I am sure there are several people who are wondering what has happened to Don White.

On November 20th, 2025, Don walked next door to our daughter's home and told her that something was seriously wrong. Ariel responded, "jump in the car wrong, or call an ambulance wrong?" As they waited for the ambulance to arrive, she stayed by his side repeating, "Dad, keep your eyes open. Dad do not die. Dad, the ambulance is on its way." Ariel informed the EMTs that he had a history of heart issues, and he needed to go to a hospital with a cardiac specialist. That is when they opted out of Anna Jacques for Portsmouth Regional Hospital, a Level 2 Trauma Center. It was an excellent choice, that very likely saved his life.

An MRI revealed he had a large aortic dissection involving the ascending and descending aorta. The medical team made it very clear to Ariel that they needed to operate immediately, and it was not likely he would survive.

At the time, I was in Florida with my siblings. Ariel was able to reach me by phone while he was being prepped for surgery. She arranged for him to speak with both me and our son, who was driving to the hospital from his job in Boston. The last words he spoke were, " Ariel, do I look scared?" when she said no, he said, "I'm not scared."

An ascending and descending aortic dissection is one of the most life-threatening medical emergencies a person can experience and there is a very low survival rate. Most people do not make it to the hospital. I am happy to say he made it to the hospital and survived the 6.5-hour surgery while his siblings, children, nephews, and nieces paced the floors together. It has been a long road since then and his survival has come with many difficult obstacles. He was awake the next day for a moment, and we were able to see him. He was able to move his arms, and communicate by writing on paper. He was confused but his body was still working at this time. He communicated as well as someone can while they are intubated. It was not long before they needed to give him medication to make him settle because his lungs were not working properly. He has now been in a hospital for 268 days and counting.

An ascending and descending aortic dissection, is a life-threatening medical emergency where a tear in the inner layer of the aorta causes blood to force its way between the artery's walls. If the tear affects the ascending aorta (closest to the heart), emergency open-chest surgery is critically needed to prevent fatal rupture.

- **Stanford Type A:** The tear occurs in the ascending aorta (the part leading up to the head). Because of its proximity to the heart, it is a true surgical emergency.
- **Stanford Type B:** The tear to the descending aorta is isolated (the chest and belly). These types of tears can be managed with strict blood pressure control, though surgery may be necessary if complications arise.

The Emergency Surgical Procedure for Type A Dissection

When the ascending aorta is involved, the primary goal is to prevent the artery from bursting or depriving the brain and vital organs of blood. The operation typically involves the following:

1. **Midline Sternotomy & Bypass:** Surgeons make an incision through the breastbone and place the patient on a heart-lung bypass machine, which supports blood circulation and breathing while the heart is stopped.

2. **Graft Placement:** The surgeon identifies the tear, removes the damaged section of the ascending aorta, and replaces it with a synthetic fabric tube called a graft.
3. **Valve and Arch Repair:** If the dissection has damaged the aortic valve, the surgeon may repair or replace it at the same time. If the tear extends into the aortic arch, the repair may be extended to that area.

Recovery requires a stay in the intensive care unit followed by specialized cardiac rehabilitation. To learn more about the surgical steps, you can read the Johns Hopkins Medicine Aortic Dissection Repair Guide or view the Mayo Clinic Aortic Surgery Patient Guide for a detailed visual overview.

His Surgeon told us that it was the largest dissection he had ever seen and that Don is his first survivor. The surgeon and his team executed all three of the Emergency Surgical Procedures for a Type A Dissection on Don's heart extending to the aortic arch, and the upper and lower ventricles.

Don's lungs were not functioning properly and they put him in a coma state for some time to try to rest his lungs. This was when he had his first bout with pneumonia. He would have three while in ICU.

Then, overnight, Don coded. They were able to revive him but, as a family, we had to decide to either stop his care and let him go, or put him on ECMO. https://www.mayoclinic.org/tests-procedures/ecmo/about/pac-20484615 His doctors estimated his chance of survival on Ecmo was 20% but without it, the chances were zero. The surgeon said he would give him seven days on ECMO. If at that point, he believed further efforts would be futile, he promised to tell us honestly.

Through all of this he was in a coma state, and his hospital room was science fiction to me or anyone who has not worked an ICU. He had twenty-four-hour care from three RNs and more monitors and tubes than I could possibly describe. After 6 days on ECMO he developed a GI bleed that forced the medical team to take him off ECMO to surgically correct the bleed. He required multiple blood transfusions during this period, they performed four separate bronchoscopies as they continued to battle the pneumonia. Again, the family came together for the ECMO removal, believing that would be our last goodbye. Against all odds he survived the surgery and being removed from ECMO.

At some point he suffered an acute kidney injury that required dialysis 3 times a week for four hours. He had two to three nurses with him 24 hours a day. He spent 17 days in a room that was set up for the most critically ill patients.

On day 17 Don opened his eyes. We were not sure if he knew us or if he suffered permanent brain damage. He remained fully monitored, intubated, and unable to communicate. On day 18 they moved him out of the most critical care room to a monitoring ICU room. Day 19 they sat him in a chair. I sat with him for hours just holding his hand. His eyes would follow people around the room, and he would hyper focus on us but was unable to answer by blinking, speaking, or squeezing. We had no idea what level of comprehension he had. They were

concerned about his lack of communication and his inability to move so MRIs were done to check his spine and brain. No visible damage was found.
They put in a tracheostomy and a feeding tube. He stayed on monitors and they started trials off the ventilator. He lasted 1.5 hours and contracted his third pneumonia.

On day 25 they put him in a sand bed which marked this the beginning of a stage 4 pressure wound on his sacrum, which has been a critical roadblock to his recovery. To prevent contamination and infection they performed a colostomy. At this point he was very much in an atrophy state. No independent movement, no communication, and not well enough for PT. On day 26, Don said through the tracheostomy yes, okay, okay, okay, when moved by the nurses. This is also the first day he communicated with his eyes. Don has always taught the littles in our family a particular flutter of the eyes. I asked, " if you know who I am, flutter your eyes." He did in a way that only he can. We were over the moon to know he was in there. On Day 27 Don slept 5 hours off the vent.

On day 39, while his daughter was visiting, they put a cap on his trach to see if it would help him speak and it worked. Hearing him speak after 39 days made her immediately burst into tears. He pulled her in close and whispered, "you big baby". They laughed together for the first time in 39 days. He wasn't just alive, his humor and personality were still fully intact. Don began to speak constantly. He was funny, sarcastic, emotional, and unfiltered. He wanted ice cream and to be with the people he loved. It was the first time I felt like we might be out of the woods, and he just might survive.

By day 58 they removed the tracheostomy and he would use oxygen as needed. This was the beginning of some unsuccessful and disappointing swallow tests he was prone to vomiting everyday. He began to have severe nerve pain in his arms, legs, and feet. After 63 days in intensive care, they moved Don to a step-down unit. They kept him there for 3 days; making his stay at Portsmouth Regional Hospital 65 days. We will be forever grateful for the care he received there.

On January 23rd Don was well enough to leave the ICU and was transferred to Spaulding Rehabilitation Hospital in Cambridge. This was an exceedingly difficult day. Don had to have dialysis that morning, and his nurse did not administer his medications on time. He received his wound care from our favorite wound care nurse who Don affectionately nicknamed, "Spiffy" and said his goodbyes to the staff that had brought him back to life.

The ambulance ride came with a lot of pain and vomiting. He told me it was the worst road trip of his life. So, we began the 145-day journey at Spaulding Long Term Acute Care Hospital in Cambridge. Day one was one of the most stressful days.

Don had low white blood count and needed antibiotics. He had blood work and dialysis Mon, Wed, Fri. Facing the possibility of having to be on dialysis for the rest of his life weighed heavy on him. He was on a feeding tube, had a foley, a colostomy, and severe full body atrophy. This was an exceedingly difficult period and one of the hardest points for Don.

After several unsuccessful attempts, 104 days in the hospital, and 93 days on a feeding tube, he passed the swallow test and, for the first time in three months, he was able to eat real food and drink thickened liquids. This began a remarkable and unexpected recovery. After 30 days of eating solid food- on April Fools' Day, his blood work had improved enough to skip a day of dialysis. This was huge, and to our surprise, the improvement continued. After a few weeks, he was able to stop dialysis completely and they removed the port. He was now in full renal recovery, another miracle.

His biggest hurdle to survival now was the sacral wound. It went from a football size with depth to the bone, to a golf ball size. At one point, we had a very unpleasant surgeon tell us that he would not survive this wound and any treatment would be just "kicking the can down the road". Although, this has been an enormous obstacle when it comes to his physical recovery it continues to improve slowly and steadily, proving wrong the surgeon who Don, not so affectionately, refers to as Dr. Pessimist.

He can currently move his left hand and feed himself with minimal aid. He does not have movement or feeling in his right hand. He is able to move his shoulders and head. He can use a call button and control his bed, but using a phone is still a challenge. All other activity requires assistance. Don was well enough to leave Spaulding on June 16th after 145 days. He no longer needed long term Acute care.

We are now in what they call a Skilled Nursing Facility. They are working on his wound and working diligently to get him to be able to transfer himself from the bed to a chair. We are not sure what level of physical health is possible, and we won't know for some time. We are hopeful that he will be able to get enough quality of life to come home. As our friend Reggie said, way back in the beginning of this, we are taking it minute by minute. The transfer home will require a lot of preparation and assistance, but we are hopeful the time will come. He is looking forward to sitting on his porch and watching his grandson play baseball in the yard. We are grateful that his brain, heart, and kidneys are all functioning. We are just waiting for his body to catch up and his wound to heal.

Thank you for taking the time to read about Don's journey. His recovery has taken a lot of resilience, love, laughter, and grit.

Peace and good health to you all,

Don, Theresa, and family