

## RUMINATIONS

**Pole Survivor**

By Cari Lynn Ugent, A&amp;S '97 (MA)

I would have insisted you were altogether mistaken if you'd told me that one day I would be selling medical equipment, and I would have laughed hysterically if you'd taken it one step further and told me it would be a piece of medical equipment that I'd invented.

But life sometimes presents interesting twists and turns, and in following a path I couldn't choose, I opted to blaze a new one along the way.

My journey began a few years ago. I was living in Chicago and happily working as a freelance journalist with a nonfiction book about to be published by Random House. What was unapparent to most who knew me, and what I only shared with my family and closest friends, was that back in college, I'd been diagnosed with non-Hodgkin's lymphoma and, over the years, had learned to live with it as if it were a chronic disease. But in the winter of 2002, as I was about to turn 30, I had a vicious recurrence that left me with no other option but a stem cell transplant.

I spent two months in the hospital, where each day presented some new surprise—from organ rejection, to neuropathy, to discovering that it was indeed possible for a chocoholic to lose all taste for sweets, as well as anything edible. My 30th birthday came and went, friends sent flowers — which were automatically sent back (too much bacteria)—and balloons—which were brought by my door for me to glance at, before being snipped off (they collect too much dust).

I counted down the weeks, confined to my room and shackled by an I.V. pole. Each day, more medications would be added to the already full pole. A nurse informed me that when the pole became too unwieldy to maneuver, they would place a commode near my bed. Upon admittance, I'd already checked modesty at the door by succumbing to flimsy, revealing gowns; zero privacy; and invasive procedures. But not being able to make it to the bathroom on my own



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simply because of an I.V. pole was, I determined, an unnecessary indignity. I had been waging war against that ball-and-chain since the first day I was hooked up to it, and this was the last straw. As lethal chemotherapy coursed through me, so did a new determination—my bone marrow was dying, but the journalist in me was raring to go. I took to interviewing doctors and nurses about the problems with the existing I.V. poles, and was astonished that everyone had horror stories of the poles tipping, of patients tripping over the spider-legs, and of poles getting caught on door lips, power cords, and elevator gratings. One nurse vividly recalled the nightmare scene of her patient entering the elevator, but the I.V. pole got stuck outside as the doors closed. As she was talking, I surveyed the five I.V. lines that ran into my arm and chest, and the thought of those being yanked made me even more green than I already was.

Another nurse got so riled up when talking about the safety issues with I.V. poles that she proclaimed with exasperation, "Something has to be done!" She was right. I looked around my hospital room, which was filled with cutting-edge technology, and wondered why I felt like I was dragging around a coat hanger on wheels that had seen hardly an improvement since its invention. So I decided to do something.

I called a patent attorney friend, who started the ball rolling. Then I delved into research. As it happens, Chicago is an industrial design hub, so I set up several consultation meetings for after I got out of the hospital. I started sketching design after design, and settled on a product name: Safepole.

Looking back, I see how it all happened so seamlessly—I was compelled to move forth with inventing this product because I was in such dire straits that I had nothing to lose. I think if I'd been of sounder mind (note: I had a morphine pump), I would have found a hundred reasons to talk myself out of starting this venture. Instead, improving this antiquated I.V. pole gave me something to focus on, something productive and proactive to do.

Fast forward a year, my engineers—TEAMS Design—and I had conducted extensive research and built prototype after prototype. I'd haul the prototypes to the transplant floor and get feedback from all my nurses and doctors. The encouragement from my oncologist, Leo Gordon, was priceless. His simple words, "I think you've really got something. Why didn't I think of this?" kept me going.

Finally, we nailed down the design for Safepole, an anti-tip I.V. pole that incorporated what nurses, doctors, and patients wanted: covered wheels; a sturdy, ergonomic handlebar; double the amount of space for infusion pumps; a central power strip; and a roomy basket to hold bedside essentials like Kleenex, alcohol swabs, or a teddy bear. Safepole can also come in any color—from pink (for breast cancer centers) to neon green—because there's no reason why hospital equipment should be cold and industrial-looking.

My first sale was to the University of Chicago, where its entire brand-

new Comer Children's Hospital was furnished with baby-blue Safepoles.

I'm not really one for carrying around quotes in my mind, but one inspired by Aldous Huxley has stuck with me since I was a teenager, before I could really grasp its full meaning: "Experience is not what happens to you, but what you do with what happens to you." The stem-cell transplant had miraculously given me my life back, and I was processing that by doing something. I now have more knowledge than I ever wanted about grades of steel, plastic molds, and caster wheels, and I've spent countless sleepless nights worrying about money and debt. But I also hold a patent and have a product I believe in, one that will hopefully make a hospital stay a little easier, a little more pleasant, and a lot safer.



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Photo by Janet Mesic-Mackie