

Paralyzed Houston surgeon fights his way back

A surgeon's struggle to regain his life and career
Accident paralyzed his body but not the love for his work

By **Jeannie Kever** Published 5:30 am, Sunday, June 29, 2008



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Gene Alford rises to a standing position in a wheelchair in April during a visit to a Methodist Hospital surgical suite.

Sweat soaked his Aggie baseball cap as **Eugene Alford** lurched upright over the parallel bars. Suddenly, he was once again the tallest person in the room.

"Man," he said, as his daughter flashed a thumbs-up. "This feels so good. This is the first time I've been standing upright since December 30."

The thrill didn't last long. After about 10 minutes, his blood pressure began to drop, and he was lowered into his wheelchair.

No matter. That moment in spring provided a sign that Alford, a surgeon accustomed to working 14-hour days and lecturing around the world, was on his way back from an accident that fractured his spine and left him paralyzed below the waist.

Back to what, however, remains uncertain.

The bravado of the weeks after the accident has faded. Maybe he will walk again. Maybe he won't. The real dream, it turns out, is independence and a return to the operating room.

But that, too, may prove elusive.

It's certainly possible to perform surgery from a wheelchair — surgeons use their hands, their knowledge and their judgment, not their legs. But can he balance work and rehabilitation? Will people want a surgeon in a wheelchair? How will returning to work affect his disability insurance and his future ability to support his family?

Several times, he set a date to resume seeing patients, only to push it back. He even began to consider, reluctantly, the possibility of doing something else.

"If I have to retrain or do administration or teach, I'll do it," he said. "But in my heart of hearts, I'm a very skilled surgeon. That's my gift."

For the past six months, Alford's recovery has been all-consuming, both the physical therapy to regain his independence and the more amorphous territory of learning how to be a husband and a father, as well as a doctor, from a wheelchair.

In early May, he entered the **NeuroRecovery Network**, a clinical program designed to rewire the autonomic nervous system.

On Tuesday, he plans to begin seeing patients in his office. Surgery, if it happens, will come later.

Alford had just turned 48 when he was injured by a falling tree in late December.

He had performed more than 800 surgeries at **The Methodist Hospital** in 2007, his services as a plastic and reconstructive surgeon in such demand that patients waited months for elective operations.

Among his best-known cases was the 2005 facial reconstruction of **Carolyn Thomas**, a young woman from Waco whose boyfriend shot her in the face in 2003.

After a month in the hospital, first at Methodist and then at **TIRR** Memorial Hermann, Alford was sent home for his broken bones to heal before beginning the next phase of his therapy. There, the maelstrom of family life proved a bittersweet distraction as he experienced some of what he had missed over the years.

His daughter, Bess, who graduated from St. John's School in May, dismissed the disruption caused by her father's devastating injury and his increased presence around the house.

"The dogs like it," she said.

Before the accident, the family used a lawn service in Houston, unwilling to risk an injury to Alford's hands. Working at their 86-acre farm in Bellville, however, seemed different. The farm was just for fun.

So, Alford climbed atop his tractor, a 20th anniversary present from his wife, Mary, shortly after noon Dec. 30.

He began to nudge a dead oak tree. The top split and fell backward, trapping him against the tractor. His cell phone holster was knocked out of reach.

But for some reason — "It was a real God thing," he said later — he had slipped the phone into his shirt pocket. He called Mary at home in Houston.

She called a neighbor in Bellville. "Gene's hurt," she said. "Call 911, and go find him."

Another neighbor heard the call on a police scanner and began canvassing the farm on foot as he called Life Flight.

Half an hour later, neighbors called to say Alford had been found.

Alford doesn't remember any of that. The helicopter landed at **Memorial Hermann Hospital**, and he was soon transferred to Methodist, where he had worked for 16 years. He had surgery the following day.

He was sedated and on a ventilator for a week. In addition to a compression fracture of two vertebrae, he had six broken ribs, a broken collarbone and a broken scapula. He spent 12 days in the intensive care unit.

The tractor was fine.

Life in the Alford household, however, was not.

He described himself in those early days as a 190-pound baby, able to do almost nothing for himself.

"I've been seen naked by more women than I ever dreamed," he said. "It's all very humbling. You can laugh or you can cry."

He has done both.

His brother, David Alford, started a Web update on Alford's condition on carepages.com a few days after the accident; friends and patients left thousands of messages. Others sent cards and delivered meals. A fellow member at **First Presbyterian Church** lent the family a red minivan equipped with a wheelchair lift.

All was much appreciated, Alford assured readers when he took over the Web site in mid-January. But in April, after three months of upbeat postings recounting his progress, the reports slowed. Between May 1 and May 23, he didn't post at all.

Depression had hit.

"For the first time in my life I had encountered something that was not under my control, that I could not work hard enough to fix, or read and learn enough or even pray enough to fix myself," he wrote when he resumed his blog posts.

"I understand being blue and low," he said later. "This was different. Everything seemed futile."

Meanwhile, the cost of recovery mounted.

Alford has good health insurance, although he worried about being dropped as bills approached \$800,000. He had disability insurance, which along with savings kept the family afloat while he couldn't work and while Mary Alford was on leave from her job.

He continued to pay his office staff, although he wasn't seeing patients. He bought a pickup that could be fitted with hand controls and a lift, allowing him to slide into the driver's seat and stow his wheelchair in the club cab behind.

He waited for two months before the state's Department of **Assistive and Rehabilitative Services** agreed to pay for the retrofitting.

He hired a contractor to install an elevator, ramps and a wheelchair-accessible bathroom in the family's century-old house in Montrose. The work went slowly, leaving Alford stuck with a hospital bed in the den and a makeshift shower in the garage, previously used to bathe the family dogs.

Mary Alford eventually returned to work part time at a dental clinic for HIV patients. She still had to juggle helping her husband recover with deciding how much responsibility to place on Charles, 15, and Bess, who turned 18 this month. Their oldest child, John, is a student at Texas A&M University.

"They haven't asked many questions," she said. "I wonder, 'Have I said enough to them, or do they go to bed with a knot in their stomach?' I don't know."

Her primary role was to remain steady, gauging when to push and when to offer sympathy as life continued in this strange limbo. Her background — she was a nurse before going to dental school — prepared her for the basic care she had to offer.

As a young nurse, she had decided two things: She wouldn't marry a diabetic, because they had too many potential health problems. Ditto a surgeon, because

they worked impossibly long hours. "And most of them were mean."

Alford wasn't mean, but he had Type 1 diabetes and his surgeon's hours were not, by any measure, family-friendly.

Now, she wonders whether the 13- and 14-hour days will creep back.

"I hope not," she said. "It wasn't good for us. It wasn't good for the kids. But also, I see how he comes alive when he's at the hospital.

"We've never had Gene's undivided attention. Even if he looked like he was paying attention, he was really ... planning for the next surgery."

If *Born on the Fourth of July* and other movies form your idea of spinal cord treatment, today's rehab units would be a surprise.

Traditionally, patients stayed in bed, heads and spines immobilized while the fractures healed. Over the past decade, Dr. **Robert Grossman**, chairman of neurosurgery at The Methodist Hospital, said the trend has been to surgically reduce pressure on the spinal cord and, if needed, reinforce broken vertebrae with a titanium rod or similar material before sending patients to rehab as soon as possible. Alford moved to TIRR, a rehabilitation hospital in the Medical Center, on Jan. 10, less than two weeks after his accident.

Researchers have discovered that spinal cord injury isn't a one-time thing. There is an initial injury – the tree falling on Alford, for example – and then a secondary injury caused by the body's reaction, including swelling and bleeding, which can continue for days.

Doctors think patients fare better with faster treatment, Grossman said, although it's hard to prove.

Grossman is chairman of the North American Clinical Trials Network, a group of 10 research programs chosen by the Christopher and Dana Reeve Foundation to facilitate spinal cord research. The first protocol studied in the program involves a neuroprotective agent, which researchers hope will minimize damage if given within

six hours. Other approaches under scrutiny elsewhere include nerve regeneration, cooling of the spinal cord and the use of stem cells.

Traditionally, people with an "incomplete" injury such as Alford's – meaning there is some motor or sensory function below the injury – regain most of the ability they will recover within a year, said Dr. **Teodoro A. Castillo**, co-director of the spinal cord injury program at TIRR.

Alford's hands were unaffected by the injury, but Castillo said that alone can't ensure his successful return to a surgical suite.

He sympathized with Alford's longing to return to work, as well as his hope to walk. But really, Castillo said, recovery isn't about walking away from a wheelchair or even about resuming a former job.

"You can't go to work if you can't put on your pants," he said, suggesting that recovery is, first of all, about daily life.

The NeuroRecovery Network, based at TIRR, is about making all of those things happen.

"Everybody ready?" physical therapist **Marcie Kern** asked as technicians **Sidney Adeleke** and **Juan Vieyra** hoisted Alford upright above a treadmill.

Kern moved to Alford's back, her hands steadying his hips. Adeleke sat at his left leg, technician **Matthew Diaz** at his right. Vieyra moved to the computer console and prepared to start.

"Three. Two. One," he counted down, stopping as a muscle spasm racked Alford's legs.

"Are they trying mostly to bend or to straighten?" Kern asked.

"Both," Diaz told her.

Some patients regain the ability to walk after the therapy, said Dan Graves, director of spinal cord injury research at TIRR. For others, benefits include core muscle

strength, improved circulation and other functions. "We're finding many things that people don't want to talk about – bladder, bowel, sexual function – are being improved," he said.

Working the muscles also is thought to help with muscle spasticity, a common condition in people with spinal cord injuries.

"Gene," Kern called as Alford's left leg jerked with a spasm, "try to help with the left leg. Really pull up your toes."

Alford grimaced as he focused on his left foot. Nothing happened.

Just a few weeks later, he tried again.

"Look," he called as he steadied himself in a standing frame at TIRR. Slowly, his feet flexed, an indication that he could control muscles in his calf and ankle.

The network offers a bridge between loss and hope, even if there are no promises about where it all will lead.

"Rehab is lifelong," Castillo said. "It can't be an hour of therapy. It's a lifestyle."

But surgery had been Alford's lifestyle for decades. And surgery is often viewed as macho.

"We always looked for Eagle Scouts. We looked for athletes," said Dr. **Thomas Krizek**, who ran surgical departments at the University of Chicago and the University of South Florida before retiring as a surgeon in 1999. "The idea that someone sitting in a wheelchair could do what we do, it was hard for us to believe."

No one tracks the number of surgeons who work from wheelchairs, but Krizek said he has successfully trained several surgeons with disabilities, including one who completed his residency after an accident left him paralyzed below the waist.

"There's nothing we would expect of a plastic surgeon that he couldn't do in a wheelchair," Krizek said.

But he knew not all of his colleagues agreed. Alford learned that a complaint had been lodged with the Texas Board of Medicine shortly after his accident, alleging he was no longer capable of treating patients.

The board does not comment on complaints or investigations, spokeswoman Jill Wiggins said. She did note that Alford's record is clear and no disciplinary action has ever been taken, meaning there are no restrictions on his license.

Alford hopes to resume surgery with short procedures that can be done from his wheelchair, working up to the complex operations for which he is known. "I won't compromise patient safety," he said.

In mid-April, he made a trial run with Zach Staats, an occupational therapist at TIRR.

They arrived at the seventh-floor surgical suite at Methodist, where Alford usually worked.

He was in his manual wheelchair; Staats steered an electric model that can rise to a standing position and allow Alford to be upright during surgery.

Nurses crowded around.

"I missed you," Fatima Salem said as she leaned down to kiss his cheek.

Alford explained his goal for the morning: to spend time in the operating room and determine what it would take for him to get back to work.

Staats helped him pull on a set of scrubs, and Alford reached for a mask.

A half-dozen sets of hands stretched out to get it for him.

"You guys, I am independent," he said.

He took a scrub cap, holding it for a minute before tugging it over his clipped brown hair.

"Oh," he said. "This feels like home."

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