in the brain injury unit, which was a sobering experience. Many of the patients were stroke victims who needed help with eating and other basic functions. I had speech, occupational, and physical therapy. In physical therapy, I concentrated on bending my legs, rather than leaving them stretched straight out like sticks. The speech and occupational therapy weren't geared to individual levels, and many days I found myself playing simple number games or connect the dots. Even in my fuzzy state of mind these activities were frustratingly simple.

I didn't sleep well in the rehab hospital. One night I fell asleep late, only to be awakened at 1 a.m. by a man emptying my trash. The nursing staff came in at 5 a.m. to take my vitals and give me shots.

My next-door neighbor in the unit was Sophia, all of 4'9" with a wild mop of white hair. She would frequently visit me in my room, despite the fierce efforts of the staff to confine her.

Deemed an "escape risk," Sophia was supposed to sleep in a hammock-like restricting contraption, but she Houdinied her way out of it. Her visits would invariably be followed by frantic nurses rushing in to find her. Unperturbed, Sophia would continue her tirade of the moment, most of which I usually couldn't follow. (I'm not sure if that was because of the state of my mind, hers, or both.)

After two weeks in the rehab hospital, I was discharged. I then stayed with a cousin who lives in a ranch home, because I couldn't make it up the two stairs to my dad's place in my wheelchair. In fact, I could manage little myself. I couldn't get myself breakfast. My cousin would bring me a cup of coffee in the morning. She fixed up the bathroom with a shower bench and strategically placed towels so I could take a shower, which I did infrequently because it was such a hassle.

I was tired. Despite sleeping long nights, I usually napped in the afternoons. In the mornings, I went to physical therapy. I was unprepared for how difficult and unsettling this would be. I had been told that I would have to learn to walk again, but I didn't realize

that I wouldn't even be able to stand upright or balance without a lot of practice. My physical therapist told me to practice standing in front of a mirror in the bathroom; but at first I was too frightened. What if I were to fall?

At one point, I got what we thought was a stomach virus. I had a low-grade fever, stomach cramps, and diarrhea. My dad, an infectious diseases specialist, speculated that I got the virus from another patient. He knew that we shared therapy mats. That made me remember the day before, when an occupational therapist was helping "Doris" out of her wheelchair and whispered loudly in alarm to her: "Doris, you're wet!" But it was either share the mats or forgo rehab.

That stomach ailment, later rediagnosed as a *Clostridium difficile* infection, lingered for months. I don't know where my colon would be today without insurance. Certainly my family would have been bankrupt many times over.

When I was still hobbling around with a cane, and nowhere near independent, my otherwise lifesaving insurance plan stopped covering my physical therapy. I had to write a letter requesting more sessions. It took nearly two months to get approval. In the meantime, I started working with a clinical exercise specialist. On my first visit, she told me to throw my cane away. Walking without the cane forced me to rely more on my own strength and balance. By the time the insurance approved my return to the rehab hospital, I was reluctant to be once again grouped with the other patients, many in wheelchairs, many at a very low level of functioning. I had moved on from that place and didn't want to go back.

In the accident, I'd also injured the superficial peroneal nerve in my left foot, causing foot drop. A surgeon from Washington University in St. Louis, who specializes in nerve repair, determined the nerve was compressed and performed a procedure to release it.

Since then, I've seen slow but steady improvement: first a twitch in the toe, now significant movement.

In a lot of ways, that regaining of function has been a metaphor for my entire recovery process—almost imperceptible at first, but with time, patience, and good support and care, heading steadily toward the ultimate goal of no noticeable deficit. I realize that I am fortunate to have come as far as I have, and that has only been possible through a wide and tight support network. Family and friends made infinite sacrifices and contributions. Two Pitt med physicians who live down the street from the University housed one member of my family after another for months.

I was in the ICU for the first month, then on the general Presbyterian floors for a few weeks, the rehab hospital for another two weeks. By the end of March 2007, I was home. Mid-April, I began weight-bearing. In June, I resumed my classes. In September 2007, I reapplied for the residency match. Only now am I reclaiming my independence, and my recovery is moving to the background.

But I'll never forget what it's like to be a patient. ■

ROB KELLY

**Emily Storch (seated) at graduation ceremonies in May 2007 with classmates Gina Howell, Vladimir Manuel, and Brian Sullivan. (She officially graduated this year.) Storch no longer needs a wheelchair or crutches—thanks to the "outstanding orthopaedics work" of Pitt's Hans-Christoph Pape, she says.**

*Editor's note: Emily Storch is starting her residency in internal medicine at Yale–New Haven Hospital. She plans to also train in critical care—a field that interested her before her accident. Now she's motivated to bridge the divide between rehabilitation and critical care.*