



Mark Maysonet
with his wife,
Maria

"I want to thank all those at RWJ Rahway for the excellent service and treatment I received, as well as my family and friends for their love and support."

—Mark Maysonet



Mark Maysonet at
his home office

A HEART-HEALTHY Life After Death

Mark Maysonet will always think of March 23, 2015, as the day he "died." Now, he has a new perspective on life and a fresh approach to living.

A HEART ATTACK was the last thing Mr. Maysonet—a 52-year-old husband, father of adult twin sons, and successful self-employed general contractor from Clark—expected to threaten his health.

"No one in my family had ever had a heart attack," Mr. Maysonet says. "I didn't have high blood pressure, high cholesterol, or other cardiac irregularities. I wasn't obese, I was active, and I ate relatively healthfully. I thought my heart would be the last thing to go. The only thing I can attribute my heart attack to is stress. I used to work a lot of hours running my business, sometimes from 7 a.m. to 11 p.m."

On the night of March 23, Mr. Maysonet's heart warned him it was time to slow down. At 10:30 p.m., Mr. Maysonet's wife, Maria, returned home from dinner with her coworkers to find her husband complaining of a headache and indigestion.

"I've suffered from migraines for most my life, so when Maria asked me if I wanted to go to the hospital, I thought it was only a headache and indigestion, so I said we would address the problem in the morning," Mr. Maysonet says. "After I fell asleep, she heard me gasping for air, and then realized I'd stopped breathing and turned blue. She called 911."

LIFE IN LIMBO

When emergency medical services providers arrived, they immediately began performing CPR (see "Lending Helping Hands" for more information), used a defibrillator to shock Mr. Maysonet's heart back into rhythm, and inserted a breathing tube. Unfortunately, Mr. Maysonet went six to 10 minutes without oxygen reaching his brain between entering cardiac arrest and the time Clark police, RWJ Rahway paramedics and the Clark Volunteer Emergency Squad arrived.

"Brain cells become damaged after six minutes without oxygen; once someone passes that threshold, he or she typically suffers some amount of irreversible brain damage," says Ghassan Chegade, MD, FACC, FSCAI, Vice Chair of Cardiology and Director of Nuclear Cardiology at Robert Wood Johnson University Hospital Rahway, and the cardiologist who treated Mr. Maysonet. "I received a call at home around midnight that Mr. Maysonet was on his way to the Emergency Department [ED] at RWJ Rahway with what appeared to be a massive heart attack. I met him in the ED, along with the entire cardiac catheterization team.

“Mr. Maysonet’s heart attack involved three arteries simultaneously: a blockage in his left anterior descending artery known as the widowmaker, the ramus intermedius artery, and the obtuse marginal I branch,” Dr. Chehade continues. “The severity of his heart attack makes his case almost unrivaled. Very few collapse at home and make it to the hospital.”

In the cardiac catheterization lab, Dr. Chehade performed an angioplasty, a procedure that uses a balloon delivered by a catheter to reopen the artery. He used a different type of catheter to suction the obstructing plaque out of the vessel, and then placed a stent—a hollow mesh cylinder—in the artery to keep it open. A temporary balloon pump took over blood circulating duties while Mr. Maysonet’s heart recovered.

Next, Dr. Chehade turned his attention to reducing the brain damage he expected Mr. Maysonet to sustain.

“I consulted the neurologist around 4 a.m. and recommended we place Mr. Maysonet in therapeutic hypothermia for 24 hours,” Dr. Chehade says. “By artificially cooling his body to 91°F, we hoped to minimize the long-term damage that might have occurred due to lack of oxygen reaching the brain. When we gradually warmed his body back to normal temperature, he began improving by the hour.”

EYES WIDE OPEN

Nearly three days after flirting with death, Mr. Maysonet opened his eyes in the Critical Care Unit—the first time he’d done so since going to bed before the heart attack. He went home on April 3 with no neurological damage. Cardiac rehabilitation at RWJ Rahway helped him regain energy and stamina. Currently, he’s focused on establishing a new normal.

“First and foremost, I’m working my hardest to not overwork,” Mr. Maysonet says. “In the past, I would take a break in the evening, have dinner with my wife, and then return to the office and continue working. Now, when I stop at 5 p.m., I stop. I’ve also cut salt out of my diet and am making even more of an effort to avoid fatty foods.”

Dr. Chehade still marvels at his patient’s recovery.

“Mr. Maysonet received a great combination of cardiac and neurological care,” Dr. Chehade says. “He’s a walking miracle.”



Mark Maysonet
(center) with son,
Zachary, and wife,
Maria



Lending Helping Hands

The American Heart Association (AHA) reports that CPR—a technique of performing rapid chest compressions and mouth-to-mouth breathing to provide artificial respiration—can as much as triple an individual’s chance of surviving cardiac arrest. Unfortunately, many people don’t know how to perform CPR or are reluctant to administer it. The organization recommends Hands-Only™ CPR for use on teenagers and adults as an alternative to conventional CPR.

Hands-Only CPR features chest compressions alone, which a bystander should begin after calling 911. Conventional CPR remains the most appropriate method for use on certain individuals experiencing cardiac arrest, including infants, children, and suspected drowning or drug-overdose victims.

“The purpose of Hands-Only CPR is to keep the victim’s blood circulating,” says Jen Green, MICP, Emergency Medical Services Educator/Clinical Coordinator at Robert Wood Johnson University Hospital Rahway. “The individual has sufficient oxygen in his or her blood, but the blood can’t move throughout the body because the heart isn’t pumping; the person administering Hands-Only CPR does the circulating for the victim. Hands-Only CPR has been shown to be nearly as effective as conventional CPR as long as it’s performed within the first few minutes after cardiac arrest.”

RWJ Rahway offers the AHA’s Family and Friends® CPR course, which includes instruction in Hands-Only CPR. To register, contact Jen Green at (732) 499-6014 or jgreen@rwjuhr.com.