



The Rafterys, here with Jason and Kathleen, hated the idea of open-heart surgery.

BY MIRIAM RAFTERY

On a chilly Friday in May 1993, my overtired daughter, Kathleen, then 4, threw a temper tantrum because I'd insisted she change clothes for her tap-dance class. But all of a sudden she stopped crying and stared at me with fear in her eyes. "Mommy," she said, "my heart is beating too fast."

I put my hand on Kathleen's chest and was horrified to feel her heart pounding rapidly. I scooped her into my arms and we rocked until her pulse slowed. She was feeling fine by then, so off we went to class.

Ten minutes into the lesson, however, Kathleen stopped dancing. This time her heart was racing so fast I couldn't count the beats.

I rushed her to the pediatrician's office. The waiting room was crowded with patients who looked much sicker than my child, who was soon dancing around the room. I began to relax. Surely it couldn't be anything serious, I thought. My brother had taken Kathleen to lunch that day; perhaps he'd given her a soft drink with caffeine.

doctor, who clocked her at 220 beats per minute—nearly double the normal rate for a child her age.

"What's causing it?" I asked. "Could it be caffeine?"

"No," he said. "That wouldn't speed up the heart this much." A rapid heartbeat could have many causes, he said, but an accurate diagnosis required tests interpreted by an expert. He called a pediatric cardiologist, James Mathewson, M.D., who asked me to bring Kathleen to San Diego Children's Hospital, 10 miles from our home.

My mother agreed to keep my son, Jason, 7, overnight. On the way to the hospital, I picked up my husband, Mark, who'd just returned from work. As he drove, Kathleen huddled in the backseat, sucking her thumb.

We got stuck in rush-hour traffic, so my frazzled nerves felt raw by the time we reached the hospital. Technicians hooked Kathleen up to a monitor, which showed her heart rate had soared to 240 beats per minute. They quickly inserted an in-

“My Daughter's Heart Went Haywire.”

Without warning, it would start racing at 250 beats per minute. She was terrified—and so were we.

travenous needle in her arm.

As medication dripped into Kathleen's veins, Mark and I stared at the blinking monitor. Her heart rate began falling to a normal range. *Thank God*, I whispered silently.

After more tests were performed, Dr. Mathewson delivered the diagnosis: supraventricular tachycardia. Although Kathleen's heart was healthy, its electrical system had gone haywire. Most likely, a tiny piece of extra muscle was conducting electricity, short-circuiting the normal pathway.

"Why now?" I asked. "How could this happen out of the blue?"

Some children are born with the condition but not diagnosed in infancy, he explained. The tachycardia might go away, only to recur at age 5 or 6. Once it recurs, it tends to worsen, leading to frequent, unpredictable episodes.

The condition can be life-threatening, but Dr. Mathewson reassured us that a tachycardia attack would pose no danger to Kathleen unless it continued many hours without treatment. He put her on Digoxin (digitalis) to control her heart's rhythm. "If this doesn't work, there is a procedure—" he began. I shook my head, afraid to hear more. The specter of heart

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