

“Five Medical Days” (An unwelcome sequel to “Fourteen Medical Days, etc”)

Prologue: Imagine, if you will, a situation requiring a person to receive ten generously donated units of transfused blood in only five days, just one year after undergoing major surgery to repair an Abdominal Aortic Aneurysm when as far as I know, no blood was transfused during that May 2011 procedure. Gosh! One might conclude there must have been a major medical cause or one heck of a lot of lost blood – either way – an emergency of severe proportions.

Readers of my previous medical tours should decide soonest if they still have the stomach to proceed with this blood-spattered tale, yet before one elucidates, in prologue mode, over twenty years I have been variously diagnosed with these enduring medical conditions. Angina, Hypothyroidism, Celiac Disease, Pernicious Anemia, Gout, Leg Cramps, Fatigue, Depression, Claudication and Peripheral Neuropathy all in addition to a second-half lifetime of Arthritis in most usual places. Previous procedures include two new thumbs - 1992, two new eyes - 2003/4, two new knees - 2009, pacemaker – 2010 and the AAA – 2011. A veritable bionic being but still banjaxed!

Sunday Morning: Day two of another normal weekend with lovely weather. Plan ‘A’ is to feed the fishes, gardening, Monaco Gran Prix at lunchtime, feed the fishes, more gardening, clean the pond filters, tea, TV, bedtime. So; nothing special there to foretell the events to come, not even a touch of early constipation requiring some extended enthroned meditation (there’s worse to come)!

Now it’s 11am, and the inevitable follow up to a constipated bowel, blessed activity is heralded by that motioning feeling in the tummy. After more meditation and a somewhat uncomfortable movement, it’s time to wipe and resume gardening. Oops!!! Is that blood? Looking down the pan, it seems like loadsa blood! Now, dear reader, this is not exactly the first time it’s happened, so nothing to panic about? From time to time, these things can happen to old folk, when small vein bursts or a polyp gives way and when it did happen before, it cleared up ‘toot de suite’!

Sunday Afternoon: Now it’s time for the Gran Prix, but just prior to 1.00 pm, an urgent movement is signaled with some accompanying discomfort. Back on the throne, I realize something is not right. This time it’s diarrhea and blood, an unholy mixture with bad smells. Time to consult a nurse of thirty plus years experience who also happens to be my wife, Mo. I don’t know if it was the lure of the televised F1 or just me and Mo, both belonging to the ‘old school’ of people who never call a doctor on a Sunday. Maybe you are also respectful of Doctors’ Sundays, but the plain foolish fact is, we went back to plan ‘A’ and time moves on.

The F1 race has been won, the fishes are fed and the filters are clean and I am once more enthroned, but this time in pain and down the pan it’s not a pretty sight. Mo says it’s time to break a lifetime’s habit and we phone the out-of-hour’s Doctor Service in Bedford, otherwise known as BEDOC! It’s a damn good service and in less than 20 minutes I’m explaining everything to a senior nurse who tells me to get the hospital pronto, for a 5.15 pm appointment. The doctor takes more details but is somewhat shocked at our mistaken delay and one peek at the samples in a jar convinces him to refer me immediately to the Acute Assessment Unit (AAU).

Sunday Evening: It's a bloody long route march from one to t'other and the doctor refuses to let me walk, so Mo steals a wheelchair and orf we jolly well go! Let's be clear about one thing though? I am not distressed, there is no more pain from below or thereabouts and I feel a complete fraud having my poor wife push me 400 yards across the hospital, me being twice her weight an' all, but she was also adamant.

In AAU, I am assigned a bed, nurses take details, fit me up with an identity wrist band and then the fun really starts. A young lady doctor appears, to take even more details, prior illnesses, operations, allergies, test for vital signs, insert some needles in my forearm, apparently three cannulas are required. Yes three? Even Mo thought this was a bit OTT.

Here is where the admission process stalls, because the doctor, her colleague, nor anyone else on the ward, can find a decent vein. Members of the anesthetic team were recruited from theatre-land and even they struggled, Some-one appeared with an ultrasound vein finder and they tried scanning and poking needles at the same time. Eventually, after seventeen attempts, each one accompanied by the soothing words 'small scratch coming', I had those three cannulas in place.

It was now 7.30 pm but in between the difficulties with umpteen increasingly painful small scratches we had a significant event. I had sent Mo home, she being absolutely whacked, and my youngest daughter resumed the family vigil. It came to pass; one of the first lady doctor's duties was to digitally examine me for any back passage signs to go with the symptoms I had already described. It takes little imagination to realize that such an intrusion might have consequences – dramatic consequences in my case. Minutes later I fled to the nearest loo and it was close run thing. En-route a nurse thrust a bedpan into my hand and asked me to get a sample.

They didn't really need a sample though because I redecorated the whole room, pan, wash basin, floor, walls, me and the bedpan, not dissimilar to an explosion in a red paint factory accompanied by noises and un-paint-like smells. The more I tried to clean-up the worse it got. I was overcome with heat and nausea in that small, unventilated, smelly red abode, so I pulled the emergency cord and within seconds the door was opened. 'The horror, the horror'! ref. "Apocalypse Now"!

My bed was brought to the loo and I was trundled back to the safety of the ward swaddled in clean-up pads, etc. I did not know it at the time but apparently everybody was shocked, even to the point of a medic taking a photo after things calmed down, presumably for coroner's evidence? Ha!

Well obviously not, but there was clearly a lot of worrying going on! Then it became clear why three cannulas were demanded by the doctors. One for essential drugs and fluids and for two units of blood being transfused at the same time, one in each arm, the target time for each was just one hour – seemingly very fast? I later found out that my hemoglobin had dropped below half of the normal level to become seriously anemic. This would also explain why my veins had collapsed and blood pressure had fell thro' the floor – the only thing holding up my pulse rate was the pacemaker embedded in my chest 18 months prior. In the space of less than ten hours my well defined plan of homely relaxation had become a bloody (literally) nightmare with a phalanx of medical staff moving swiftly and urgently to resolve the situation.

Sunday Night: To add insult to injury, a bad evening turned into restless night, due to several other distractions. Every fifteen minutes a nurse or doctor appeared to record vital signs, me being wired to a beeping heart monitor and blood pressure/etc machines. Three infusion lines trailed across the bed from their stands via plastic tubes into my forearms, soon to be joined by a fourth, very inconvenient tube, as I wanted to pee, but could not, so a doctor inserted a catheter. With five electrical measuring wires and four tubes for fluid in and out – I prayed I would not need to do a number two, as there would be one heck of a complicated cat's cradle to unravel.

Then there was Mr. H. in the bed opposite who, because of a dementia, took to wandering about the ward, trying to get into the wrong bed. Worse, the poor gentlemen also took to peeing on the floor, making life very difficult for the hard pressed staff. Another patient, a young lad, seemed to be disturbed by a form of Tourette's making it pretty impossible to sleep anyway, even if I could. Another blood test accrued and doctors arrived at 2 am for a consultation about moi.

It seems that the latest blood tests showed no improvement in hemoglobin and they needed to whack in two more units of transfused blood and even more fluids – el pronto. Now I'm beginning to think this is becoming part of a very close shave and all the more strange because despite the discomforts and distractions I don't actually feel ill. No pain, no nausea, no palpitations, no urgent needs, etc. Just disturbed sleep time. Never mind though, having my feet massaged by the wandering Mr. H. was mildly amusing. It would be true to say, I slept not at all until about 5.45 am, only to discover the whole ward was being woken at 6 am for a new day.

Monday Morning: It was about this time in readiness for hand-over to day staff, that the night shift got around to updating the details on the white board above my bed, which now included the dreaded words 'nil by mouth'. No water, no food! I should CoCo??? Methinks some surgical or invasive procedures are being planned but for the time being – I know nothing! Tablets and drugs – yes! Food and drink – No! Now breakfast is being served to the other inmates and to make matters worse, the catering staff point joyously at my white board, muttering 'nil by mouth'! There should be a hospital rule banning that phrase within patients' earshot.

It would seem, the 2 am doctor's bedside conference had already set the pattern of treatment for the immediate future, for as far as I can recall, apart from the occasional visit from a junior doctor taking samples, no bigwigs came by to intrude or inform or update me on the state of play. Not that I cared much because I was catching up on lost sleep most of the morning until lunchtime. Oh! I forgot! What lunchtime??? Someone did order another single unit of blood for transfusion, but apart from that, and the inevitable monitoring of signs and symptoms – nothing much happened. Am I expected to survive on blood for the foreseeable future?

Monday Afternoon/Evening: Life on the AAU is far from tranquil Apart from one's personal difficulties and the associated visits from nurses, doctors and visitors, the ward is incredibly busy, as one might expect. Patients are being shuttled in an out en route to other wards, procedures, scans, etc. Members of staff are remarkably cool amid the seeming chaos where there appears to be no restriction on visitor time or numbers of visitors per patient.

Regarding the above mentioned 'personal difficulties', I am from the 'old school' of people who abhor asking busy nursing staff for help with seemingly trivial problems such as hot and sweaty bits and pieces, tangled infusion lines and monitoring cables, wet clothes, etc. After my wife left at tea time I had a short visit from my youngest daughter, Nicola, and granddaughter Victoria. All of a sudden it was 8 pm and I was extremely uncomfortable, completely fed up and feeling very lonely so I called for Maureen to come in and help me out.

Mo arrived pronto with more clean clothes, towel, flannel, soap, etc and behind closed curtains, we proceeded, to strip off sweaty and soiled attire, difficult, considering the cables and lines involved, perform a blanket bath from top to tail, and re-install me in some clean garb. She also sorted out the attached interwoven lines and cables, the untidy collection of trivia on my table/locker, the pile of untidy clothes and when she left, an hour later, I was particularly improved, both in comfort and demeanor. Like I said, 'old school'!!!

Monday Night: From here on, I was able to settle down into some very peaceful sleep, to await the morrow, except, unexpectedly, at 2 am, a gang of people descended upon me and I was moved, lock, stock and barrel, to a different (surgical) ward on the fifth floor of the hospital. Pickfords could not have done a better job but the thought of being on a surgical ward seemed to align very neatly with the previous and ongoing instruction of 'nil by mouth'.

Another aspect of moving wards is the 'new' staff need to go through their own admission process (all over again), name, address, date of birth, prescription drugs, medical history, etc, the whole nine yards. Then, new junior doctors variously arrive to take more blood samples, supervise fresh blood transfusions and explain what they have discovered so far about my bloody experiences, what is currently happening and, in particular, what they plan to do for me.

Interestingly, despite many units of fluids, bulking stuff and transfused blood, the doctor still can't find any of my collapsed veins and opts to take arterial blood for the urgently needed hemoglobin tests. Sure enough, my perverse vision of spurting blood is fulfilled as the needle is withdrawn and the artery paints a spotted red trail on the bed-sheets before the cotton wool pad can be secured. One of the up-coming decisions is that sometime in the following day there will be some urgent camera work performed on my innards to try and discover the source of the bleeding leak. At the time I don't know if it's gonna be from the top or the bottom – or BOTH!!!! Could be an interesting Tuesday, methinks?

Tuesday Morning: After another early morning wakening, no cup of tea and no breakfast, just my prescription drugs and a small sip of water, I calculate that my last meal was Saturday teatime. This is no way to treat a dedicated glutton but about this time I run into an interesting encounter with the self-styled ward catering manager who is unaware that I am a Celiac (i.e., allergic to gluten and wheat germ) and even if he could give me some food, he had nothing prepared. I then lightheartedly challenged him to provide me with a large helping of scrambled eggs and yoghurt but the ruse failed when a nurse overheard my weak attempts at bribery!!! I'm told that hunger can drive men to extremes.

Mysteriously though, sometime during this period, the ‘nil by mouth’ directive was changed to ‘free fluids’, seemingly including everything but solids. My request for liquidized fish and chips however, was unjustifiably denied, however, I discovered that ‘free fluids’ includes milk, my favorite drink, and at her afternoon visit, Mo brought in a welcome couple of pints. Glug! Glug!

Having been moved to a ‘proper’ ward, I was informed that my surgical consultant would be around during the morning to explain all their findings and the proposed care plan. Strangely, though, it’s about this time that I am feeling like a complete fraud. I have no pain, no nausea, all my vital signs are seemingly normal, blood pressure, heart rate (courtesy of pacemaker), oxygen saturation, breathing, etc, yet doctors visiting explain that my delinquent hemoglobin does not want to improve and still more transfusions are planned.

About mid-morning a strange silence falls upon the ward as different consultants and their entourage’s breeze in like galleons in full sail. No fuss, no wasted time, cheerful, business-like and very informative. Too much information – methinks! In the close proximity of adjacent beds and their flimsy curtains, anyone with normal hearing can inadvertently learn about one’s neighbour’s medical conditions. A very good reason for the banning of mixed wards, I reckon.

Now it’s my turn, Mr. Skipper, surgical consultant tells me that I had a serious blood loss cause by an internal bleed into my gastro intestinal tract and at this time they hope the bleeding has stopped but have no idea of its location. The immediate plan is to do some camera work called endoscopy, from the top, looking down, in, through and beyond the stomach into the duodenum, and it will be organized for today. At this point I had the temerity to inform Mr. Skipper of my long awaited appointment, the next day, with a Neurosurgeon at Addenbrookes Hospital to further investigate my walking issues, otherwise known as Neurogenic Claudication. After a short discussion with his team he said I could be transported to Cambridge as long as it was ‘door to door’. I explained my family could do this and he agreed as long as there was no further evidence of ‘bleeding’. In a thrice, he was gone.

I was in for a very busy day, but still being ‘free fluids’ I decided I would sleep through lunch. Ha! No luck there then? Shortly, a hospital porter appeared to take me away for the endoscopy where a lady G.I. consultant explained the procedure and also (surprisingly) offered to effect any repairs that may be needed at the same time. Apparently along with the magic camera she has available a range of remote instruments for biopsy, stitching, stapling, cauterizing or otherwise treating whatever becomes visible. I readily agree and sign the paperwork. No question, despite mild sedation, swallowing a metal and plastic snake is an unpleasant, gagging experience but all goes smoothly and when the procedure is done, with no after effects, not even a sore throat, the very nice lady announces there was no sign of bleeding from the top.

However, the implication is that further investigation is needed including an immediate CT scan to rule out the possibility of a crossover bleeding path between my recent AAA operation and the bowel. Whilst this is an unlikely affair it must be investigated for the purpose of elimination, but not before I am transported back to the ward where the words ‘nil by mouth’ and ‘free fluids’ have been magically erased from the white board above my head.

Tuesday Afternoon: Rush, the catering bod, is immediately offering me tasty gluten free lunch of stewed lamb and vegetables with banana and ice cream for dessert. Bearing in mind I had not eaten since Saturday evening, nearly four days, cardboard would have been a yummy alternative. It's 2 pm and now I can sleep. Bliss! Unlucky again because within the hour I am wheeled to the Scanning department and soon, inside the CT scanner getting hot flushes due to an infusion of special fluids and admiring the whirring of very expensive machinery.

Surprisingly, the technician announces I cannot leave the CT scanner room until the consultant radiographer had decided there is no crossover bleeding. Within minutes, I get the all clear and informed that, back on the ward, I would be met by a member of the surgical team for more internal procedures. However, there was a 20 minute delay before a porter appeared. Even more surprises! I was intercepted en route by a surgical team member in scrubs, clutching a bunch of threatening instruments asking if I was the 'expected' Mr. Alban. Warily, I answered, yes????

This is getting really weird, having an armed surgeon seeking me out, in transit, from ward to ward. I was even wondering if he would be carrying out my next procedure right here in the hallway. But no, I am duly parked and whilst bidding the porter thanks and goodbye, in breezes the surgeon with a swish of curtains, we are alone. He explains the CT scan showed no signs of crossover bleeding and, now, with my permission he must perform something called a sigmoidoscopy using his armful of various snakes, right there on the ward.

Like I said; weird! The pace at which these procedures are being performed one after the other (no NHS cuts hereabouts, methinks) must imply a medical issue which seems at variance to how I feel in myself, not unwell and pain free. Without further ado I am maneuvered to the edge of the bed to allow him unfettered access to one's back passage. Amid all the poking, pushing and muttering (him) and teeth clenching (me), he variously inserts at least three machines (no, not at the same time, stupid) and eventually declares there are still no visible signs of bleeding.

By today's sequential processes of elimination, it seems we now know what it is not, yet the undeniable bleeding event still requires pinpointing, about which my consultant surgeon will discuss with me on the morrow. In the meantime I am urged not to worry, risk of further bleeding is low and I must settle down to some well earned rest. Well earned indeed! All the procedures were carried out in less than four hours, with me variously attached to infusion lines and a catheter bag making things tanglingly difficult.

Tuesday Evening/Night: After the rat-tat-tat procedures of the foregoing few hours I am really looking forward to a proper night's rest and unfettered sleep. Apart from a very welcome visit from my eldest girl, Sally-Ann, and a couple of units of transfused blood with their associated monitoring of signs and symptoms, the night passed sleepingly serene. Mind you, just when one thinks that there must be at least another four hours of undisturbed rest, it's time to wake up for medications and a 'nice cup of tea'. We don't have this sort of time regime at home, with our leisurely rising starting sometime about 9 am. What? What?

Wednesday Morning: I am really looking forward to my consultant confirming that I can go to Addenbrookes around noon, but before then, breakfast. Big surprise, the catering chief has taken me to his heart and come up with a gluten free cereal, a special provision of Rice Krispies. Never having come across them before, I had the temerity to doubt the veracity of his claim but he charged off to return with proof positive. Mind you, these krispies had a life of their own, Snap, Crackle and POP! I mean a real POP! After milk is added, so much pop, it's impossible to keep them in the bowl. The little jiggers are jumping everywhere. Like fleas on spinach, Popeye in his prime had less energy! The best measured distance this morning for an escaping rice krispy is at least 18" and that one is still on the table! The floor was littered with more desperate escapees!

With so much fun watching them krispies go, I almost forgot the upcoming consultant's visit, which duly occurred with encouraging information that my hemoglobin count was moving in the right direction and with no evidence of further bleeding, he would happily allow me time off to see my neurosurgeon in Cambridge this afternoon. We discussed some of the issues regarding my neurogenic claudication and he (the surgical consultant) told me he would ask the Pain Clinic supervisor to visit me during my stay under his care to discuss the possibility of me being referred to that department. The same subject was one of issues up for review in Cambridge.

"Fun" seemed to be the order of the day, because before leaving, the consultant waved cheerily at my catheter bag and announced that I surely don't need that thing strapped to my leg for my upcoming journey and asked for it to be removed. This directive caused what seemed to be a collective intake of breath and a pregnant silence from the watching entourage. Good nursing practice seems to require catheter removal is best carried out late at night or very early in the morning to allow the male patient to adjust his bladder control in a gentle way. So this atypical instruction seems to have caused a minor revolt by ward staff and the issue was apparently re-escalated to the consultant who meanwhile had retired to his ward office. After non discussion of the subject, the surgeons response was overheard to be something like "Take the ***** catheter out, END OF"!!! Within minutes, it was removed. I haven't had so much fun since my pet pig ate my sister. Shortly thereafter, I am released from an infusion and two cannulas are securely bandaged to protect them from stress during the upcoming trip. All done and dusted by 11 am!

Wednesday Afternoon: Spot on pip-emma, my wife and guardian angel, Mo, appears on the scene and I am free to leave the splendid care of ward staff for my journey to Cambridge. We decided to take quiet country roads, to avoid any possibility of traffic delays and duly arrived at Addenbrookes hospital. Finding clinics on this sprawling campus is a real nightmare and car parking is even more difficult. Eventually with the help of a borrowed wheelchair negotiating several endless corridors we arrived at the correct venue and I'm pleased to have twenty minutes or so to collect my thoughts regarding what I expected to be a difficult consultation.

Difficult, because I had challenged one of the countries' top Neurosciences Department's original review (three months prior) of my walking troubles, wanting to know why they had seemingly denied me further investigation into my distressing condition. This time around, at least I am seeing a neuro-surgeon and he repeats most of the tests previously undertaken and re-reviews my most recent MRI and CT lumbar scans. One of my beefs is that all the passive clinical tests undertaken are performed with me either sitting or laying down, likewise the scans are taken in a prone position and that at no time has anyone accompanied me on a short walk, say along the corridor, up and down a flight of stairs and return to the clinic, no more than 50 meters, to observe how such a short perambulation reduces me to crippling agony due to the induced pain in buttocks, pelvic muscles and upper thighs. On a scale of one to ten, the pain level is invariably ten?

The consultation then takes an interesting turn in that the doctor tells me that he does not need to observe these difficulties because he 100% believes my description of the pain intrusions, he has absolutely no doubt, none, that these are exactly as described; totally crippling! His difficulty, he explains in no uncertain terms are that he cannot see, or find, the cause of the problems. Undeniably, he concedes, there is a cause, but he CANNOT locate it and because of that simple fact it is impossible for him to even consider investigative surgery, the risks are simply too great.

Expressed another way he seemed to be saying there is no way he can possibly contemplate digging around with a penknife and a piece of string on the off chance of finding the cause. It simply is not going to happen. OK, so now I understand, but dear reader, please bear in mind that up until that point the situation had NOT been so clearly defined. Even now, though, I am still not satisfied! I now challenged the surgeon again that if the cause cannot be seen or understood from the existing tests and multiple scans, what further possibilities exist to pursue the causal search.

Perhaps a little miffed at the continuing challenge, he explained there were two channels to pursue more aggressively. The first was to accelerate the 'Gabapentin' drug trial started about 2 months ago, continuing to increase the dosage to the maximum level. I was still only halfway through that trial so this had to be progressed and concluded more swiftly. He told me he would inform my GP soonest. The second action is, he will renew the hitherto ignored recommendation to my GP for an immediate referral to the Bedford Pain Clinic where, amongst other investigations, he highlighted the possibility of using what I understood him to say were micro or selective nerve root injections. Seemingly these can be applied both for providing pain relief and as a diagnostic tool to help identify the source of the patient's pain. If such proof of location is forthcoming then he would be further informed and hopefully my situation will merit a future review.

Thus, I was courteously dismissed, but with the satisfaction of furthering the possibility of treatment and investigation into my Neurogenic Claudication condition. Bearing in mind I have been battling with the ailment in worsening degrees since 1996 (walking limited to 300 meters) when even then at the age of 58 it was distressing. Now aged nearly 74 (walking now limited to 20 meters) I still refuse to give up the battle. Stubborn? Yes! Argumentative? Yes! Foolish? Perhaps! Optimistic? Well, maybe, but why not? Having recently undertaken and survived two Knee Replacement operations, implanting of a Pacemaker and an Abdominal Aortic Aneurysm (AAA) Repair, all since January 2009 (3½ years), I am trying damn hard to stay ahead of the game. Expressed another way! It would be a terrible waste of NHS money fixing all these prior problems just to give up now when the neurological investigations into my walking problems are clearly incomplete! Sure, the odds may be against me, but I refuse to give up, yet!

Now it's time to return to Bedford Hospital and the continuing treatment following my massive blood loss due to an, as yet, unknown cause. After a pleasant journey with renewed hope, at 4.30 pm, I find myself re-installed in my hospital bed and am immediately hooked up to more blood transfusions because the most recent blood tests have shown a stubbornly abnormal level of hemoglobin. Un-phased by this apparent setback, I enjoyed a very tasty tea time meal having told Mo that I wanted no visitors this evening. Sleep was the only goal I craved right now!

Wednesday Evening/Night: With only one infusion line connected and no catheter bag to juggle, the comfort value of this rest period was greatly improved. However, the warning time between needing to pee, grabbing a bottle or racing to the loo was alarmingly short. Somehow, bet wetting was avoided, but only just and one is left hoping that things will soon improve otherwise car journeys are gonna be a difficult proposition. Mind you, in France it is common to see male drivers peeing beside their parked cars. Don't try that on the M1!

One distressing change took place about this time, me being very short of breath with my oxygen saturation down as low as 90%. This continued through the night and always associated with the effort of going for a pee. Despite my sleepy time intentions the night staff had to put up two more units of blood, but I was determined not to be disturbed and most of the procedures and essential monitoring of vital signs took place un-noticed by me. One nurse even cleaned up a very leaky spare cannula and redressed it whilst I slept on. Later, I asked him why so much monitoring of vital signs takes place immediately after a new unit of blood has been hooked up. He explains that under some circumstances the body reacts unfavorably with fever, rapid pulse, pain, etc indicating immediate termination of the transfusion and corrective procedures. At least I only found out about these risks AFTER the ninth transfusion in three days; apparently I survived!

Thursday Morning: Woken up early doors again by the morning drugs round and a nice cup of tea then back to sleep again to awake just in time for a repeat breakfast of those pesky Krispies. Their habit of determined escape seemed even more urgent today. Seemingly a function of how much more milk is used? I wonder if the manufacturers have studied this phenomenon in depth.

Still suffering from breathlessness, I asked for help. The duty doctor arrived directly to diagnose I needed to be resting in an upright position and asked for me to be transferred immediately to an electric profiling bed. This occurred at the same time as the nursing staff were changing bed linen anyway. Much to the chagrin of my neighbor he lost his profiling bed and gained my older, non adjustable model. This caused much banter and merriment amongst the patients thereabouts. Almost immediately though, my breathless state improved as a result of this cruel interchange.

No consultant visit this morning but another raft of blood test were taken resulting in continued unsatisfactory level of hemoglobin and the tenth (and last) unit of blood being transfused. What did happen however was that a doctor from the surgical team appeared and informed me that they intended to change some of my prescription drugs including an immediate increase in (pain control) Gabapentin, and stopping the aspirin. The latter thought to be a contributory cause of the internal bleeding and would continue thus until after an outpatient Colonoscopy to be carried out approximately four weeks hence.

The former, however seemed to be outside the remit of the surgical team so I asked what had brought this about. He said it was in response to the meeting I had the previous day with my neurosurgeon. I can only assume that there had been some urgent communication between Addenbrookes and Bedford on that decision or they had simply taken my word for the recommended change in dosage. He also confirmed the Pain Clinic supervisor had been asked to come and see me on the ward, later this day and to expect the consultant to visit me after lunch.

Clearly this was going to be an informative review of my situation and future treatment so ET foned home and asked Mo launch her spaceship and be here at 2 pm to participate in the upcoming discussion. I now enjoyed another very tasty Gluten Free lunch from the excellent catering supremo and much good-natured complaining from my neighbor about him giving up his special bed. One wonders if the only way this teasing will end is with one of us being discharged.

Mo duly arrives. I update her with prior events and we relax into domestic conversations as to how the extended family is reacting to my circumstances and she brings me up to date with all their happenings too. Time passes quickly and all of a sudden my Consultant appears, his entourage trailing dutifully behind, pens and pads all poised to take notes. Mr. Skipper quizzes me on my Addenbrookes excursion and how did I feel in myself regarding my current condition.

He explained the procedures thus far had not revealed the exact location of my problem and confirmed there would be the aforementioned out-patients colonoscopy appointment for more internal camera work in four weeks time. He also confirmed the Pain Clinic supervisor was on her way to see me as we speak AND (surprise, surprise) I can go home as soon as the ward can organize my discharge. Considering this was totally unexpected, Mo's first reaction was that she hadn't anything planned for an evening meal! Never-the less, we both gave a silent rebel yell.

Whoopee! Even the junior doctors and nursing staff seemed surprised but personally; I think the consultant had twigged that I would be getting the best possible professional care at home from my guardian angel and 50th year wife, Mo, and that the ward bed could be put to better use. Mr. Skipper wished me well and duly mooched off, head down, contemplating his next mission. Shortly thereafter Becky, from the pain clinic arrived and she explained what they may be able to do for me. First, I would need a referral from my GP, whom she would be contacting soonest, despite the upcoming Jubilee weekend. I would also need to formally ask the GP to make a referral.

Knowing Addenbrookes would be making a positive recommendation for me to be referred, she would also pre-empt my case with her department doctor as to what medications I am currently taking and explained that their normal process was to carry out a drug regime review to ascertain its effectiveness and to work up a plan of action. To me this seemed like manna from heaven. At last, a pain specialist is talking to me about working on positive actions instead of the last six years of endless tests and scans with hardly an encouraging word or any hint of treatment. With my profound thanks for her visit ringing in her ears, she was gone.

Immediately, a nurse arrived to remove my last cannula. She also returned my own left-over drugs in their dosette boxes; the in house drugs sent to the ward by the hospital pharmacy and duly explained my newly formulated regime of prescription drugs to be started when I got home. There were other discharge formalities and I signed on the dotted line. Doctor's letters arrived and were explained to me by a senior nurse who wished me good luck. I was free to leave, exactly four days since I was admitted to the AAU in some degree of emergency and bloody distress.

Epilogue: So what can one make of this emergency and its unusual threat to my welfare? As ever the Bedford Hospital staff, from top to bottom, were magnificent. I send special thanks to the anonymous blood donors who yielded up ten units of the red stuff. My wife, bless her, has been put under enormous strain and her patience was severely tested. I am concerned that the cumulative effects of our family worries were worsened by my extended debilitation.

Strangely though, this latest emergency escapade now leaves me with an interrelated twosome of conditions, the latest, my suffering a serious threat to health due to continued risk of major bleeding from the rear entry, the actual cause and location being a complete mystery. Likewise following the umpteenth visit to consult with Addenbrookes Neurosciences doctors, being totally symptom free when sitting or prone, I am unable to walk more than 20 meters without being consumed by crippling back and leg pain, this, also being due to a completely unknown cause.

Two completely unrelated problems both with unknown causes, none of which changes the moral of the foretold story which is: - "Call the doctor sooner, even on a Sunday".

Ramon Alban: June 2012 www.vintagemodelairplane.com