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CHRONIC OBSTRUCTIVE
PULMONARY DISEASE



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I used to tease a friend about some of her Southern colloquialisms. One of these was “usta could,” as in “I usta could do such and such, but I can’t anymore.” Ten years ago, I found shortness of breath filling my life with “usta could’s.” I blamed my weight, age, and arthritis.

I’m grateful to the PFT technician who told me to ask my doctor for a rehab referral. I’m now grateful to my first pulmonologist for making the referral and for prescribing the liquid oxygen that makes it relatively easy for me to continue to enjoy an active life. But I was not feeling particularly grateful at the time.

I was told I had severe emphysema, required round-the-clock supplemental oxygen, would have to forego badly needed hip revision surgery because I couldn’t undergo general anesthesia, and that flying to visit friends and family in New Jersey was no longer an option.

I went home, turned on my computer, looked up “emphysema life expectancy” and read that I had just four years of decreasingly productive life ahead of me. I wasn’t thrilled.

Although I found other information on the Internet that was informative and more encouraging, it was with trepidation that I attended my first pulmonary rehab session, leaning on a cane, uncomfortable with a cannula, and struggling to push, pull, and otherwise maneuver an E canister. I was immediately put to ease by the two primary instructors, one a highly qualified nurse practitioner and the other an experienced respiratory therapist. Our sessions were split between classroom activities and exercise.

We were a small but diverse group of patients. Some of us, like me, had tried to research COPD or had an inkling of information from our doctors. Others remained completely in the dark. Some of us were anxious to learn; others, perhaps in denial,

COPD is a disease of the airways and lung tissue that causes difficulty with the transfer of oxygen into the bloodstream and with moving air in and out of the lungs. It is an inflammatory process that breaks down the fragile air sacs in the lungs and obstructs the airways with mucus and constriction of the muscles surrounding the airways. The inflammatory process affects not only the lungs, but also the entire body and can result in unintentional weight loss and muscle wasting.

- COPD is the third leading cause of death in the U.S.
- It is estimated that every four minutes an individual dies of COPD.
- COPD kills more women than men each year.
- An estimated 12 million adults have COPD and another 12 million are thought to be undiagnosed or developing COPD

*Learn more: ATS Patient Information Series.
“Chronic Obstructive Pulmonary Disease (COPD)”
New York, NY: AmericanThoracic Society.
[thoracic.org/patients/patient-resources/resources/
copd-intro.pdf](http://thoracic.org/patients/patient-resources/resources/copd-intro.pdf).*

were reluctant. Our knowledgeable, inventive teachers were patient as they shared flip charts, demonstrated techniques, and encouraged questions and discussions. Instruction continued in the adjacent gym, where we were introduced to exercise equipment, taught to manage and measure our oxygen levels, and were applauded for our efforts and improvements.

Participation was an important part of rehab class. Group discussion not only taught us to share our problems and offer suggestions for resolving them, but also instilled the confidence to solve our own problems and develop self-management techniques. I vividly remember all of us blowing pinwheels while learning about pursed lip breathing. Since my house is full of stairs, I especially appreciated the day the respiratory therapist took us to a stairwell. That instruction helped us climb stairs and San Francisco hills.

For those leading pulmonary rehab groups, I urge care. When “experts” are brought in to teach specific topics yet are not familiar with the style and content of class, they can lose attention, use technical terminology, or talk down to the class during lecture.

I hope emphasis will be placed on the patient/doctor relationship and the right to both ask questions, and demand answers. Insurance was not discussed in my rehab program but since coverage, particularly Medicare, for oxygen is becoming more stringent I hope it will be a standard rehab topic so that patients are made aware of their options.

Pulmonary rehab helped me discover a happy and busy life with COPD. I also found a new pulmonologist who supported my wishes by approving air travel to the east coast and hip surgery using local anesthesia.

Instead of “usta could’s,” I now have an unending supply of “still can’s.”