

A Heart Full Of Joy

by Tracy H. Stanton

Exuding boundless energy and a mischievous grin that shows his missing top front teeth, Nasir Montgomery reminds you of any other four-year old little boy. He quickly demonstrates his talent for dancing and singing before he is off again chasing his older brother, Nicholas. According to his mother, Alexan Green, Nasir is generally wide open from sun up to sun down.

There was a time shortly after his birth when Alexan could not imagine a future filled with such joyful days as this one. During his third week of life, she almost lost Nasir to a congenital heart condition.

"I had a normal pregnancy and did everything I was supposed to do," explained Alexan. "On April 4, 2005, Nasir was delivered by Cesarean section."

Nasir's father, Rasheem Green, said, "Nasir's birth was amazing for me because I missed my oldest son's birth. He was restless at nights, but I figured all babies were."

During his first couple of weeks, Alexan said Nasir had some weight loss issues. She was reassured when the pediatrician said it was more than likely related to acid reflux.

"When he was three weeks old,

I went in to check on him one Saturday morning and he just did not look well," said Alexan. "He was pale, his lips were chapped, and his breathing was shallow. I immediately rushed him from our home in Lake City to the hospital in Florence where I had delivered. His oxygen level was very low and it seemed like it took hours for them to stabilize him. I was scared, and I didn't understand what was happening to my baby. It was as though he was suddenly at death's door."

The staff at that hospital explained to Alexan and Rasheem that Nasir needed to be transported by ambulance to the McLeod Pediatric Intensive Care Unit (PICU).

"Once we got to McLeod we had answers in minutes," Rasheem said.



Rasheem Green gives his son, Nasir, a push while playing in the McLeod Child Life Activity Center.

Shortly after they arrived at McLeod, Pediatric Intensivist Dr. Gerald Atwood came to speak to the family. He told them that an echocardiogram performed on Nasir indicated that he had a congenital heart defect. Nasir needed to be immediately flown by helicopter to the Medical University of South Carolina (MUSC) in Charleston for surgery.

When he returned from vacation on Monday, McLeod Pediatric Cardiologist Dr. Charles Trant was apprised of Nasir's case. Children with heart conditions in the region typically receive follow up care from Dr. Trant after they are discharged from MUSC.

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“It is important for people to understand why having the McLeod PICU here in Florence is so vitally important,” said Dr. Trant. “If Nasir had been transported from Florence in the condition he was in at presentation without being stabilized or diagnosed first, then he probably would not have made it. Even though we do not perform pediatric cardiovascular surgery here at McLeod, the fact that we are able to make the initial diagnosis, start the treatments and stabilize pediatric patients before they are transported to MUSC demonstrates the impact we have on children in this region.”



Charles Trant, MD

Board certified in pediatric cardiology, Dr. Trant treats children with congenital and acquired heart disease as well as other heart

conditions. In addition, Dr. Trant consults on fetal echocardiograms for maternity patients with diabetes, advanced maternal age, or those with previous children who have congenital heart disease.

“Nasir was born with pulmonary atresia and tricuspid atresia,” explained Dr. Trant. “There are four valves in the heart. The two valves associated with the right side of the heart are the pulmonary valve and the tricuspid valve. When Nasir’s heart developed he did not form either one of these valves. Basically, the entire right pumping chamber of his heart is missing.”

Dr. Trant said it is extremely rare to have both of these valves missing,

“When we finally got to hold him, I thought my heart was going to jump out of my chest with joy.”

noting that he has probably taken care of eight or ten kids like Nasir in his 17-year career.

“Sometimes we pick up on these defects in utero which is great. However, some babies are delivered and they do not look sick at all for the first several days to couple of weeks of life. When they finally do start to sink, they crash like a tree, which is what happened to Nasir.”

In explaining the heart’s anatomy, Dr. Trant said there is a blood vessel right above the heart that is called the ductus arteriosus, which is a normal structure in utero. “After you are born, you do not need it anymore and it is supposed to pinch off and disappear. In Nasir’s case, the ductus was the only way he was getting blood supply to his lungs. When it started to close off, he got less blood to his lungs and less oxygen to his body. This is when his body started to shut down. Sometimes the ductus closes off pretty quickly after delivery. If it had closed when it was supposed to, Nasir would have died.”

To correct Nasir’s complicated heart condition, the surgeons at MUSC would have to perform a series of three operations on him. The first surgery involved creating an artificial ductus. “Basically, a little tube is placed between a blood vessel called the aorta and the blood vessel going to the lungs,” said Dr. Trant. “This procedure provided the blood flow he needed for a period of

Rasheem Green

time until we could get him to the next operation.”

“It was a long surgery at least five to six hours,” said Alexan. “I paced the floors, because I could not sit still. After surgery, we were finally allowed to go see him. It was very overwhelming. But, he was still with us.”

The family did not have long to breathe a sigh of relief before they were rocked by the news that Nasir had suffered a complication from surgery. “The hospital staff told us they were placing Nasir on a heart lung bypass machine. They said, ‘It’s the only way we can save your child.’ It was a horrible sight. There were four large tubes coming out of his chest and he had to be restrained so he would not move. I just could not see any way out of this situation,” said Alexan.

Following the first surgery, Nasir developed a clot in one of the big blood vessels secondary to where his surgery was performed. “Any time you perform blood vessel surgery you can get clots that form in the wrong place,” explained Dr. Trant. “To save Nasir, he had to be placed on ECMO, which is the same kind of heart lung machine that is used during open-heart surgery.

“Nasir required an additional surgery while on ECMO to correct the complication that had occurred,” said Dr. Trant. “Once they got him stabilized, they were able to wean him off the ECMO machine. Fortunately, he did

really well and he seems to have avoided the vast majority of complications that can occur from being on ECMO.”

Rasheem added that he was scared during this whole experience but tried to be positive. “I had never had to deal with anything like this before. But, once he survived the first surgery I knew he was going to be okay. He is a fighter.”

Nasir’s recovery from surgery in intensive care was also very difficult for the family of a newborn. Alexan and Rasheem were not able to hold their son again for two months.

“We could only touch his feet and arms,” said Rasheem. “When we finally got to hold him, I thought my heart was going to jump out of my chest with joy.”

The joy seemed short lived for Rasheem. “We had just gotten where we could hold him again and then it was time for the second surgery.”

According to Dr. Trant, the first surgery was a temporary measure at best until they could prepare Nasir for the second and third operations. Months after his initial operation, Nasir underwent his second surgery called the Glenn procedure.

“At this point, Nasir was outgrowing the artificial ductus or tube that had been inserted during his first surgery. He was taken back to surgery to remove the artificial shunt. The surgeons then hooked up the blood vessels coming down from his head and shoulders (the blood from the upper part of the body) and directed that blood flow straight into one of the blood vessels going into his lungs, basically bypassing his heart,” said Dr. Trant.

Nasir had his third and final surgery in August of 2008 at the age of three. “During the third operation, called the Fontan procedure, the surgeons shunted the blood from his lower body straight up to the lungs again bypassing the

heart,” explained Dr. Trant.

“It sounds out of this world but these procedures work and these kids do really well. Nasir is doing great with his own heart,” Dr. Trant said.

Today, Nasir is a very active little boy. “There are very few limitations I have on Nasir now at age four, but down the road, if he wants to be linebacker we will have to talk,” said Dr. Trant.

“It is great having Dr. Trant here in Florence,” said Alexan. “Traveling to Charleston is difficult on all of us. Dr. Trant is always available if I have questions, and he is very attentive.”

Alexan added that Nasir has regular follow-up appointments with Dr. Trant, and his medications have slowly drifted away to only a half an aspirin a day now.

“I have Nasir on aspirin because it slows down the clotting system. The venous blood coming through his body is not flowing at a very fast rate

and you are slightly more likely to develop clots whenever blood slows down. By putting him on an aspirin, it suppresses the clotting system just enough but not enough to raise his risk of bleeds,” Dr. Trant explained.

“Nasir is basically living off the left pumping chamber of his heart, which is the workhorse part of a heart. Nasir’s left pumping chamber is part of the reason he is doing great. His heart is pumping to meet his metabolic demands which are indeed being met.”

Alexan and Rasheem describe Nasir as a gift from God. “He is our miracle boy. I still recall someone saying that first day that he was an hour away from death, but just look at him now,” said Alexan, smiling as her son runs off to play.



Nasir means the world to his family. Pictured from left to right are Nasir’s parents, Rasheem and Alexan Green, and his older brother, Nicholas.