

The 90-minute hockey scrimmage at our local arena was over. In the dressing room, everybody peeled off skates, pads and sweaty long johns, baring egos and scars. We forwards called the goaltenders sieves, while they took verbal shots at us forwards for not back-checking. But one defenceman really had it in for me. “I’d ask for your money back, Ted,” he said. “That new pacemaker doesn’t have any goals in it.”

The laughter around the locker room came at my expense, but the ability to pursue my recreational passion — old-timers’ hockey — was priceless. About a month before, a respiratory specialist had implanted a pacemaker in my chest — the second in seven years — allowing me to function virtually normally.

I’ve since learned I’m in good company. According to medical literature provided by one pacemaker manufacturer, at the end of the 1990s, surgeons worldwide were implanting more than 250,000 of them a year. In a nutshell, a pacemaker stimulates the heart muscle with timed discharges of electricity designed to make the heart beat similarly to its natural rhythm. The device has a pulse generator (a battery about the size of a man’s watch face) and a lead (a thin insulated wire) to carry the impulse to the heart muscle. The pacemaker — but usually not the leads — must be replaced when the battery weakens (on average, battery life is five to 10 years).

This all started one winter weekend in 2002 when I suddenly found myself huffing and puffing climbing a set of stairs. Then 53 and (I thought) fit as a fiddle, I consulted my family doctor. “Probably that virus that’s going around,” he concluded. “Give it a few weeks to go away.”

I did, but it didn’t. Next, he recommended a visit with a cardiologist. That’s when I had my first-ever stress test. Wired up like something out of a Frankenstein movie, I stepped onto a treadmill. Monitoring my heart at a slow walk, then at a fast walk and eventually at a dead run, they couldn’t understand why, after 15 minutes, my heart rate was sub-100 beats a minute. The technician took me off the machine, and my heart rate suddenly jumped to 140 beats a

minute. She thought I was going to have a heart attack right there. I was simply not getting enough oxygen.

A second cardiologist spotted the problem on an electrocardiogram. Dr. Joe Ricci of the Rouge Valley Health System in Scarborough, Ont., said it appeared that something was blocking my heart’s natural electrical impulses from creating more muscle contractions and delivering more oxygen to my blood when I exerted myself. The answer, he said, was probably to implant a pacemaker.

I couldn’t believe that I, an active person not even near 60, needed a pacemaker to assist something as basic and personal as my heartbeat. “Never mind,” said Dr. T. Anderson, an implantation specialist at the same health centre. “I’ve put one of these in a professional golfer ... and they’re back golfing.”

A bit of research on my part illustrated just how far the pacemaker had come. As early as 1932, American physiologist Albert Hyman had developed a machine to control the repetitive electrostimulation of the heart. Though his device was portable, it was outside the body and about the size of a car battery. By the 1950s, they’d managed to shrink the apparatus to the size of a cigarette pack, but it was still an external device, until 43-year-old Swedish engineer Arne Larsson received the first completely implantable pacemaker in 1958. It failed hours later when battery acid leaked into the casing. But Larsson went on to successfully receive 26 different pacemakers.

I received my first pacemaker implant in September 2002. Thanks to Larsson and some two million others who’d undergone the procedure before me, it was surprisingly routine — into the hospital early in the morning, onto the operating room table by noon and into a recovery room an hour or so later the same day. From the moment I was conscious again, people kept asking, “Can you feel it? Can you tell when it’s working?” I had to say no. What I did feel — once I’d resumed normal activity a day or two later — was having my energy back. I could do just about anything I had before I started losing my breath six months earlier.

The modern pacemaker helps patients with simple disorders like mine. It’s also become a godsend for those with bradycardia (low heart rate), arrhythmia (erratic heart rate) or severe heart block, when electrical impulses slow or even stop completely.

After my pacemaker implant, there were a few restrictions to the range of my activity that had nothing to do with the capacity of the pacemaker. I had to stay away from obvious power sources and antennas. I couldn’t operate arc welders. I also had to avoid anti-theft devices. Certain cellphones could cause problems, and I recently learned that bud earphones and iPods in a breast pocket could be hazardous.

More interesting was the fact I had to avoid metal-detection devices at airports. I’m used to it now, but the first time I approached security at Pearson International, I wanted to be discreet about it. Not make a fuss. I whispered to one of the civilian security people that I had a pacemaker and couldn’t pass through the metal detector. “Okay,” she said to me. Then, she shouted, “Got a pacemaker here. Could somebody do a body check?” That was seven years ago. I’m already into pacemaker number two and an old hand at it now.

A few weeks after my second implant operation last March (done under local anesthesia), I visited the clinic for a post-op checkup. “There’s already been an event,” Judy said as she viewed the computer readout of my apparatus. When I frowned in puzzlement, she said that the new pacemaker had recorded a jump in my heartbeat at 11 a.m. on April 10. I happened to have my datebook with me. “The pacemaker obviously doesn’t take into consideration daylight saving time,” I deduced. The so-called event had actually occurred about noon — the start of a championship game in a hockey tournament I had played that day.

I couldn’t even remember whether my team had won or lost the game. Ah, but who cares? Even if my pacemaker isn’t the goal-scoring model, it still allows me to play to my full potential — entirely average hockey — and that’s all that matters. ■

A man with glasses, smiling, is sitting on a green wooden bench in a locker room. He is wearing a dark blue hockey jersey with a white 'W' logo on the sleeve, a white and black chest protector with 'E' and 'SYNERGY' logos, black hockey pants with 'Aspen' and 'MADE IN CANADA' branding, white socks with black stripes, and black hockey skates with yellow laces. He has his hands on his shoulders. In the background, an orange jacket hangs on the wall. In the foreground, a pair of black and blue CCM hockey skates is visible.

KEEPING PACE

NO ONE WAS MORE SURPRISED THAN OLDTIMERS' HOCKEY FORWARD TED BARRIS
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