



Our Hearts. Our Stories.

Stories of Resilience from Women Living with Heart Disease

Transcript: Ruth's Story

Hi, I'm Ruth Wessell, a retired nurse. I was born and raised in Port aux Basques, Newfoundland, in the 60s and 70s. I now live in Southern Ontario.

I was diagnosed as an infant with a heart murmur. I finally received the diagnosis of a bicuspid aortic valve in the early 80s, although it was known that the valve wasn't functioning properly when I was four years old. I have been followed by a cardiologist since age 9. I had my first echocardiogram in the mid-80s and was finally told it was a bicuspid aortic valve with one functioning leaflet of the three.

I was also told I wouldn't need surgery until I was in my 70s. I stayed stable until I was in my late 40s. I continued to be followed by a cardiologist with echocardiograms every year.

In 2010, I became more short of breath. When I next saw my cardiologist in early 2011, he ran several tests, including a transesophageal echocardiogram, a stress test on a treadmill, and a nuclear medicine stress test, again using a treadmill. The transesophageal echocardiogram showed a unicuspid aortic valve, which only occurs in 0.02% of all valve patients - very rare.

I didn't understand how rare it was until I saw the valve specialist from St. Michael's Hospital in Toronto, who questioned my cardiologist about whether he was sure it was a unicuspid valve, as he had only seen one previously. After all the tests were completed, he said we would discuss surgery in six months at my next visit.

Within three months, however, I was so short of breath that I was unable to walk with my husband if we were walking uphill, and walking the dog became something I dreaded because of my shortness of breath. I called my family doctor, Anne, and she said to call the cardiologist and explain how much worse my symptoms had gotten.

I did, and I was scheduled to see him within two weeks. I went for the visit in mid-June 2011. He had a cardiac valve specialist from St. Michael's there. We did another echocardiogram with a specialized echocardiogram and an angiogram. The angiogram showed clear arteries, no pulmonary hypertension, but a deteriorating valve and an aneurysm on the ascending aorta.

A CT scan was ordered to determine the size, and I was placed on modified work. The aneurysm was 4.9 by 5.2 cm. At a follow-up appointment, I was taken off work until I could have open-heart surgery to replace the valve. The surgery was scheduled for September 22, 2011. I had just turned 50 in July.

The surgery did not go as planned. I was in the OR for 8 hours instead of 4½ hours. The reason the surgery took 8 hours was that they were ready to close me up when they discovered that my new valve was leaking. They had to put me back on the bypass machine and flip the valve over to get rid of the leak.

I was on a ventilator for 24 hours. Because I was so late getting out of the OR, they decided to leave me on it overnight. It also meant I was kept under anesthesia for 24 hours. Being on anesthesia that long can make your brain fog last longer. This was also why it took me longer to recover post-op.

They removed the ventilator the next morning and the chest tubes the day after. I developed leaking chest tube sites and required nursing at home for three weeks. I was so deconditioned that I was unable to complete the exercise program they recommended until I could get into cardiac rehab in January 2012.

I started the cardiac rehab program at our local hospital and was back to full-time work by April. The cardiac rehab program taught me not only how to exercise safely, but also how to safely increase my exercise and how to use that information going forward.

I have since used that information to help me recover from emergency bowel surgery in 2020 and from knee replacement surgery just over a year ago. It helped me understand my limitations and what to watch for when getting back into exercise after a period of not being able to.

I took my cardiac history more seriously after that and was walking 8 kilometers per day with my husband until 2020.

After the COVID-19 vaccine in October 2021, I developed a racing heart, and it took several months to settle. I cut back my walking to 5 kilometres per day, five days per week, and noticed I remained more short of breath than before.

My cardiologist decided to refer me back to St. Michael's Hospital again. I underwent another battery of tests, including a transesophageal echocardiogram and another angiogram. There is now a small leak on my new valve, a minor leak on the tricuspid valve, and my ejection fraction went from 52% to 45%, which was a significant decrease for me in a short period of time.

I was advised not to have any more COVID vaccines, as I have also had COVID twice. I was started on candesartan, which is a drug often used for high blood pressure but can improve heart function and possibly delay further heart failure. After a year, my ejection fraction improved to 47%.

I have mild left ventricular failure, but I am not considered to be in full-blown heart failure.

In December 2025, I experienced a TIA (transient ischaemic attack). The doctor at the ER (emergency room) clinic thinks I had a very small clot and suggested I increase my blood thinners, which I have done. I follow up with the cardiologist at St. Michael's in April.

I remain short of breath on exertion but continue to work five days a week, using the treadmill in winter. My husband and sister were there for me post-op, and cardiac rehab got me back on my feet. I am so grateful that it was available so close by.

I am also fortunate to have a great medical team: my family doctor and two cardiologists—one local and one at St. Michael's in Toronto. They listen and are very caring.

It was me who had difficulty accepting that I am a cardiac patient with a diagnosis that can limit me. My life has changed a lot. I had to accept that I could not do everything that I was able to do before 2021, and that has been my biggest struggle.

In light of my TIA, I realize I need to focus on improving my diet to a more heart-healthy one. I also plan to keep up my walking program to maintain my heart health as best I can.

I am not one to quit, and my motto is one day at a time. I try to find a positive in everything I do or experience, although some days that can be difficult.

I have a dog and three cats that give me joy, as well as a supportive husband and kids. My siblings in Newfoundland also call to check on me regularly and offer support.