

The Skipped Beat

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Diagnosis

01 / Before the diagnosis

An ordinary afternoon

It began with a flutter. My heart missed a step, then caught up—a familiar sensation I had filed away as tiredness for years. After weeks of travel, there was finally room to notice. I booked a cardiology appointment almost casually. My father's heart disease, my brother's, and my long history of high cholesterol began to sit together in one conversation.

02 / The investigation

The reassurance—and the turn

The echo described a heart pumping well, and the rhythm monitor did not capture the flutter. Then the treadmill raised a concern. A CT scan was limited by extensive calcification. The angiogram changed the conversation: disease in several arteries and a recommendation for surgery. I was trying to reconcile those words with the person who had walked in feeling much like himself.

03 / Waiting and learning

A website for an audience of one

The language around me was full of unfamiliar abbreviations. I gathered reports, images and test results into one place. The work did not make me a doctor; it gave me a way to participate, to return to a question and take it into a consultation. Knowledge did not remove the fear. It turned fear into a plan.

Decisions

04 / Choosing a path

The call that changed my admission

I had packed for open-chest surgery when a surgeon called after an earlier appointment was cancelled. He reviewed my angiogram and explained a hybrid approach: robotic bypass to the LAD followed by a staged stent. I asked about the things that mattered to me, including a beating-heart operation and my concerns about cognition. The choice changed with my anatomy, consultations and priorities—not a diagram alone.

05 / The people beside me

Not every conversation needed an answer

My wife and I sat with questions neither of us could answer yet. We talked about what to tell our sons. Brothers showed up with very few words. When I woke in intensive care, familiar faces were there. They could not make the decision disappear; they could make sure I did not disappear inside it.

Treatment

06 / 1 August 2026 · surgery

Waking up on the other side

The operation took longer than the simple version I had pictured. Afterwards, the surgeon explained that freeing the mammary artery had been difficult because of adhesions. I woke with my breastbone intact and small dressings between my ribs. The LIMA-to-LAD graft was complete. Relief arrived in pieces: being awake, seeing familiar faces, moving to the ward and beginning to think about home.

Early recovery

07 / The first days at home

Recovery had a quieter voice

At home, recovery became smaller and ordinary: short walks, meals, rest, and a medication list needing clarification. Some days were easier than others. I wrote about dizziness, small improvements and new pain in my toe that I reported to the surgeon. I learned to compare my watch with an upper-arm cuff, and to rest without guilt. Recovery was too important to squeeze into a final paragraph.

Life after treatment

08 / Why I am sharing

The company I was looking for

When I looked for information, I found medical language everywhere. What I struggled to find was the person on the other side of the operation: what waiting felt like, how a family held the worry and what an ordinary afternoon became. The reports belong here, with their dates and limits. So do uncertain days, questions and the people who care for us.

09 / The week everything looked fine

Three reassuring tests

The echocardiogram showed EF 63.9 per cent, normal valves and chambers, and no pulmonary hypertension. A 24-hour Holter recorded 117,061 beats and zero ventricular ectopic beats: no atrial fibrillation, no pauses, and no flutter. The resting ECG was sinus rhythm with normal intervals. Three green lights could have sent me home while the left main artery continued narrowing. My inherited cholesterol history and difficult statin tolerance were part of the background I had not chased hard enough.

10 / The first crack

A good fitness score, and a positive test

I ran 9 minutes 50 seconds on the Bruce protocol into stage four: 12.6 METs and 101 per cent of predicted maximum heart rate. The ECG showed horizontal ST depression and I became oddly breathless. The report was positive for inducible ischaemia. My body was performing well; the pipes feeding it were not. Feeling well was not the same as being well.

11 / The test that failed

When a failed scan became the finding

The cardiac CT was meant to show the arteries with contrast. The calcium load was so heavy that radiologists withheld contrast rather than create unreadable images. The Agatston score was 1,048, above the severe threshold of 400 and above the 90th percentile for my age and sex. I was 52; that score was more typical of someone in their late sixties or seventies. The test failed, and the failure was the finding.

12 / The picture nobody expected

Six lesions and an undamaged muscle

The angiogram showed 70 per cent distal left-main bifurcation disease, LAD narrowing of 80 and 70 per cent, an 80 per cent first diagonal lesion, 80 per cent circumflex/obtuse marginal disease, and 90 per cent right coronary/posterior descending disease. EF remained 63.9 per cent. The Heart Team ruled out stents quickly: a calcified left-main bifurcation and widespread disease made bypass the recommendation.

13 / The trap inside the data

Danger and location were not the same

The right coronary artery carried the heaviest calcium burden, yet the angiogram called its main trunk only mildly diseased. The left-main lesion and the 90 per cent posterior descending narrowing had looked clean on the calcium scan. Soft, non-calcified plaque may explain the mismatch. A test can be right about danger and wrong about location. Numbers need interpreting, not simply reading.

14 / The night I discharged myself

Leaving to understand

In the coronary care unit I waited for a surgical consultant and read about LIMA, LAD, Medina, Agatston, ejection fraction, bypass, stents and DAPT. When the surgeon arrived I had questions ready. Then I signed a discharge-against-medical-advice form and went home. I was not refusing treatment; I was trying to understand it before becoming a passenger in the most important decision of my life.

15 / The build

Turning scattered records into a plan

I gathered records going back to 2014: DICOM discs, angiogram runs, echo loops, CT slices, ECG traces and stress-test graphs. A decade-long cholesterol trend became a line. An old H. pylori infection connected with iron deficiency and bleeding questions. A hospital note saying Surgical History: None was plainly wrong. When a doctor asked, I had the answer and the document.

16 / A digital twin of my heart

Stopping reading and starting to see

I built a three-dimensional model with the coronary tree and all six lesions placed where the angiogram found them. I could orbit it, zoom in and click a blockage. By the time I sat with surgeons I was asking about ten-year graft patency, Medina classifications, hybrid strategies and on-pump versus off-pump philosophy. I had become an informed stakeholder in my own chest.

17 / A decision about my brain

Why the beating heart mattered to me

The question that frightened me most was whether to stop my heart. I read about postoperative cognitive dysfunction, pump head and the stroke risk around the aorta. My work is cognitive; my mind is my daily tool. This was my personal risk calculus, not a universal verdict. The filter I carried into every conversation was simple: my heart keeps beating and nobody touches my aorta.

18 / The apology call

The hybrid plan

The first plan was classic off-pump bypass through a sternotomy, with six to eight weeks of precautions. Two and a half hours before admission, a surgeon whose earlier appointment had been cancelled called to apologise. He reviewed my angiogram and offered robotic LIMA-to-LAD bypass with the remaining branch treated by a staged drug-eluting stent. The breastbone would stay closed; the trade-offs were a longer operation and conversion risk. I never made it to the five o'clock admission.

19 / The people I told

A small circle held the worry

My wife and I worked through what to tell our sons. The eldest were away and joined by video; my brothers needed only the diagnosis and date before showing up. People said I looked well while I explained I needed heart surgery. I built my understanding alone at two in the morning, but I made my decisions in good company.

20 / Six hours

The artery was stuck

The operation ran from eight until two. A previous gastric sleeve had left the internal mammary artery firmly stuck with adhesions, and freeing it took hours through keyhole ports. The team managed it without conversion to an open chest. I woke with my breastbone intact and my own mammary artery feeding the LAD beyond both blockages on a heart that had never stopped.

21 / The ward and the medicine list

Recovery became a daily safeguard

I spent less than 24 hours in ICU, moved to telemetry, ate quickly and had the chest drain removed on day three. A small pocket of air at the left lung apex was monitored. The printed discharge prescription did not entirely match the spoken instructions, so I built a reconciliation list. Sedating medicines, anti-inflammatory use alongside two antiplatelets, stomach protection and a diuretic with high uric acid all deserved questions.

22 / The long game

The cause was the other half of recovery

On day eight I was home, mobile and walking daily, with port-site soreness improving. The road ahead still included the staged stent, stitches, lipid treatment, iron correction, cardiac rehabilitation and follow-up. The plumbing was the urgent half; the inherited cholesterol was the half that decides whether the repair holds. My family needs screening. My children need to know what runs in their blood.

Caregiving

23 / Twelve things I learned

What I would want someone else to take from this

The absence of pain is not the presence of safety. Take the whisper seriously. A normal ECG, echo and Holter do not mean normal arteries. Fitness is not immunity. Know your LDL target, not just your number. A failed test can be valuable. Own your records. Use whatever craft you have. Get more than one surgical opinion. Ask about what you fear losing. The waiting was harder than the healing, and it ends.

24 / A last thought

An ordinary beginning

I keep returning to how ordinary the beginning was: no pain, no collapse, just a small stumble in my chest, an empty afternoon and an app. Somewhere there is someone with a cholesterol result they have not looked at, a family history they have not mentioned and a body that feels fine. If this reaches them, go and check—not because you feel unwell, precisely because you do not.

A personal account, not a treatment recommendation. Experiences and recovery vary.

For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.