Putting Medicine in Perspective - Carl Luxardo, DO

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I still remember clearly the day that would forever change my life. It was finals week in my second year, close to Mother’s Day, and I had just taken the dermatology final. I ran home after the final - I could barely concentrate. My wife was seven weeks pregnant and we were headed to get the first ultrasound. My wife and I convinced the obstetrician to allow us to see the baby’s heart, basically so we could tell our friends and family that the fetus was viable. After a while he turned to me and said something I will never forget, “Do you know anything about ultrasounds?”

I came to PCOM from a small town in Northeastern Pennsylvania called Bloomsburg. The transition from a small town of 13,000 people to the big city of Philadelphia in my first year in medical school was surprisingly smooth. I was newly married to my high school sweetheart. We had gone to undergraduate school together and then ended up getting married a semester before we graduated. Having just graduated college, my wife and I were at a point in our lives where we were career-oriented. My wife’s degree was in mass communication, which is a degree you can do a lot with depending on your creativity. Both of us were excited at our new prospects and big city life. I was excited about beginning medical career and my wife had found a good job. Neither of us were going to miss Bloomsburg at all.

I always wanted to be a physician. Being from a small town, I felt that learning in the big city would allow me to reach my full potential and enable me to become the best physician I could be. My inspiration to go into medicine came from my mother who is a respiratory therapist and my family doctor. My family doctor had inspired me to enter medicine, particularly to become a family physician. As I was just beginning my first year, I knew it was important to keep my options open. I decided I would leave it up to my experiences and go with whatever turned me on.

Looking back, I have a lot of fond memories of my first two years. Being a medical student is very stressful, but my wife was very supportive. She enabled me to get my work done and allowed me the space to study and grow as a future physician. Immersed in her own career, she was also very independent. Her job had provided her with a lot of friends. We made the most of the time we had together. I cannot emphasize how important it is to value the people in your life. Most students realize that going through medical school you have to work hard. But you need to leave time to have fun as well – work hard and play hard! Little did my wife and I know that our lives were about to drastically change.

When my wife and I first found out that she was pregnant, it was a shock but at the same time exciting! Even though it was a surprise, we both knew that we wanted to have children and we both thought that one child was manageable. My wife would continue to work and our finances would be adequate. The two of us could not wait to see our baby for the first time on that ultrasound.

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I said, “No, I have not had a clinical radiology class yet, I just know the basics.”

The obstetrician frankly stated, “Well...there are three sacs here”. At that point, I thought maybe he was quizzing me and my mind raced - ‘that does not seem right’. I pointed out structures on the ultrasound to impress the physician. The obstetrician stopped me mid sentence and said, “NO, no, no - you do not understand, there are three babies here”.

At that point my wife turned to me and I looked at her because we had discussed the possibility of twins. Her Grandmother had had twins. It was overwhelming, we both were in shock. We never expected to be having triplets. I looked down at my feet in disbelief and was completely quiet and stoic. All of a sudden I heard giggling and looked up to my wife, giddy and happy at the news. The physician looked at me and reassuringly said, “Just relax - although there are three potential babies, I have not seen the hearts...yet”. He moved the ultrasound probe a couple of inches and we could all see three beating hearts. With an affirming tone, the obstetrician stated, “Well, you have three kids - triplets”. The first thing I thought was, “That’s it?”. My wife was just laughing out loud, filled with excitement. However, I was having the most overwhelming feelings of my life, “How am I going to support three kids on a medical school budget? What are we going to do?”

The doctor knew my condition and said it was too
early to tell if all three fetuses would make it to term. He said to come back in another three weeks for a second ultrasound. We made appointments to see an obstetrician to find out if my wife could carry all three babies to term. We talked about selective abortion in the event that there were three fetuses. There were a lot of factors to consider—could my wife physically handle carrying three children at once? Would selective reduction increase the chances of survival? This personal decision was one my wife and I could not bear to make. Neither of us could accept this option. For whatever reason we were meant to have these kids and we were determined to see it through.

When I arrived home from the obstetrician, I was visibly stressed to say the least. My wife was considerably more composed than I was. In light of the amazing news, we could not wait to tell our families. My father was in total disbelief that this could happen. I told him that the doctor said some people win the lottery—but you won triplets!

The end of second year was a real challenge for me. I still had the most difficult exams of my life to complete. The exams were tough but I passed. The month given to us to study for boards was incredibly stressful. God willing, I passed the boards and felt proud of my score, considering the stress of thinking about my future “brood”. My wife and I were excited about the future. We were constantly talking about what our living situation would become—where we would live, how we would live, how drastically our lives were about to change. It was an overwhelming but exciting time in our lives. Many people throughout the PCOM community and in my personal life were incredibly supportive. The financial aid officer reassured me that I could make it through and I knew that my wife would continue to work as long as she could. This was simply a period where my wife and I began to adjust to the idea of having three babies. Once I was adjusted to the idea, life continued and I eagerly awaited the gift God had given us.

Everything was going well up until my wife’s twenty-second week of pregnancy. We went for a routine ultrasound on August 23rd. My wife was getting very big and planned to stop working at the end of August. Upon examination, the doctor found that my wife was a centimeter dilated. At that moment, I did not realize how bad she actually was. The doctor called for a gurney to be brought to the exam room. He looked at my wife and said with complete concern, “You are not to set a foot on the floor again until you deliver”. My heart sank. The stories and conditions you read about in text books was happening to my wife and to me. My wife is not a very big woman and even a 2nd year medical student could see it would be difficult for her to carry three children.

I was no longer in control. My wife’s health and the future of my family controlled my life and weighed heavily upon my thoughts.

The day my wife was admitted to the hospital began a difficult time in my life. The doctors had ordered her on strict bed rest. Different physicians presented us with conflicting opinions. The decision lay between placing a stitch in the cervix to prevent her from further dilating or to simply place her on bed rest. The worst moment during that first hospital stay was when the neonatologist came to our room and spoke to us about survival. He told us that survival of a twenty four week neonate is poor, let alone triplets. It was really a scary point because we had no idea of what was going to happen. The dreams we had had weeks ago seemed to be slipping away.

Getting to thirty two weeks was our goal. There was a 98% chance that the babies could survive and lead healthy lives if they made it to thirty two weeks. During this time, my wife had to remain in bed rest in Trendelenberg position. She was on so many different drugs to keep her uterus from contracting. Magnesium sulfate was probably the one with the worst side effects. It is a drug that makes your whole body vasodilate. Since my wife was laying with her head down, the blood would constantly run to her head and her upper extremities. Not only was it difficult for my wife, it was twice as hard for me to watch. Her face and upper torso and extremities were flushed. My wife sacrificed a lot. Her time on bed rest at the hospital was the most difficult period in our lives. We were so scared. When we were newly married, I would not have dreamed that we would be spending the beginning of our marriage dealing with such a difficult situation.

We decided to be as aggressive as possible and agreed to have the physicians perform a cervical cerclage—a rare obstetrical procedure where you sew the cervix closed with suture. My wife and I were determined that she reach 32 weeks. Despite our determination, the physicians prepared us for the possibilities. There was an 80% chance that she would make it to thirty two weeks but also a 20% chance that her membranes would rupture and she would have to deliver in 48 hours time. The medical staff provided me with a beeper in order that I could be contacted at a moment’s notice. I hated that beeper, because whenever it went off, it was never good. For that period of time, where my wife was in the hospital, nothing mattered except her. All of my anxieties about how to pay for a house, the children—did not seem to matter much at that point. I prayed that everything would turn out alright. My friends and family gave me lots of encouragement. They could clearly see my wife and I were in a difficult period in our lives. The future of our family
lay in God's Hands.

For sixteen days, my wife laid still and amazingly, she did not have any contractions. We crossed out every day until the doctors said it was safe to get up and take a shower. With strict instructions to rest and home monitoring equipment, we were discharged from the hospital. We made arrangements for both our Mothers to be home to take care of my wife since she could not get out of bed to make meals or do anything for that matter. The mere fact she was home was a great relief to my wife. Mentally, for my wife it was quite therapeutic to be out of the hospital. She equated herself to being a human incubator. As an intelligent woman, bedrest was not an easy task for my wife. She missed her independent and active professional life. Being in the hospital was so difficult. Though it was nice she was home, in all honesty, I had more confidence with my wife's care when she was in the hospital, knowing she would be on strict bedrest. The big weeks went by slowly. I constantly checked and rechecked my beeper when I was out for the day — "Yes".

When 32 weeks came it was a Wednesday, October 31st - Halloween. I remember everything distinctly. That Friday when we woke up, we thought her membranes had ruptured. We rushed to the hospital and the doctors gave my wife tocolytic medications. Though 32 weeks was considered "safe", the physicians wanted my wife to go as far as possible. They gave her the medications and checked two hours later. To their and our surprise, my wife was 7 cm dilated. There was no turning back at that point. The physician asked us, "Do you want to go for it?" — could my wife have a vaginal delivery? All of the babies' heads were oriented in the proper position. My wife with confidence stated - "Yes". Later my wife remarked that the epidural was the most painful part of the delivery. We had planned for a C-section but this unexpected good fortune allowed her to have a vaginal delivery. It was rough for my wife especially since she did not have Lamaze training. In the delivery, there were a lot of people in the room: three residents, the attending, medical students, the neonatologist, neonatology staff, obstetrical nurses, but above all my wife was the star! She did excellently. When all was done — I was the proud father of three girls! The neonatology staff quickly whisked the babies away to the NICU to keep safe watch on our three little treasures. Thank God for steroids because when the babies were born, they did not have to go on ventilators. It was just a miracle and I will never forget it. When the babies were born so many people congratulated me and said "Now the hard part begins". I thought to myself, "What could be harder than this?"

Over the first three weeks in the NICU, the girls progressed slowly. Then one of them ended up getting sick in the NICU. I got a phone call one morning saying that one of my daughters had bloody diarrhea and possible necrotizing enterocolitis — a serious complication for preterm infants. Luckily, it did not progress to a surgical emergency, but it set my daughter's discharge from the hospital back a whole week. There was nothing more frightening for a young father than having to see his children seriously ill. All of our children made it through the NICU and were discharged home shortly after Thanksgiving that year.

First time parents — with triplets to boot — and a medical education still to complete, I still to this day do not know how my wife and I pulled it off. It was a tremendous and overwhelming responsibility. We had to get the girls up from rest every two hours to feed them so that they could maintain their growth and not become hypoglycemic from sleeping too long. My wife and I decided that if we stagger this duty, then there would always be someone up, whereas if we got them all up at the same time, we would have some time to sleep. Sleep was something that neither of us was getting in very large quantities. It was difficult, but the excitement of new children helped pull our spirits up and get us through those first few weeks.

A couple of weeks after the girls came home, I had a pulmonology rotation with Dr. Venditto that I will never forget. My rotation was scheduled to begin at 7AM each day. I would get out between 2 and 4PM, since I was allowed to leave early. When I got home I would get three hours of sleep and help with the children. Then at 10PM, I would wake the girls all at once. I had to be back and ready to work at my rotation no later than 7AM the next day. It was a grueling schedule. When I saw my wife, she was exhausted from taking care of the children. Together, my wife and I made the decision to move home to be closer to our families for support. In addition to working, learning medicine and taking care of children, my wife and I had to pack our things to move back home. The stress of it all began to really pile up on me.

During the first three months of the girls' lives, my wife and I were totally exhausted by the effort to make sure that the babies were all fed and pooped. A few days before we were scheduled to move home, one of the girls began to have digestive problems. She began to vomit immediately after eating. I gave her 1 ml of Pedia-Lyte at a time, and around the 6th or 7th ml she would vomit. The pediatrician was convinced the baby had gastroenteritis and said to keep feeding her through it. I had had enough at that point and took her to the emergency room. Hours later, the doctor diagnosed her with pyloric stenosis.

The day we were going to move, our daughter was
scheduled for surgery. We postponed everything until the following weekend and after several days our daughter came home and began to thrive again. When we finally did move it was more difficult since the help we had arranged could not assist in the move as planned. I had to do most of the moving myself while my wife tended to the babies. I was slowly becoming overwhelmed. While all this was happening, on rotation, I began to get many of the questions I was being asked incorrect. Lots of questions I should have known the answer to I had no idea. Whenever I sat down to read, I would fall asleep. At afternoon lectures I would fall asleep. It was exhausting. After the move that December, I arranged for housing at the PCOM Fraternity House. I thought that my move back to Philadelphia to focus on school would be good for my wife, our marriage and our children. Unfortunately, focusing on school was a lot harder than I thought it would be.

The overwhelming responsibility and physical exhaustion of my schedule over three month's time began to weigh on me. The excitement and happiness that new babies brought to my wife and I had worn off. Now we had to figure out how to make “this” all work. When I was in Philadelphia on rotation, all I could think about was my wife and the children. My wife needed my help and I could not be there. When I did come home, I did as much as I could. The girls demanded so much of our attention and when I came home my wife needed a break. On the weekends, she would have to get out of the house or just sleep, while I took care of the children.

This phase was more mentally stressful than physically stressful. I had all of this responsibility and I was not living up to it. The life of happiness with three babies between my wife and I was not developing the way I envisioned. When I was not sleeping, I was just worn out. When it was time to sleep, I could not relax and it was difficult to fall asleep. I did not feel like eating, I could not concentrate. When I would call home at night during the week, all I could hear was the children crying in the background. I knew that my daughters needed me. One night my wife and I hit the breaking point. Together we decided I had to take a leave of absence. My medical training was an investment in myself and a life for my family. Yet, three small babies were just too much for one person to handle.

As the months past, I spent all of my time at home with my wife. With the help of our families, we began to take control of our responsibilities. The biggest piece of advice I can give to whoever reads this is if you want to be successful you need to get into a routine. It does not matter if you have three babies or just yourself – a routine affords you a level of control over your life. For the first year of my children’s lives, I felt as if my life was out of my control- which in the simplest terms it was. I did not realize it then, but when you have children, your life is not your own anymore. For many first time parents, that is the biggest transition in raising children. For my wife and I, that experience of losing your independence and gaining newfound responsibility to another person was tripled. With our routine established, we have become an efficient parenting team.

Now our triplets are 12 years old. We raise the girls as normally as possible. Though my wife and I became known as the “Mom and Dad of triplets”, we raised our daughters as if they were three sisters of no particular age or relation. The girls are all black belts in karate, honors students and are all standout soccer and softball players. My wife and I also had a 4th daughter who is now six years old. We feel so blessed to have such a wonderful family.

Despite all of the increased stress towards the end of my medical education, when I graduated medical school, I was 12th in my class. I was accepted to the Geisinger Family Medicine Residency Program. After completing residency, I stayed on at Geisinger and now have two family medicine offices in Bloomsburg, PA. I am deeply involved in my community. I coach my daughters' softball team and am the team physician at a local high school.

In terms of my medical education, I have a new appreciation for having the time available to read and review what you went over that day on rotation. My first two years of medical school, I was able to have the “typical” med student experience. I studied constantly and I did well. After my life changed from having children, personal time to read constructively, became a valued commodity. When you are asked questions on rotation, sometimes you feel like your teachers are trying to embarrass you. But I realized during this stressful time in my life, that answering those questions is more important than just trying to impress your attending. Your patients are depending on you to answer those questions-this is the sole purpose of our training, not to look good in front of your peers, but to learn how to treat your patients properly.

So many of us in medical school are visionaries; in order that we may become successful, we need to plan ahead – more often times than not months even years ahead. If you had asked me when I started medical school if I would be the father of three girls during my third year, I would have laughed out loud. You never know what life is going to throw you. When I was taking care of my children during that first year as a parent, I was in medical school mode – thinking ahead, years ahead, trying to hatch out a plan. Now I have learned that if you look too far ahead, you can be-
come overwhelmed. Take a breath, do your best, adapt to challenges as they come. When I am home, I try to be as good a father as I can and when I am at work, I do the best I can in the hospital.

Everyone says that life experiences make you stronger – this is undoubtedly true in my case. People can go through life without many bad times and in some cases find it hard to appreciate the good times. Becoming a parent has definitely helped me professionally. A physician has to be able to relate to people. I think this is imperative to being an effective healer. You must understand where people are coming from. When patients come in feeling that their world is out of control, I can sit back and say "you know, I remember when I was in a similar situation". Everyone's experiences are different but when it comes down to it we all have feelings we can enlighten and share with one another. When patients come in and describe the hard times in their life, do not blow them off. Listen to them, respond, be a physician.