

Chapter 43

LIVING WITH LYMPHEDEMA

My lymphedema primarily affects my right leg, but coping with it has altered my entire life. In April 2010, swelling in my right leg caused me to seek medical attention for a hematoma that became infected. After this episode, I began treatment for lymphedema. When the swelling was reduced, fluids were still coming through the skin and my right leg was a riot of color. To keep the right leg in nearly normal condition, I must follow a fairly rigid schedule — 40 minutes with my right leg elevated higher than my heart and 30 minutes sitting or standing. Walking for as long as I wish has been encouraged between the two times because muscle contractions keep the lymph moving. Gravity is both a friend and an enemy. It drains the lymph from the right leg when the leg is elevated but lets fluid accumulate in the leg when sitting or standing.

The 30-minute span of sitting or standing also includes my three daily meals. I used to read scientific literature for at least three hours daily and write for at least two hours. Clearly, these activities are no longer possible. Since I must lie flat, reading is difficult for someone who underlines important sentences and paragraphs. I do a small amount of reading at meals, especially when my tablemate is off eating at a local restaurant, which he does five to six times most weeks.

I have begun taking a 40-minute nap after lunch and counting it as part of my “down” time. I also walk about a mile two or three times daily with the assistance of a 4-wheeled walker. On my walks, I can see the mountains in the distance where Jeannie and I once hiked and experience the joy of a setting of trees and mountains.

The simultaneous lymphedema and infected hematoma have made me realize that the presence of a family member or a close friend of many years is welcome when an elderly person is afflicted with some loss of independence. I have been blessed that my daughter Karen moved to Blacksburg a few years ago. She has transported me to a superb wound center at nearby Radford Hospital where the staph infection was eliminated and to the lymphedema facility at nearby Heritage Hall. I am fairly sure I could not have coped with nearly seven months of treatment had Karen not been present. She is a registered nurse and has understood all the details of my treatment. More than this assistance, she has provided emotional support when I became depressed from what seemed to me a slow recovery. Our conversations during trips in the car and in my apartment kept my spirits up. I probably could not have endured this stressful period without her! I could not have survived either if I were not in an assisted living facility. The nursing, housekeeping, and food services staffs have enabled me to adhere to a demanding schedule. My family physician, Dr. William Hendricks, helped me cope with the blood clots in my right leg in 1995 (which started the leg problems) and then Jeannie’s Alzheimers that began a few years later. Old age is clearly a time of challenges, as are the early stages of life.

My new “normal” life is markedly different from the one I lived seven months ago. The primary difference is the five 40-minute periods I must elevate my leg each day. This protocol has decreased the amount I can spend both reading and writing. I have been fortunate to have had the opportunity to publish for 62 years. I may even be able to continue writing for a year or two longer at a substantially reduced rate.

Both the beginning and the end of life are periods of rapid adjustments. Life is a series of new “normals” and, as soon as one appears to be adjusted to the present situation, another appears. No matter how aggravating the “normals,” aren’t they better than the alternative?

As a citizen of the United States, I have had opportunity to observe the frantic effort to retain a youthful appearance with cosmetic reshaping of the face and other parts of the body. This delusion makes aging difficult for everyone. Some cultures revered old age because of the accumulated experiences and sometimes even wisdom. At present, climate change and technological change have diminished, but not eliminated, these values.

Writing about global crises has far less incentive than I had at the outset of the 21st century. For example, the planet’s nations appear to lack even the minimal commitment to address the problem of global warming that they did at the Kyoto Conference, despite the massive increase in scientific information in peer-reviewed publications. Conferences do not solve anything unless they are followed by well informed action rather than the perpetual “blame game.” Crises, such as exponential human population growth and ecological overshoot, are not even discussed in a substantive way. Last, but far from least, global warming and other environmental crises are never high on any of the public or political opinion polls. I continue to publish hoping, with ever decreasing optimism, that scientific evidence will prevail. The war on science in the United States is discouraging to an 87-year-old scientist, but I will not cease doing whatever scientific work I can.

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