

## Virginia Mason Teamwork Saved My Mom's Leg!

Two months shy of her 94<sup>th</sup> birthday, my mom was admitted to Virginia Mason, because her big toe had turned black. Since my first panicky phone call to her doctor four months ago, the Virginia Mason team of physicians has worked together seamlessly to test, diagnose and treat her condition.

I am convinced that the high level of care she received from the Virginia Mason medical staff is responsible for saving her foot – and getting her dancing again!

*We didn't discover the problem  
until it was almost too late!*



It would never occur to my mother to whine. If Bonnie stubbed her toe, she took the pain in stride. If her right shoulder ached, she used her left hand. Tough Nordic farm stock, Bonnie was solidly healthy and stoic about discomfort.

In fact, all her five children thought of her as invincible. She did too! She was rarely sick, and up until just a few months ago, she hadn't used any medications like so many of her friends did.

Sure, she had taken some falls, but no bones broke and we all joked that 'Mom's bones are made of stone.'

Yet, beneath Bonnie's apparent good health, the blood circulation in her left leg had shut down and her nerve endings in her foot had atrophied. With no nerve endings to alert her with pain, some minor wounds on her foot had grown gangrenous.

**And we didn't discover the problem  
until it was almost too late!**

Out of Bonnie's five children, I am mom's designated caretaker. Having sold the family home last August, she now lives at a very nice local retirement community. I visit her a couple times a week, tidy her apartment, take her shopping, and drive her to appointments.

One Friday in late February I arrived around 3:00 p.m. just as mom was leaving the Nurses Clinic at the retirement home. She had a bandage on her foot and a note in her hand.

While waiting for the elevator to take her up to her room, we sat on a bench and I asked about the note and the bandage on her toe.

Her response was typical:

*“It’s nothing serious. The note says I’m to call my doctor.”*

I noticed her foot was red and swollen, so I peeled back the bandage and took a peek.

I had never seen gangrene before, but knew I was seeing it now. The big toe on her left foot had a big black spot and the skin around it was grey.

I went on high alert, but kept my alarm to myself. When I asked how she hurt her toe, she mentioned a pedicure a few days before. I found it hard to believe that gangrene could set in after just a few days, but I was no expert.

Up in her room, I examined her foot and found a second injury on her ankle. Hidden beneath her thick winter socks, gangrene had set in and eaten down to her ankle bone. This second wound was black and hard as rock.

*She felt no pain. Without circulation in her leg, the nerves in her foot had atrophied!*

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## *Seamless teamwork in the Emergency Room turns a crisis into victory.*

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I immediately called mom’s primary care doctor at Virginia Mason and describe the situation.

While I waited, the staff nurse Debbie



scrambled to find mom an appointment – it only appointment available was at 4:00 p.m. at the Seattle hospital.

We had 30 minutes to make the appointment – during rush hour traffic. *We made it in 25!*

The receptionist Grace checked Bonnie in at the emergency desk and while I moved the car from the ambulance entrance, she called for one of the hospital aids to escort us through the building to the fifth floor where the first doctor saw mom within ten minutes of our arrival.

Over the next hour, two doctors and three nurses examined mother’s wounds. Everyone marveled at mother’s age and excellent health, but cautious about diagnosing her injury.

We were directed to see the chief vascular surgeon Dr. Damon Pierce. He had just started his shift in the Emergency Room, so that is where we went.

Over the next four hours exams, tests and scans added pieces to the puzzle. Finally, Dr. Pierce gave us the diagnosis.

*Bonnie had seriously compromised circulation in her left lower leg due to Peripheral Arterial Disease, or P.A. D. This dangerous situation required immediate and aggressive action.*

The next day sonar tests measured the blood flow in her leg and radiosopic scans photographed her veins.

When the picture of mother's condition became clear, Dr. Pierce filled us in.

Two out of the three veins that normally feed blood to mom's lower leg had collapsed and atrophied. They could not be recovered. A blood clot just above her left knee had cut off circulation through the remaining vein.

Without circulation, her wounds could not heal, gangrene would spread, and she would likely lose her foot.

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## *Decisive Action and Coordinated After Care*

Dr. Pierce scheduled an angiogram two days after the diagnosis. He was candid about possible outcomes, yet encouraged that he would be able to remove the blood clot. After two hours of surgery, he declared the operation 100% successful—he had removed a three-inch clot just above mom's knee and restored circulation in her lower leg. Following a night recovering at the hospital, Bonnie felt chipper enough to do a little two-step down the hospital hall, so I knew her normal resilience was back in force.

Bonnie began a twice-weekly regime at the Virginia Mason Wound Center in Federal Way. Here, Dr. Jessica Pierce, (Yes, she and Damon are married), initiated an aggressive course of treatment to counter the damage caused by the gangrene. The staff taught me how to change mom's bandages between visits.

Both the Dr. Pierce's consulted with mom's cardiologist Dr. Baldwin to reduce her edema, which was further constricting her circulation. Now, four months later, the gangrene is gone, mom's big toe is healthy and a new nail is growing in. The wounds over the ankle bones have been slower to heal, so next week Dr. Jessica is starting an advanced graphing treatment with every expectation of success.

It has been a long tense journey, but the Virginia Mason medical team has shown exceptional teamwork, keeping everything moving even behind the scenes. I credit them with mom's recovery and am grateful for the compassion and care shown by every staff member involved in her treatment.

## ***Peripheral Artery Disease (P.A.D.)***

Peripheral artery disease (also called peripheral arterial disease) is a common circulatory problem in which narrowed arteries reduce blood flow to your limbs.

When you develop peripheral artery disease (PAD), your extremities — usually your legs — don't receive enough blood flow to keep up with demand. This causes symptoms, most notably leg pain triggered by walking and often disappearing after a short rest. Calf pain is the most common symptom, however, the location of the pain indicates the location of the clogged or narrowed artery.

P.A. D. is also likely to indicate widespread accumulation of fatty deposits in your arteries (atherosclerosis), which may reduce blood flow to your heart and brain, as well as your legs.

If peripheral artery disease progresses, pain may occur even while you're lying down and may disrupt sleep. You may temporarily relieve the pain by hanging your legs over the edge of the bed or walking around your room.

### ***Peripheral Artery Disease symptoms include:***

- Painful cramping in your hip, thigh or calf muscles after activity.
- Leg numbness or weakness
- Coldness in your lower leg or foot, especially when compared with the other side
- Sores on your toes, feet or legs that won't heal
- A change in the color of your legs
- Hair loss or slower hair growth on your feet and legs
- Slower growth of your toenails
- Shiny skin on your legs
- No pulse or a weak pulse in your legs or feet
- Erectile dysfunction in men

### ***When to see your doctor***

If you have leg pain, numbness or other symptoms, don't dismiss them as a normal part of aging. Make an appointment with your doctor. Even if you don't have P.A. D. symptoms, it is wise to be screened if:

- You are over age 70
- Over age 50 with a history of diabetes or smoking
- Under age 50 with risk factors such as diabetes, obesity or high blood pressure.
- You may be able to successfully treat P.A.D. by quitting tobacco, exercising and healthy eating.