

“Warrior, heroine, fighter, and mother. In *Abundantly More*, Veronica Janus artfully describes her surgical journey with her new-born son, Zachary, with grace, dignity, and a generosity of spirit.

Preparing for hospital discharge one minute—scheduling open-heart surgery the next—this book moved me to tears and kept me flipping pages...hoping baby Zach inherited his mother’s tenacity, strength-of-purpose, resolve, and tireless determination. Janus relies on herself, family, friends and God as she encounters her son’s traumatic and tenuous beginnings.

I pray no one endures what this young mother of three experienced. But if they do, this beautifully written book will help anyone keep—or find—the faith. And never give up.”

—Diane Falanga

Author of *P.S. I Hate It Here, Kids’ Letters From Camp*,
Founder of the Heart Homes Initiative of Designs for Dignity

“This book illustrates how fragile life can be. I loved how the author moved me to tears explaining in detail the various complications Zachary had to endure. A selfless mother leaning on Jesus Christ finds inner strength, comfort and answers through fervent prayers. Watching the hand of God through the doctors performing miracle after miracle makes one appreciate the simplicities of life. Something as simple as taking a new breath second by second.

I would highly recommend this book. The author showed enormous compassion for others around her despite her laboring agony in the hospital for 9 weeks. With much gratitude and insight Janus knows God has a divine purpose for Zachary’s life.”

—Louise Klein

Naturopathic Doctor (ND) and mother of three

“It was as if I was reading my own words...Veronica holds nothing back and shares the reality of the extreme emotions and life-changing decisions a mother must make when she is told her child’s heart needs to be repaired. Her honesty gives you a glimpse of what it’s like to be a heart mom.”

—Christina L. Payton

Lead Coordinator, Mended Little Hearts, Chicago

“The Psalms of the Bible are a compilation of inspired writings that describe the events and experiences of different godly writers. They convey heartbreak, pain, hurt, suffering, confusion, and anger, but also the writers’ undeniable faith in the sovereignty of their loving and caring Heavenly Father. Likewise, *Abundantly More* is a psalm written by a godly woman who tells of the heartbreak, pain, hurt, suffering, confusion, anger, and her undeniable faith in the sovereignty of her loving and caring Heavenly Father. Be blessed and encouraged as I was when you enter into the real-life journey of a mother whose faith is tested, yet strengthened, through one of life’s greatest trials.”

—Joel Rose
Lead Pastor
Midwest Bible Church
Chicago, IL

“As their pastor, I had the privilege of witnessing Veronica and Paul’s faith in God and love for their child. I saw in them the heart of the Father for His Son. I was strengthened in my own faith in Christ and learned so much from them. I read this book in one sitting and could not put it down! I can guarantee that your own faith in God will be strengthened through the reading of this book.”

—Bill Meier
Family Pastor
Park Community Church
Chicago, IL

Abundantly
More

Abundantly More

A Mother Clings to God as Her Infant Clings to Life

Veronica Janus



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*To My Sweet Zachary.
This book was always for you.*



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Finally, a special thank you to my sweet little Zachary, without whom this book would have never been possible, along with so many other blessings he is directly responsible for. I love you my child.



New Year's Eve

AN ARMY CLAD in blue scrubs filled the large, fluorescent-lit room. Its white walls and ceiling made it seem even brighter, like heaven. Despite the dozen or so people purposefully going about their business, it was eerily quiet. If not for the pumping sound of the bypass machine and the rhythmic beeps from the multiple monitors, you might hear the beating of hearts. Everyone's focus was on the man hovering over the motionless seven-pound body on the operating table. Even though everyone had their own specific task to carry out, one eye and one ear was always on the man. He was god in that room. The slightest movement, twitch of the face, or word that left his mouth gained immediate attention from those around him. He had full command and rightfully so. He was a pediatric cardiovascular surgeon and considered one of the best in the field.

The large square box sitting next to the operating table kept the baby alive. Blood pumping through its metallic body kept the baby's heart still. It kept the baby alive and the surgeon depended on its guaranteed function. If the electricity went out, either a generator or battery backup would keep it moving. If it failed, everything failed, including the baby. The baby had been cooled from a normal 38 degree Celsius to 28 degree Celsius. Another lifeless box with multiple tubes making their way into the tiny body took care of temperature control.

The baby's blood traveled through these hollow lifesavers that cooled and heated at the demand of the man.

The heart was quiet and cold. The baby's arms were stretched out to the sides like Jesus on the cross. Blue surgical covering draped his body. Only his peaceful face and an opening in his chest were exposed. A sharp light shone directly on the plum-sized heart that was being carefully dissected by the man in charge. The baby was technically dead. Only brain activity signaled that he was still in the world. This state of being was necessary in order to give him life—life that the man, who was now a step below the ultimate Giver, could grant.

The man had performed hundreds of these surgeries and had an impressive resume, but each case was unique and each brought its surprises. He did not know what he was going to find deep in the center of the body until he had made a mid-line incision, broken the sternum, and cut through the multiple layers of tissue and muscle to finally reach the most important of organs, the heart.

The man, who was in his sixties, with a dark complexion, had an accent of Greek decent. He located the extent of the Ventricular Septal Defect. The offending hole, which had caused the baby to go into congestive heart failure, measured seven millimeters. It was considered very large. The man stared at the opening in the baby's heart a little longer than usual. He knew the clock was ticking and that he had roughly twenty minutes to finish. Another defect waited in the upper chambers of the heart, in addition to a few probable surprises along the way. All minutes were accounted for. What kept the man from moving forward was a tiny obstruction blocking the hole. The moderator band was in the way and he could not move it to the side. It was permanent. He thought quickly and decided the only way was to transcend it. He carefully cut through the needle-sized tissue and was able to lower a thin Gore-Tex patch between the openings of the band and place it on the hole. He let out a soft sigh of relief and stretched out his right hand without taking his eyes off the baby's heart.

The nurse next to him, who had prepared the almost invisible needle and Prolene thread, knew he was relieved. He was a step closer to yet another successful surgery, and the baby was a step closer to a full and healthy life. Now the only remaining task was the delicate sewing of the

patch to the heart tissue. It was like attaching one piece of wet paper to another. The slightest rip or pull would mean tearing and opening more heart tissue, something both parties could not afford. The man's eyes were strained from not blinking for so long, and he had an itch on the right side of his nose, which he tried to relieve with a small facial wiggle. Except for his swift but steadily moving hands, he remained completely still. Even though the room's temperature was in the low sixties, a sweat pearl rolled down his temple along the tightly covered surgical cap. Fog had built up inside his left eyeglass. While holding the tweezers that pinched the too-small-to-see needle, he was ready to insert the needle's sharp point into the last place along the patch. The surgeon raised his head toward the ceiling, closed his eyes for relief, and absorbed his last bit of energy to finish mending this part of the infant's broken heart.

The anesthesiologists alternated their gaze between the monitors and the baby's body, which was buried under a sea of paper blankets. Their eyes were mostly focused on the baby's unconscious face and any movement it might give. Their only goal was to keep the baby comfortable. Since there was no heart rate to monitor or breaths to count, changes in brain activity or physical movement were the only indications of the child's condition. Their utmost wish was to hand a live baby back to his parents in a couple of hours. Far too many times life had ended right there on the stiff and cold operating table. The anesthesiologists were relieved that they were never the ones to deliver bad news.

The man gently poked and probed along the septum wall to see if there were any other apparent holes. He spotted a small one, about two millimeters in size, low and deep, that created another opening between the right and left chambers of the tiny heart. Again he had to think fast and decided to leave this one alone. It was too risky to go down there with a needle among all of the obscure conduction systems hidden in the heart muscle. He would do far more damage than the small hole would ever pose. His eyes left the conquered battleground and moved up to locate the Atrial Septum Defect, which he immediately found. This hole was unusually large, but not large enough to require a patch. Again he stretched out his right hand, and the cold needle holder was

placed in his cupped palm. He began sewing directly into the lifeless, and by now almost white, tissue and muscle.

He had two minutes to spare before the baby would begin to have problems due to the amount of time spent on the bypass machine. The most severe problem would be lack of oxygen to the brain, causing permanent brain damage. He checked the blood pressure in the vessels to make sure they were even in both heart chambers and signaled his team to close up the chest. An aortorrhaphy—a suturing of the aorta—was performed in two layers. Then all the air maneuvers were accomplished and finally the cross clamp was removed. The long chest incision was glued shut and stapled. No stitches were needed. The rewarming of the tiny patient's body began. He regained perfect sinus rhythm and a clear tube was inserted into his mouth through the trachea and into the lungs. He was now intubated. The vent from the right superior pulmonary vein was removed and a multitude of leads and wires were attached and inserted in the baby to the extent that they hid most of the flesh on the tiny body. The baby was ready to be weaned from the bypass machine. The weaning went without difficulty and the homodynamic parameters displayed were excellent. The man motioned to one of the nurses. He was ready to leave. The man thought that what came next was the best part of surgery—being able to deliver good news to the parents. He walked slowly through the empty halls thinking about how he would celebrate New Year's Eve.



While most of Chicago was preparing for a big celebration to bring in 2008, I was waiting for my eight-week-old son to come out from open-heart surgery—his second. I had not seen my son in five hours and was eagerly anticipating the nurse practitioner's next and final update. She was the surgeon's right hand and knew just about everything he did. During her last visit, she had told us that the next update would most likely be our release from the waiting room and reunion with our baby. Everything had gone smoothly. The surgeon had successfully closed the holes in my

son's heart and our baby had tolerated the repairs well. She offered no details and after eight weeks in the hospital, I had learned she was not the one to ask.

Paul and I were the only ones remaining in the waiting room that afternoon. My son's scent was still on my hands. I did not want to wash them. The last time I saw Zachary, my hand had rested on his smooth pale chest that had been free of any scars or marks. I had held my hand there for a long time, reluctant to pull it away. Tears rolled down my cheeks as I allowed my son to be wheeled to the operating room. I wanted to run after him, snatch him out of the Isolette, and escape the hospital forever. I was drained to my core.

I had been praying on and off all morning, but now my prayers kicked into high gear. Every moment I was not talking to my husband or someone else, I was in deep communion with God, trying to remember His promises. I kept repeating, "Now to him who is able to do far more abundantly than all that we ask..." (Ephesians 3:20 *ESV*). I knew it was truth because so many times in the past God had pulled me out of the trenches of despair. Although Scripture gave me peace and strength to go on, and even though God's words lived in me that afternoon, I still had to fight back the negative thoughts that something might go terribly wrong. There was great emotional turmoil inside me that I could not rid myself of. It was unbearable, and I wanted to crawl out of my own skin and disappear forever. I was constantly on the verge of vomiting. My body kept shaking on and off all morning and there was nothing to do but stay in that awful and new pain.

As I sat head down, from the corner of my eye, I saw someone approaching. It was the nurse practitioner. She came toward us and I knew it was to tell us it was time to go see our son. I had waited so long for this moment. Finally, I would be reunited with Zachary. When the nurse stopped in front of Paul and me to deliver the good news, my eyes were focused on her moving lips.

"There have been some post-operative complications," she said.

I think my heart stopped beating.