

How My Vent and I Underwent Radiation Therapy

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Just because we have one disabling condition doesn't make us immune to other health problems. I am a respiratory polio survivor who uses trach positive pressure ventilation fulltime. In February 2005, a biopsy of my prostate detected cancer. The initial prognosis was not good. I tried to keep a positive outlook, but it seemed that with every new test the prognosis got worse.

I researched treatment options. Surgery did not seem the best choice for me because of my particular polio complications; my urologist recommended androgen-deprivation therapy and radiation. But both treatments can cause fatigue and weakness. The fatigue I could probably handle, but I am already weak and any increased weakness would interfere with my diminishing independence.

A medical journal article I found indicated that a regimen of strenuous exercise could reduce the weakness associated with cancer treatments. Strenuous exercise? That wouldn't work for me. I get about as much exercise as I can tolerate just brushing my teeth, feeding myself, and standing to transfer.

Just in case I misunderstood the article, I asked Jacquelin Perry, MD, to review it. Although Dr. Perry is retired, she still serves as a consultant for the post-polio clinic of Rancho Los Amigos National Rehabilitation Center. She concluded that a similar exercise regimen might work for me, excluding the "strenuous" parts.

A physical therapist designed a program tailored to my concerns about losing the ability to transfer unaided. I was told to slowly work up to three sets of eight repetitions, three days a week of the following exercises:

- Extend my legs from the knee, focusing on my quadriceps.
- Lift my bottom off the bed, focusing on my gluteus muscles.
- Lift my head off the bed, focusing on my abdominal muscles.

I started these exercises about the same time I started androgen-deprivation therapy.

Radiation treatments – Intensity Modulated Radiation Therapy (IMRT) – began about a month later. A major concern was using my ventilator while receiving radiation. I can breathe on my own for about an hour while sitting, but when lying down, I quickly feel breathless and my breathing is shallow. Would I be able to use my ventilator in the treatment area? Would the high radiation levels affect the electronics of the ventilator? The radiation facility staff assured me on both questions.

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Richard Daggett accepts his award at the Amistad Gala, April 2006, from Debbie Tomlinson, Director of Volunteer and Support Services, Rancho Los Amigos National Rehabilitation Center.

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Unfortunately, my wheelchair with a PLV®-100 ventilator on the back could not get close enough to the treatment table. I felt it would be too time consuming to disconnect the hoses and battery cable from my PLV®-100 ventilator and take the ventilator off the chair every time I had a treatment. Fortunately Respironics allowed me to use a spare PLV®-100 that I placed on a small luggage carrier and kept at the radiation facility. It was stored safely and wheeled into place after I was lifted onto the table. My aide made the necessary adjustments and connected the hose to my trach.

Radiation treatments were five days a week for nine weeks. Fatigue set in about halfway through. Some days,

especially in the early afternoon, I felt as if I would fall asleep in front of the computer. If I had not been using a ventilator, I'm sure this additional fatigue would have further compromised my breathing. Fortunately, these episodes of fatigue faded. About a month after the treatments ended the greatest part of the fatigue was gone.

I have continued my exercise regimen. I can move around in bed more easily, and I've lost an inch in waist measurement. It is too soon to know how effective the treatments will be long term, but my latest tests have been encouraging. I'm feeling good and I'm hopeful. ▲

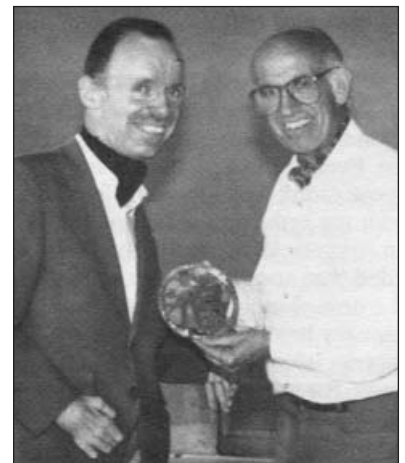
Richard Daggett was born in 1940 in Los Angeles, California, and contracted polio in the summer of 1953, just after his 13th birthday. He and his family had just returned from a camping trip that included swimming in a creek.

Richard was taken to the communicable disease ward of Los Angeles County General Hospital, trached and placed in an iron lung. Subsequently he was transferred to Rancho Los Amigos Hospital, a respiratory polio center funded by the March of Dimes, in Downey, California. After enduring hot packs, extensive physical therapy, body casts for scoliosis, and spinal fusion, Richard was able to stand upright and walk with braces.

Gradually he became able to breathe on his own, and his trach was closed in May 1954. Ten years later Richard began parttime use of positive pressure ventilation and a cuirass during the night. In 1984, after a cold pushed him into respiratory insufficiency, Richard received his second and permanent trach. He had tried non-invasive ventilation with a mouthseal but couldn't tolerate it.

Over the years, Richard has been active in the disability rights movement, his community church, and particularly in the Polio Survivors Association of which he has been president since 1980. In 1985, he presented Jonas Salk, MD, an honorary plaque from Post-Polio Health International (then Gazette International Networking Institute). A significant force in Rancho's Centennial Celebration in 1988, Richard has also been a tireless advocate to save the renowned rehabilitation hospital from closure. Richard has been featured in several television documentaries about polio and polio survivors.

To read more about Richard, go to www.downeydaggetts.com.



Daggett presenting GINI recognition to Dr. Jonas Salk in 1985.