

## Personal Statement of David J Howe

In October 2002, I retired early from work as a Medical Representative, due to bouts of very high blood pressure and stress related problems.

By mid month, I had noticeable large blood loss, when going to the toilet, to empty the bowel and went to see my general practise doctor, late October 2002. He referred me to the local hospital to see a consultant, but as the appointment was three months hence, I decided to go privately to see another specialist at an alternative hospital and this was arranged by the first week in November 2002.

He did not suspect anything untoward at initial examination of rectum and palpation of the abdomen, but placed me on his colonoscopy list under the NHS. I new at this time, that this consultant surgeon specialised in laparoscopy procedures and therefore I regarded him as highly skilled.

On the 13<sup>th</sup> January 2003, he found a large tumour at the head of the rectum and into the sigmoid colon. I then came back for a CT scan on the 24<sup>th</sup> January 2003 and this indicated no further tumour sites. I was admitted into Ward 13, a surgical Ward at Airedale General Hospital, Steeton, Keighley on the 30<sup>th</sup> January 2003.

The Ward was made up of four bedded areas and I was starved and purged as well as having various tests and bloods taken.

The highlight, was having to stand on the bed, whilst being marked up with indelible ink, the surgical placement of either stoma site for colostomy or ileostomy, should they be required. The only bright light in the gloom, was the Specialist Bowel Cancer Nurse, who came and explained the next days procedure and what I might expect, post-operative.

On the 30<sup>th</sup> January 2003, I was on the morning 'list' so 'nil by mouth.' I remember being wheeled down to theatre and feeling hungry and nervous. I had been seen that

morning by the surgeon who once more explained the procedure and possible outcomes. I felt confident in his hands as I knew other people who had been treated by him and did not doubt that he would only remove what was needed.

I had prepared for the worse, that being some form of stoma and this seemed at the time a more dreadful thing, than the cancer itself.

On returning to the Ward, the first reaction on walking up was to feel for what was left, down there and I was shocked to come in contact with a tube passing out through a hole in my side.

I feared the worst!

However, all it was, a drain.

Nevertheless, as for the rest of the bandages, they seemed smaller than expected and that was a great relief.

My first words were food and water.

I am never sick after operations, but always really hungry.

As water was all that I was allowed, I solved the next problem with some chocolate taken from my locker.

The next words I heard were that no stoma had been needed and that the operation had gone well.

So, what had taken place.

I had been operated on by laparoscopic surgery.

From what I could tell, I had three incisions in my abdomen.

The major cut was from my tummy button to the pubic bone.

I found out later that the size was larger than normal due to it having to be extended whilst removing the bowel that had been cut away.

More than expected, initially.

The other two wounds were small, an inch or so lower than the tummy button and a couple of inches away from the mid-line.

These had been to insert instruments and assist in the procedure and they soon healed along with a drain tube hole somewhat further down.

The main cut was stapled together and looked very sore and angry, when the dressing was changed on the following day.

I was not impressed by the standard of care in these procedures, as either gloves were not changed between patients or there was little in the way of hand washing.

On the day after the operation, I left my bed and tried a bit of walking about.

I insisted on a full meal diet and was concerned at the high levels of morphine administered. I had no real pain just a bit of discomfort. Knowing that opiates cause the bowel to 'clog- up,' I asked them to be stopped and this was then a case of just taking Diclofenac, which worked well.

Now the bowel had chance to recover and as it was one of the three tests to 'escape,' what I now regarded as a rather dirty Ward and a source of cross infection.

By the Friday, both bowel, had returned to near normal and the drain tube was showing a lack of action. I asked the consultant on his daily round, when I could leave and he said once both these criteria had been satisfied and my temperature was normal.

The next day Saturday, the drain was removed and I was allowed to leave hospital. The bandages had only been changed the once and the state of the Ward, was not good, so I was delighted to leave and walked with reasonable ease to the car.

During the surgery, the surgeon had successfully removed a portion of the rectum, the whole of the sigmoid colon and most of the descending colon. In addition to this he had taken twenty four lymph glands.

Later I was to learn that these had shown no signs of cancer, so that along with the tumour having not broken through the outer wall of the colon, it was declared a Dukes B1 carcinoma.

My recovery would have been very rapid if it had not been for the infection, which I am sure was due to very poor after care in hospital.

After a couple of days rest I was feeling very well, but concerned when I changed the dressings as they showed signs of wound infections.

By the Tuesday night, one week after the operation, I had an extreme febrile illness. I had to have the bed changed three times during the night and my pyjamas several times. I re-hydrated and dosed with antibiotics

at very high levels and treated the infected wounds with antibiotic cream.

I was sure for one thing, that I was not returning to hospital.

The infection responded, within a month the wound had cleared, and I was left with an extra tummy button from the abscess, as a reminder of the experience.

I later did not have any chemotherapy; one year on, I had a secondary cancer in my lung.

The surgery to remove the mid-lobe of my right lung was not laparoscopic and much more traumatic with much pain and even now pain at and around the operation site.

Recover was much longer and I then underwent chemotherapy.

At present, I am clear of any further cancer growth.

Today I feel that this operation at Airedale has even been improved upon, as far as the patient is concerned. No longer do the 'purge and starve' the patient. He or she is left hydrated and feeling well prior to surgery. The operation is now done 'dirty' and has shown no increase in infection rates.

The Ward cleaners have been sacked and there is a great improvement in hygiene on the Ward.

Better still, patients routinely spend less time in hospital, so are not left open to cross infection.

Pain relief is now reduced routinely and this again has helped patients get back a healthy working bowel in less time.

On top of this now, fifty percent of the operations on the bowel are now completed laparoscopically and because that occurs more regularly, the time in theatre has reduced.

My cancer journey has not been without its set-backs but the Laparoscopic bowel surgery was one of the highs.