

# President's Surgery No Small Matter

by Faye Marley

For weeks before the throat and abdominal surgery President Johnson underwent last week, the President and his doctors had been minimizing the importance of the operations—one to remove a throat polyp and one to repair the incisional hernia resulting from October 1965's gallbladder operation.

But behind the facade of confidence, there were some—though not serious—reasons for concern.

No surgery is totally free of hazard.

Once in a while a bowel obstruction develops after a ventral (frontal) hernia operation such as this one. And death has sometimes occurred in persons with a history of heart trouble. In those cases, however, the patients were considerably older than the President's 58 years.

Regarding the throat polyp that was removed, such polyps are usually benign, but until the pathologists turned their powerful microscopes on several slices of tissue from the grape-like growth, no one was sure it was not cancerous.

Also, the President tends to be overweight, always a bad thing in an abdominal operation.

Though President Johnson's physicians and staff consistently refused to discuss his precise weight prior to the surgery, when the operations were completed, it was disclosed that he weighed in at 212 pounds—some 20 pounds heavier than in 1965.

Dr. Donald R. J. Welsh, a Toronto surgeon who has performed more than 900 operations for incisional hernia, believes that 190 pounds would have been a preferable weight for the President.

Dr. Welsh, in an interview, gave these answers to specific questions:

Q—What weight is considered hazardous for the performance of either a preliminary abdominal operation or for the post-operative effects of a gallbladder operation?

A—I would say 190 pounds is not too bad, but 220 pounds (the President's top reported weight) is a little too much. From my reading of the reports, I judge your President's physicians have been trying to get him to take off weight.

Q—What about the drains inserted near the original abdominal incision; were they related to the hernia as been reported?

A—It is our opinion that unless the drains are placed directly in the wound they should not be held responsible. (In the President's case, a drain was placed near the wound area after a small stab was made for its insertion. One, however, was placed in the wound, his physicians report.)

Q—Is the same thing likely to hap-

pen again? I mean, is there a chance that another ventral hernia could form?

A—It doesn't sound like your President would have any trouble. Where we have recurrences they are usually due to excess weight.

Only two deaths have occurred, he said, in the series of more than 900 incisional hernias and these were in elderly women with previous history of cardiac disease. Three patients developed bowel obstruction requiring another operation one month after surgery.

Prolonged follow-up of his cases has revealed 16 recurrences—approximately a two percent recurrence rate; 10 of these have been repaired again and these second repairs have been satisfactory to date.

The anesthetic used by Dr. Welsh is usually halothane, a nonflammable anesthetic especially recommended to prevent coughing and other after-effects.

Nitrous oxide, sometimes called laughing gas, was used with oxygen and an unnamed intravenous barbiturate and muscle relaxant to put President Johnson to sleep during his double operation that lasted the better part of an hour. He came out of the anesthesia in good shape.

Reporters repeatedly asked for names of generic drugs used in connection with the President's anesthetics, but the anesthesiologist, Dr. Edward P. Didier of the Mayo Clinic, Rochester, Minn., insisted that these technical names would not interest the public. He did say that a dripping "balanced electrolyte solution" was used to keep the body fluid normal, but did not identify the solution specifically.

Following the surgery, steel wires were used as sutures for the four stitches required for the abdominal wound, and they were taken out after a few days. The polyp proved larger than expected, four by five millimeters, Dr. Wilbur J. Gould said. Only a small portion of the polyp could be seen on the edge of the right vocal cord during early examinations.

## Breathing Tube Inserted

The polyp was removed before the abdominal repair work was done because the President had a small breathing tube inserted and the surgeons wanted it taken out before it had a chance to "change the appearance of the polyp by irritation." There were no stitches at all in the throat.

It took just five minutes to find out that the polyp on his right vocal cord was not cancerous, and 17 minutes for the throat surgery, performed by

Dr. Gould, director of otolaryngology, Lenox Hill Hospital, New York. Dr. George A. Hallenbeck, head of general surgery, Mayo Clinic, took 19 minutes to repair the incisional hernia.

Here is a play-by-play description of what the surgeons did in the operating room at Bethesda Naval Hospital:

With their patient under anesthesia, the non-operating staff "backed up" the men doing the surgery. For instance, Dr. Gould reported that Dr. Kenneth Devine, laryngologist of the Mayo Clinic, examined the polyp in the right vocal cord and verified the location and procedure.

With the use of the operating room microscope, which had a 400-millimeter objective on it and a six-times magnification, the polyp was removed whole, and cut into three pieces. Small up-turned punch forceps were used to remove the polyp.

## Shallow Incision

Dr. George Hallenbeck, who repaired the incisional hernia, explained that due to its smallness, about half an inch in diameter, the edges did not have to be lapped over. The incision was a shallow one in the skin and extended about two inches in length. The protruding soft tissue was material that was between the lining of the abdominal cavity and the muscle layer. The abdomen was not even opened in the procedure.

The President is convalescing in Texas, while minimizing his work load, especially his speaking. Public speaking is out for about four or five weeks, although he began to use his voice soon after the operation.

Hoarseness and pain in the throat were predicted for three to four weeks after the surgery. The President also suffered some bursitis in his shoulder, but this was treated by heat and physical therapy.

President Johnson's weight will continue to be of concern, although he refuses to take it seriously.

In answer to a question, Dr. James C. Cain, long-time family physician of the President, said it was hard for anyone to take off weight.

In view of the fact that the small percentage of recurrences of incisional hernias that do occur are due to excess weight, Dr. Cain was asked if there were plans to have the President cut down on such starchy foods as tapioca pudding. There appeared to be no expectation that the advice of his physicians would be followed.

On his first convalescent day, the President had soup but the reporters' pool allowed at his bedside on his 32nd anniversary on Nov. 17, shared his tapioca.