

2023 Healers - Lynette

Audio	Video
<p>[Music]</p>	<p>An Evening for Healers logo with the text Celebrating Heroes, Healing, and Hope as purple and blue background is revealed a light pans across the screen</p> <p>Fade to black</p> <p>Fade up on small town water tower</p>
<p>[Lynette] One night I was getting ready for bed and I got an ear ache.</p>	<p>Montage: Aerial of downtown Longview, neighborhood bordered by woods, modern house with walkway from street,</p>
<p>The next morning I got up. I had a slight headache.</p>	<p>Older, medium complected woman, with short, dark, curly hair and glasses, wearing a print house dress (Lynette) standing in the kitchen, grabbing her head</p>
<p>But I thought it would go away. So I got ready to take my walk.</p>	<p>Lynette, now in dark pants, is seated in a breakfast nook putting on sneakers</p>
<p>But the headache got worse and worse. And finally it- I started to vomit and I knew something was wrong. It was so intense that I couldn't even stand up.</p>	<p>Lynette is seated on a brown couch Text: Lynette Moye Patient</p>
<p>[James] And she was sitting in that chair and she kinda said, "I got a headache. You know, it's kind of bad." I'm thinking Covid. I said, you know, we probably ought to go to the doctor.</p>	<p>Older, medium complected man with a thin, graying mustache and a shaved head wearing a light purple checked button up shirt and khaki's is seated on a brown leather couch Text: James Moye Lynette's husband</p>
<p>[Lynette] I don't remember getting to the hospital.</p>	<p>Car driving down road in neighborhood, James is driving</p>
<p>[Music]</p>	<p>Blue and purple background with text: James took Lynette to the emergency room at Longview Regional Medical Center Text: The doctors there suspect that she had a stroke</p>

Audio	Video
<p>[James] It was very scary. And I'm thinking, you know, the worst. Here's a healthy woman that has never had a problem. And all of a sudden, you know, we're at the apex of something happening. It is pretty serious.</p>	James on camera
<p>[Music]</p>	Blue and purple background with text: Tests revealed that Lynette had not suffered at stroke. She had meningitis. Text: She remained in the hospital while they treated her symptoms
<p>[Lynette] And I stayed in the hospital almost a week.</p>	Montage of Sign for emergency room at Longview Regional medical center and hospital campus
<p>Before I left the hospital, my hearing started to deteriorate. And after I was home for about ten, ten days, it was gone. It disappeared completely.</p>	Lynette on camera
<p><i>What time will the game start?</i></p>	Lynette and James seated in the living room.
<p>[James] Her hearing completely went away. She woke up and she said, I can't hear at all.</p> <p>[Lynette] My husband called the doctors. They said they thought maybe the meningitis was coming back. So they told him to bring me back to the emergency room.</p>	James picks up his phone and begins typing on his phone to answer her question. He types as Lynette waits for an answer
<p>When I got there, they did Cat scans and other tests and no, you don't have meningitis anymore.</p>	Lynette on camera
<p>But we'll send you to an E N T to check your ears to see what's going on. And he ran tests,</p>	Montage of Lynette coming out of her house and beginning her walk
<p>did a hearing test. And he said, you are profoundly deaf. And the only thing</p>	Lynette in a doctor's office participating in a hearing test
<p>that can help you would be a cochlear implant.</p>	Lynette on camera
<p>[Music]</p>	Blue and purple background with text: Lynette was referred to Ochsner L S U Health Shreveport for specialized care
<p>[Dr. Mankekar] She came to our clinic at the A C C</p>	Exterior of Ochsner L S U Health Shreveport Ambulatory Care Clinic

Audio	Video
<p>[James] <i>that weekend</i></p> <p>[Dr. Mankekar] When I saw her, her husband was in the room.</p>	<p>James and Lynette in clinic room as James answers the doctor's questions. Doctor Mankekar listens intently</p>
<p>[James] <i>And she could barely hear out of the right.</i></p>	<p>James talking to the doctor</p>
<p>[Dr. Mankekar] He has been supportive, very supportive. And he also acted as her translator.</p>	<p>Female doctor with fair skin and long dark hair, wearing oversized glasses and a white coat. (Doctor Mankekar) She is seated on a brown couch.</p>
<p>[James] <i>Mainly she had earaches.</i></p>	<p>James answers doctor's questions</p>
<p>[Dr. Mankekar] Just a few weeks prior to that, she had been hearing. So we had a conversation with the speech to text on the phone because that was the only way we could communicate.</p>	<p>Lynette watches on as James talks for her. James taps away on his phone, asking Lynette the doctor's questions</p>
<p><i>Any headaches?</i></p>	<p>Doctor Mankekar asks James a question</p>
<p>She was very scared. She didn't know what was happening to her. She was suddenly in the silent world.</p>	<p>James answers as Lynette looks on</p>
<p>(audio is muffled and gets worse.) <i>Do you understand me? Mr. James, Can you ask me Miss Lynette if she understood me?</i></p> <p>[James] <i>Did you?</i> (audio slowly fades to silence)</p>	<p>Doctor Mankekar asks Lynette a question then turns to James. James begins talking, his lips are moving but there is no sound</p>
<p>[Dr. Mankekar] We know that meningitis can cause hearing loss. The inside of the inner ear is hollow. The fluid connects to the brain fluid. And so any infection in the ear can actually</p>	<p>Imaging of Lynette's skull, the inner ear is highlighted</p>

Audio	Video
<p>go into the brain. And so as ENT surgeons, we are very aware that any ear infection can reach the brain. And so my first question was did she get meningitis because of something that happened in the ear?</p> <p>From the way she presented, it did appear to me clinically that there was something going on and the ear was in some way responsible for her having the meningitis.</p>	<p>Doctor Mankekar on camera</p>
<p>[Music]</p>	<p>Blue and purple background with text: Doctor Mankekar ordered a CT scan and an MRI scan. The result showed a brain fluid leak that caused Lynette's meningitis</p>
<p>[Dr. Mankekar] From the patient's perspective, living in a silent world is just terrifying, especially when you've heard until just yesterday.</p>	<p>Lynette and James listen as Doctor Mankekar explains some imaging. Lynette is using a text on a phone to communicate</p>
<p><i>and this is the right side</i></p>	<p>Doctor Mankekar in clinic on camera</p>
<p>They came to me for treatment of the hearing loss. They came to me for treatment of the hearing loss. <i>Brain.</i> and then hearing about all the other things was, I'm sure, very, very challenging for them.</p>	<p>Doctor Mankekar explains CT images and types questions on to a computer screen in order to communicate with Lynette</p>
<p>So they came to us for one thing, but had to be treated for another thing. Once we had that diagnosis,</p>	<p>Doctor Mankekar examining Lynette's ears under magnification</p>
<p>we contacted the neurosurgeons and we formulated a plan, of what we needed to do.</p>	<p>Doctor Mankekar on camera</p>
<p>[Dr. Kosty] And Doctor Mankekar had thought that she was a candidate for a cochlear implant, which would allow her to have some hearing, even despite the deafness. And so, she was sent to me with the intention that we would do- we'd have to do a few surgeries for her. And the first surgery that we planned was to do a cochlear implant and to repair the leak on one side of her head and then go back and do the other side.</p>	<p>Doctor Kosty, a fair complected woman with long, straight brown hair and glasses, is wearing a white shirt and black blazer seated on a brown leather couch.</p> <p>Text: Jennifer Kosty, M D Physician, Neurosurgeon Assistant Professor and Director of Skull Base Research</p>

Audio	Video
<p>[Krystal] I was seeing her for cochlear implant evaluation. The cochlear implant evaluation is a process where</p>	<p>Technician sits by Lynette at a computer in a clinic and shows off a cochlear implant in a case</p>
<p>we put hearing aids on a patient and evaluate how well they do with amplification.</p>	<p>Krystal, a fair completed woman with very long, dark, wavy hair is wearing a white shirt and navy blazer and seated on a brown leather couch Text: Krystal Ware, A U D Audiologist Instructor and Clinical Specialist of Audiology</p>
<p><i>Based on your hearing test.</i></p>	<p>Krystal speaks slowly and clearly to Lynette in clinic</p>
<p>Miss Lynette didn't do very good at all, even with hearing aids. <i>Okay?</i> I think she was 0% understanding even with traditional amplification. <i>Implant.</i></p>	<p>Lynette stares at Krystal as she speaks audio cuts between interview and talking to Lynette in clinic</p>
<p>She was a candidate for a cochlear implant.</p>	<p>Krystal on camera in studio</p>
<p>[Dr. Mankekar] The primary aim of surgery was to, prevent the CSF or brain fluid leaking and causing her any further episodes of meningitis. And the secondary aim was to restore hearing.</p>	<p>Doctor Mankekar on camera</p>
<p>So when we went in, we expected to see a defect, yes. But we didn't expect to see that extensive brain tissue in the ear, significant inflammation. So that was very unexpected. And it was difficult to get past it, to look into the ear, to find the area where we could put in the stent and at the same time repair that defect. Well, after the first surgery, we explained the difficulties that we had and why we had taken so long with the surgery and what we were attempting to do.</p>	<p>Scenes from the operating room as nurses hand Doctor Mankekar instruments and residents interact with Doctor Mankekar as she operates</p>
<p>[Lynette] The surgery that should have taken about four hours ended up being between 10 and 12 hours.</p>	<p>Lynette on camera</p>

Audio	Video
<p>[James] So going through your mind, you're wondering, is everything all right? I was getting a little nervous because it lasted so long, so I just had to hold on, pray, and hope that everything was going good and trust the surgeons.</p>	<p>James seated in hospital waiting room, scrolling phone and waiting to hear any news</p>
<p>[Dr. Kosty] So we let her recover from that.</p>	<p>Photo of Lynette post-surgery. Her check is slightly swollen</p>
<p>Six weeks to two months later, we did the second repair. She had really large defects in the base of her skull, and she actually had one that went directly into her middle ear cavity where, you know, her facial nerve got a little bit irritated during our surgery. But in terms of getting the leak healed, the leak was able to be stopped. You know, immediately post-op.</p>	<p>Surgeon seated behind microscope in operating room. Working in tiny instruments and looking through microscope eye piece. Room is dark except for the surgical lights on the surgical field</p>
<p>[Dr. Byrd] Any time you do any surgery in that region, there is always the possibility that the seventh nerve, which is the primary nerve that causes the blink reflex, can be involved.</p>	<p>Older, fair complected male doctor with graying hair and closely shaved gray mustache and glasses, wearing blue scrubs and a white lab coat. Text: William A Byrd, M D Physician and Chairman of Ophthalmology</p>
<p>She ended up having difficulty blinking and closing her eye after the surgery, and that's when we got involved.</p>	<p>Photo of Lynette post surgery in hospital bed with eye swollen and closed with liquid around the eye and face</p>
<p>She had a poor blink reflex. She could close the eye partially when she forced it closed, but not all the way. She couldn't blink. The eye would get dry.</p>	<p>Doctor Byrd in eye clinic talking with Lynette and James</p>
<p><i>How is your vision?</i></p>	<p>Doctor Byrd speaking in clinic</p>
<p>And the blink is absolutely necessary to keep the eye moist. When the eye gets dry,</p>	<p>James using text on a phone to relay questions and answers between Doctor Byrd and Lynette</p>
<p>that can lead to other complications. For instance, it could lead to a corneal ulcer, which could lead to a perforation and even possibly a loss of the eye if things aren't taken care of.</p>	<p>Doctor Byrd on camera</p>

Audio	Video
<p>If we were not able to keep it moist enough, then we're going to have to go to something called a lid load, possibly sew the eyelids together temporarily or even permanently, in some cases. We decided to increase the amount of topical medications that we put in, something for the dryness. So we increased her to eyedrops every hour and we increased ointment to the eye.</p> <p>At particularly at bedtime and even taping the eye closed to try to offer more coverage for the eye during the night.</p>	<p>Doctor Bryd running through tests on Lynette's eyes and checking her blink reflex. Lynette's whole face reacts when she closes her left eye</p>
<p><i>Very good.</i></p>	<p>Doctor Byrd speaking in the clinic</p>
<p>They were very pleased that we were not going to have to do any procedures, and I think the fact that her vision continued to slowly improve was a good sign for both of them, that she was going to do well.</p>	<p>Doctor Byrd on camera</p>
<p>Mrs. Moyes husband was really a godsend. He is, I think, the primary reason that she did so well in her recovery, as far as the</p>	<p>Selfie of James and Lynette smiling at the camera</p>
<p>application of the drops and the ointment. He insisted, I'm sure, that she take it as directed</p>	<p>James seated at the kitchen counter at home smiling and talking</p>
<p>and I'm sure he did a very good job of it because over time we could tell the progress in that the cornea was not as dry as it had been, and it was recovering.</p>	<p>Doctor Byrd on camera</p>
<p>[Dr. Mankekar] Once she recovered from the second surgery, the discussion I had</p>	<p>Arial exterior of Ambulatory Care Center at Ochsner L S U H S</p>
<p>with both Lynette and her husband was that we will give enough time for her to recover from that surgery. We'll repeat the imaging and see if the cochlea is still patent for us to put in the implant, and then we'll go forward.</p>	<p>Lynette and James in clinic room with Doctor Mankekar</p>
<p>[Dr. Mosieri] So I was involved in the third one when they placed a cochlear implant. And that one was a straightforward general anesthesia. For this one we proceeded with a neuromuscular blocker and we placed the breathing tube.</p>	<p>Older female doctor with medium complexion. She had graying hair pulled away from her face and is wearing black glasses and screen scrubs Text: Chizoba Mosieri, M D Physician and Associate Professor of Anesthesiology</p>

Audio	Video
<p>We call it an endotracheal tube and make sure that the patient is quiet and doesn't move suddenly during the safe, so that the surgeon will have a perfect field to do the work that they need to do.</p>	<p>Scenes from a darkened operating room with the only light focused on the surgical field as the surgeon looks through a microscope</p>
<p>[Dr. Mankekar] During surgery, we went in with the full knowledge that we might encounter difficulties and challenges, and we did. So, the cochlea had started to get scarred. It was difficult for us to get the implant in. Typically we can get in full insertion of all the electrodes, but in this case we were only able to get partial insertion because of the scar tissue. And there it was, a long conversation with her, as well as with James that we couldn't predict the hearing that she would gain after the implant.</p>	<p>More scenes from the operating room of I V bags, residents watching from the side, nurses setting up instruments on a tray, and the surgeon working</p>
<p>[Krystal] She was ultimately implanted in October of 2021, and then a month later, roughly, is when the external processor is turned on.</p>	<p>Krystal on camera</p>
<p>I saw her again and we activated it and gave her sound again.</p>	<p>Krystal hooking up the cochlear implant on Lynette's head and activating it from a computer</p>
<p>[Krystal] Miss Moye?</p> <p>[Lynette] Yes?</p> <p>[Krystal] Can you hear me?</p> <p>[Lynette] Yes?</p>	<p>Krystal talks to Lynette in a clinic room. James watches on as Lynette responds and smiles</p>
<p>[Dr. Mankekar] We actually hear with the brain. And so what the electrodes of the implant are doing are they're stimulating the nerves in the inner ear. But the brain has to interpret that stimulus sound as words. That rehabilitation is very individualized.</p>	<p>More from the same scene as Lynette speaks to Krystal and James</p>
<p>Some patients can do it very quickly, and some just take a lot of time.</p>	<p>Doctor Mankekar on camera</p>

Audio	Video
<p>[Krystal] At her one month post activation appointment,</p>	Krystal on camera
<p>Miss Lynette's understanding was 6%. She went from zero hearing to December of 2021. Her hearing was in the normal to mild range and</p>	Montage of Lynette standing by stove cooking and talking to James who is seated at the counter
<p>her understanding was already 6%. So that was very positive.</p>	Krystal on camera
<p>[James] Do you need me to help you do anything?</p>	James seated at the kitchen counter speaking to Lynette
<p>[Lynette] No, I think. I got it.</p>	Lynette responds while stirring a pot on the stove.
<p>It was amazing because I, I think it was more amazing for him not being heard for a year (laughing) than it was for me not being able to hear for a year. But it was amazing to be able to hear anything or to have a conversation.</p>	Lynette on camera
<p>[James] We still talk. The thing is, she could turn me off at any time, she just pull it out. (Laughter)</p>	James on camera
<p>[Dr. Kosty] They're just the sweetest, strongest people.</p>	Doctor Kosty on camera
<p>She went through a lot with all the surgeries and I know it's disappointing after the first one that they couldn't do the cochlear implant and then definitely disappointing when she got the facial weakness after the second surgery that we did.</p>	Lynette and James walking down the sidewalk in front of their house and continuing down the street in the neighborhood.
<p>Through all of it, she just kept high hopes, high spirits and suffered every punch, like with a smile and rolled with it.</p>	Lynette seated in a chair at home, flipping through a book
<p>[Music] [Dr. Mankekar] A training institute like Ochsner L S U is providing care 24 by seven. Helping patients recover through these very complex issues.</p>	Aerial exteriors of Ochsner L S U Health Shreveport, the logos on the building, and the medical school

Audio	Video
<p>[Dr. Mosieri] It makes me feel good to be part of a great team. Because, you know, nobody did it by themselves. It's a group of individuals and of course the patient and the family themselves. So it makes me feel great as part of a great team.</p>	<p>Doctor Mosieri on camera</p>
<p>[Technician] Let's go ahead and connect the processor.</p>	<p>Audiology speaking as she talks to Lynette</p>
<p>[Lynette] Thank you for putting in the time and the energy and the creativity to get me to where I am.</p>	<p>Technician hook Lynette's implant to a computer</p>
<p>[Technician 2] When you hear sounds coming from this speaker, I'd like for you to press that button for me, okay? Even if they're very soft.</p>	<p>A different technician stands in booth with Lynette, instructing her before a hearing test</p>
<p>[Lynette] So if it hadn't been for their creativity, I might not have been here. Two times</p>	<p>Technician 2 running a hearing test at a console as Lynette does the test from inside the booth</p>
<p>in two months, I was close to the end.</p>	<p>Lynette on camera</p>
<p>[James] I remember the first surgery my wife, of course, could not hear. She was laying on a gurney in a room, they had given us a room before the surgery. Doctor Mankekar came in and my wife looked at Dr. Mankekar and she said, Dr. Mankekar, I don't want to die. Dr. Mankekar took her hand and said, baby, you're not going to die. We going, we going to take care of you.</p>	<p>James on camera as he holds back tears</p>
<p>That's the kind of caring that we had. We just thankful that they did a great job.</p>	<p>Lynette and James walking through their neighborhood</p>
<p>[Music]</p>	<p>An Evening for Healers logo with the text Celebrating Heroes, Healing, and Hope as purple and blue background is revealed a light pans across the screen</p>