

Fourteen Medical Days in the Life of a Vintage Model Aeronaut and SD1 Nutcase

Prologue: The bionic back story to this latest medical episode is as follows. In winter 1992 I was the grateful recipient of rebuilt pain-relieving thumb joints in both hands. During 2004 I got a pair of new eyes in the form of twin cataract replacement surgery. In early 2009 I underwent two knee replacement operations and in December 2010, the medicos in cardiology fitted a very sophisticated pacemaker when my pulse rate dropped to 40 bpm.

During approximately the same twenty year period, I have been variously diagnosed with the following medical conditions. Angina, Hypothyroidism, Celiac Disease, Pernicious Anaemia, Gout, Fatigue, Depression, Claudication and Peripheral Neuropathy all in addition to a second-half lifetime of Arthritis in most of the usual places.

By any measure of human well-being, then, a dodgy story of triumph in the face of challenging medical conditions and to put the tin-hat on all of the above, a vascular surgeon has been monitoring an Abdominal Aortic Aneurysm (AAA) growing inexorably from sub-4 cm, 5 years ago, to reach 6 cm diameter in the spring of 2011. 5.5 cm is the critical dimension beyond which alarm bells convert into klaxons.

Then, just recently, completely out of the blue, my dentist discovered a lumpy mass in my lower jaw and told me in no uncertain terms to go and see my GP, soonest, whereupon he immediately wrote a referral request for an ultra-sound scan at my local hospital.

So, at the end of May 2011, beginneth this Epic Fourteen Day Medical Roller-Coaster

Thursday: Telephone call from hospital appointments, can I please attend hospital the following Tuesday for ultrasound scans of my lower jaw. Clearly urgent, as the GP referral letter was written only a few days prior and it is pretty unusual for the appointments office to telephone directly to patients.

Friday: Another call, this time from Lisa, secretary to vascular surgeon, Mr. Noor, asking if I would be available for EVAR surgery to my AAA. To which my answer is, Yes, but when will it be confirmed? Tuesday afternoon, says she and we will have to fit in a pre-operative assessment on Wednesday. Gulp!

Saturday/Sunday/Monday: May Bank Holiday weekend; no telephone calls.

Tuesday: Attended for ultrasound scans of unknown mass in lower jaw, performed by a doctor. That's unusual, thinks me, normally its technicians doing this sort of thing. Loads of teeth sucking by him and a confession that he is not really sure what he is looking at.

Anyway, he says he will be faxing his report urgently to the GP that same afternoon who I must arrange to see, el-pronto. By coincidence I am already appointed with my GP at 4.00 pm this very day, to report some painful creaking to my right knee artificial joint.

During the afternoon, still no confirmation from the vascular surgeon regarding AAA surgery, so I bells Lisa for affirmation. She confirms the deal in on but Mr Noor is in Germany attending a family bereavement and cannot be contacted.

My instructions are to stay by the phone and the appointments office will be calling me shortly to communicate the upcoming schedule. Within minutes they do call and I am pencilled in for surgery on Friday coming, with admission to the hospital on the day prior at 2.00 pip emma, plus, will I please attend pre-operative assessment at 9.30 am tomorz.

Jeez! This is going to be some roller coaster I am on. Hope the pacemaker battery doesn't run low! Next stop is with the GP at 4.00 pm regarding creaking knees and lumpy mass. So it comes to pass, having gotten the knee stuff out of the way (another referral upcoming?) the GP peruses the in-bound fax report from the scan bod and after more tooth sucking he declares an immediate referral to the ENT department of my local hospital.

Only now, do I get the opportunity to advise him of the latest news that I am already being called in for AAA surgery in three days time, with pre-operative assessment due in the morning. By any stretch of my elderly imagination this has been a very strange Tuesday.

Wednesday: As I prepare to depart home at 8.45 am to attend pre-operative assessment, the jelly-bone goes and it's the appointments department, again, wanting me to attend with an ENT consultancy a week on Friday regarding the lumpy mass. I inform the lady that AAA surgery is imminent and that I may still actually be in hospital on the requested date. However, we both agree, the apparent urgency demands that I accept the appointment, to be deferred only if intermediate complications arise.

Thus, I fetch up at pre-operative assessment only to be greeted by blank faces – seemingly unexpected – it transpires internal jungle drums are slower than the external ones. Anyway, soon sorted out, they put me through the usual routine, ECG to check out the ol' ticker, what medications I may be taking, general health questions to establish past and current condition, all of which took a while, as one might imagine, given the above related history. Only then do I get time to drop the bombshell. I have an unspecified, anxious mass in my lower jaw and there are folks elsewhere in the hospital seeking priority appointments!

This throws the pre-op staff into a right tizzy and they declare that a duty vascular doctor must be called in to review possible interactions between these two conflicting imminent issues. The pending AAA procedure and the unknown neck mass.

In the meantime I am redirected clutching a sheaf of blood test forms to trot along and see a phlebotomy person who will no doubt draw off a veritable Hancock's Armful of the red stuff. Forty minutes later I'm back in pre-operative assessment and a doctor arrives, pronto, proceeding to cover all the ground previously traversed during the last couple of hours. Seemingly, there is now going to be a high level electronic consultancy conference involving specialists of various persuasions about whether or not they can proceed with AAA surgery in the face of a possible new and more serious problem.

They are clearly on the horns of a dilemma whilst I am occupying a strange twilight zone of uncertainty. Either way, whichever side the penny falls, heads or tails, I am dismissed to prepare for being admitted to hospital, maybe, the following day at 2 pm.

Thursday: Early doors, and still in the twilight zone, I decide to cut through the fog of uncertainty, so I bells the admissions suite at the hospital to see if I am expected, if anyone is gonna know, they will! Yes indeed, we are expecting you at 2.00pm today and please bring a toothbrush, dressing gown and all your current medications. It would seem that a decision has been made; AAA corrective surgery first!

Now the fun starts, pack a bag, with just a few bits and pieces, contact various friends/family to inform of pending procedure, put some extra money in the current account to cover any emergencies that might ensue, pay off the current credit card account and tidy up the computer desk and surrounding chaotic spaces.

1.30 pm and 'orf we jolly well go'! In the admissions suite I am seem sequentially by a nurse, who wants to know if I'm the right person, name, address and d.o.b., a junior doctor who straps on a nebuliser, something to do with having been a previous smoker (ceased 30 years since), top man anaesthetist who warns of various risks and talks of many things, epidurals, cabbages and kings. Then head vascular honcho, Mr Noor who, not to put too fine a point on things, seems to be 'spitting feathers angry'.

He warns that, despite me having shed seven stone by diet and exercise between March and December 2010, leading him to declare that the AAA operation is now feasible, the fact that I have put on some weight between then and now (June 2011) subsequently jeopardises the success of the planned procedure. My plea, that keeping to that stunningly successful diet was a trial of mind over appetite, cut little ice and there followed a tense and very pregnant pause, after which he asked if I was prepared to proceed despite the evident risks being somewhere between 5 and 10% failure rate.

With an immediate nod of approval from my wife, I readily agreed! I mean, a ruptured AAA is the most unforgiving of all medical conditions and because my state of play is now critical, it could happen anytime. Back yourself Ramon and back the surgeon, so I signed on the dotted line before he could change his mind. Wagons Roll!

Within the next thirty minutes I am escorted to the Ward where I am assigned my hospital bed and asked to make myself comfortable whilst they get their ducks in a row which means checking off my identity, what medications I am taking, injections for anticoagulation and stuff like antibiotics, more nebulizer breathing, and food.

Oh Yes, Food? Being a Celiac means I can only eat gluten free stuff, which tends to throw the catering staff and the downstairs kitchens into a zero choice regime. Generally, gluten free food is normally one step up from eating cardboard, so I was quite surprised to be served up a tasty piece of roast chicken and some nicely prepared vegetables. Last meal for the condemned man? Nah! Note to self; next time take in a set of condiments! Nice cup of tea, drugs round, plenty of water available and someone writes on the white board above my bed "nil by mouth after midnight". Maybe it was the last meal? Lol.

Friday: Its always the same in a strange bed, so after a pretty much sleepless night I finally gets away at about 4.00 am to be awakened after 2 hours slumber by a nurse asking if I had a good night's sleep and please can he give me an injection and take my observations. Oh, and by the way he says - no tea, no breakfast, no water, just medications! I should Coco?

Now here's the rub! I already know from prior day discussions that the surgeon has two procedures on his list for today and I am first up! So why am I surprised that there is still no preparation activity right up until 8.30 am, when trolley guy turns up from the operating suite and I have just five minutes to get my morning drugs, shower, pee, en-robe and get composed. Sadly I could not pee!

Down in the anaesthetic room I meet some guys who are hell-bent on giving me a good morning's sleep. But first they have to position an epidural line into my spine, just in case it's needed, which means I have to perch on the edge of the trolley leaning forward as much as my large stomach will allow whilst anticipating a 'small scratch' (they always say that) and loads of uncomfortable pushing. After ten minutes, a voice from the rear breathlessly declares a successful entry at which point I ask, if they do have to use the epidural, can they please take the baby out at the same time!

A final very welcome and encouraging word from the anaesthetist and the surgeon and its sleepy-byes time, hopefully to see everyone on the other side! Popular perception of the anaesthetic room is that they will inject something cool into the cannula and ask the patient to count backwards from twenty. Well, I got the cool injection but not the counting backwards bit! NHS cuts - no doubt?

Now, obviously I know nothing about how my EVAR procedure went until much later, but suffice to say they plan to cut a couple of entries into each groin area, open up the iliac arteries and insert some tubal grafts or stents into each side, poking them onwards and upwards towards the ballooning AAA where they will be joined together and stitched to the inside of the main, life preserving, blood vessel all from inside the Aorta itself.

In all my prior engineering experiences I have simply zero perception how they can do this other than it might be the modern equivalent of the 1966 movie "Fantastic Voyage" where miniaturised surgeons are injected into a patient's body to perform their delicate needlework. No such fantasy hereabouts but bloody fantastic whichever way you cut it?

Seemingly the EVAR procedure, planned for four hours on the operating table, actually took five hours and when I emerged from my enforced slumber at exactly 2.00 pm, I would have willingly traded-in this form of awakening survival for everything and anything unimaginable that has ever crossed my mind. And I mean - Ever!

I guess the first ten minutes was the 'getting-better' worse, unbelievably dry mouth, fogged vision, imagined pain where none existed, people chattering away, wake up Mr Alban, how do you feel, squeeze my hand, wriggle your toes, shining torches in both eyes!

Goodness me! They woke me up for this continual nightmare, I'd rather be asleep! Wake up Mr Alban, how do you feel, squeeze my hand ----- ad infinitum! After about ten minutes, two top-man visitors in quick succession! Yes, it seems I survived not only the anaesthetic, but the surgery and the waking up! The operation was a stunning success according to both big cheeses and they are very, very pleased with me! I'm pleased with them too, and actually told them so, but it wasn't true, right now I feel like death, yet with a predicted 90 to 95% survival rate, I think I'll buy me a lottery ticket on the way home!

Where I am currently located is called the recovery suite, it's not intensive care, neither is it a place to get some sleep. Every ten minutes for the next two hours, sips of water, wake up Mr Alban, how do you feel, squeeze my hand and wriggle your toes, shining torch in both eyes! I am, however, increasingly aware of a level of extreme caring kindness hereabouts, a cut above any other caring place I ever visited. In this somewhat extraordinary world, the people here are truly extraordinary, even if I must forgive them, every ten minutes, with more shining torch in both bloody eyes.

Inexorably, time passes! Its 3.30 pm and I get my first cup of tea for nearly 24 hours, bliss, then the penny drops. I'm here in 'recovery' and I'd bet a shilling to an old wellington boot, 'er indoors is climbing the walls, having been told to start her enquiries about my well-being to the ward staff any time after 1.00 pm, and as it turns out, nobody has told the ward that I am all tickety-boo, so the wife must be achingly desperate for information. I decide to cut corners and get the local sister to call home and put Mo out of her misery. She does, she did and yes, nobody told the ward! Now my wife can pass on her obvious relief to our concerned family and friends.

It's weird really, that but for a very small amount of communication effort, loads of worry by nearest and dearest might be avoided. Apparently, not uncommon if procedures overrun and recovery is busy. Note to self, must email hospital admin to get this looked at!

About this time I discover the recovery protocol for EVAR is 4 hours, so I am due to stay here until at least 6 pm and I settle down for a long boring and imagined painful recovery. What I can't figure out is why my pains seem real and why my mouth is so continuously dry. I also want to pee, but I am informed that I don't because I am currently catheterised and they are just about to remove it. So why do I think I want to pee? Weird?

I decide to count sheep but it doesn't work very well either, because I'm still being woken up to squeeze hands and wiggle toes. At least, thankfully, its every twenty minutes now, and I really will kill that blooming torch.

After more tea and loads of sipping water I reckon I might actually survive this ordeal when the sister gleefully announces I can go back to the ward at 6.00 pm only for her to be immediately rebuffed and told they can't send anyone down to fetch me for another hour because the evening ward drugs round has just begun and they are short-staffed. Shoot! Time moves very slowly during this interminable witching hour and I request another jelly-bone call to my wife to put her in the picture about the latest delay. Joy! Joy! They hand me the phone and all of a sudden I'm talking to Mo herself, giving her the griff, and reckoning I should be back on the ward at 7.30 pm. See you there says she, cheerfully!!!

So in summary, I left the ward at 8.30 am and was away for eleven whole rotten hours, enlightened only by a breathless voice declaring a successful epidural entry and the incredible folk down in the recovery suite. All the rest was entirely unpleasant.

All of a sudden, I'm back on the ward, Mo is well pleased to see me looking pretty chipper now, considering, and I've been away long enough to find three new faces on the ward making a full house of six. Two prostates, a kidney stoner, haemorrhoids, crohns disease, and me with a new aorta. I kid you not, this is gonna be a fun weekend!

Another hour passes all too fast and Mo leaves for home to try and settle herself down after a worrying day for her, so by 9.00 pm she's gone and all I want to do is sleep! But those imaginary pains alluded to earlier in this narrative no longer seem to be imaginary. The effects of anaesthesia are wearing off, the saliva glands are working again, I'm drinking plenty and they are pumping me with intravenous fluids, injections and offering painkillers, which are gobbled up, but the pains in my groin are pretty fierce and getting fiercer. Plus I have not yet peed since they removed the catheter in recovery. Peeing is a priority, I'm not allowed to walk and I can't go using a bottle in bed, so the nurse decides to mobilise me on a stripped down commode with the pan removed, backs me into the loo, parks the commode over the toilet and waves a cheery goodbye.

Now, big blokes and small commodes don't mix so dear reader, clear your mind and imagine this dimensional conundrum? The physical distance between the back-rest of the commode and the front of the toilet bowl, is about 3 inches shy of the distance between my back and my peeing bits, so even if I could pee it'll be all over the toilet floor.

To paraphrase that wartime ditty! We are Fred Karno's army, Fred Karno's infantry; we cannot fight, we cannot piss, so what damn good are we? Time has come to be creative, but the nurse has gone and I can't move that blooming commode out of the way, being somewhat groggy, etc, so I raise myself to standing height and leaning forward over both commode and bowl, hands on the rear wall, at an angle of some 60 degrees to the vertical to await the blessed relief. And blessed it turns out to be. If pees could be beautiful, then this one was saintly wicked. Back in bed via the chariot, sleep will still not happen!

Saturday: Prior to midnight I am continually requesting pain relief and I get more codeine, more intravenous paracetamol and eventually the duty doctor prescribes a morphine injection. How long will it take to work, says I, not long says the nurse.

By 2.30 am I'm climbing the walls, actually feeling quite ill and to top it all off, I'm needing to pee again and again and again. The continual sipping, the intravenous fluids and the pressure from a part full bladder make it an urgent repetitive necessity. But not on that blooming chariotised commode, no way, and I am not allowed to walk to the loo neither, so upon requesting a supply of bottles I simply stand by my bed and pee into a bottle every half hour, another 100 millilitres, pure bliss.

Now, about this time I am really concerned and here is why! I have pain in my normal life, arthritic pain in most joints which I can variously suppress with the help of codeine, paracetamol and diclofenac, yet I am pumped full of all that stuff plus a recent morphine jab and absolutely nothing hurts. Not one single arthritic joint or gout ridden location is hurting. Except for the 11/10 screaming ab-dabs from my operation incisions nothing else hurts, anywhere. Ergo, in my near hallucinatory mind, something must be wrong! Right?

Now its 4.00pm and the duty doctor has called in two anaesthetist from theatre-land who assure me that between them and the doctor they will crack this problem for me, and NO, nothing has gone wrong. The wounds are fine! This is a known phenomenon, post incision pain, and they just have to up the ante again, this time with a dose of oral morphine.

At 4.30, still no relief and I ask for the doctor urgently, again! Pronto, he re-appears and whilst he tries to explain what's happening, we talk for ten minutes about my unfounded fears and me feeling very ill with worry, then, just like magic the pains start to subside, slowly at first and then a bit more. Now it's tolerable and then I pee again, right there in front of the doctor. Gradually I come down off the walls. Metaphorically speaking!

The doctor exits to write up my new pain relief protocol and I try to settle down between nursing visits to monitor my vital signs and peeing and pain. Eventually I fall into a deep sleep somewhere around 6.00 am only to be rudely awoken two hours later by a big black nursing fellow, asking if I slept well and would I please de-bed so he can change my linen. Is there no peace for the wicked in the company of this fearsome looking nurse who goes by the monica of Bamus? Yet he is a Caribbean gentleman for sure who temporarily releases me from the intravenous drips so I can walk to the washroom and freshen up.

This is becoming quite civilised, high on morphine, flooded with other painkillers and now I'm given the freedom of the city. Now don't get me wrong, things still hurt somewhat, but tolerably so and nothing too unusual for someone who has undertaken knee replacement surgery, twice, not too long ago. Yes! I am going to survive this ordeal! Yippee!

Now I'm really looking forward to breakfast, can't eat any breakfast cereals of course but they might rustle up some bacon and eggs for the survival of the fittest. Whadaya reckon? Good call? No such luck! Breakfast consisted of yogurt and a banana plus a cup of tea. One can't practice gluttony hereabouts, methinks!

It's hardly twenty hours since I emerged from the operating theatre and already I am being mobilised. Walk up and down, get those legs moving and try not to go back to bed. Not easy folks, because these damn incisions in my groins are still pretty sore, especially when I sit down, folded in the middle, as it were, so I much prefer lying flat on the bed when not walking, peeing, eating or drinking. You get the picture?

Between moments of reflection it's time to resume normal relations and chatting with the other inmates reveals the following: In bed 6, Graham seems a very poorly gentleman, already been there two weeks suffering from Crohn's disease. Haimant is in bed 4 after 95% prostate removal, a missile engineer by profession. Nigel, occupies bed 3, poorly sighted he had some kidney stones blasted and is a big cheese in local government. John in bed 2 also had a prostate procedure and in the real world manages the fitting of smart water meters all over the Home Counties. Finally, Derek the Irishman in bed 1 after haemorrhoid treatment and with a really bad chest is the funniest bloke you'll ever wish to meet with a comedic range of classic, short one-liners (it's the way he tells 'em) that kept everyone in stitches, not least with his experienced commentary on back-passage events.

As a result of the chattering, the morning is now flying by, painfully so, but flying nevertheless, during which a fleeting visit from the lady registrar member of the surgical team adds re-assuring input about my very successful operation, no complications, everything went to plan. I explained my concerns about the painful night-time episodes, but she says it'll be OK from now on, please don't worry, plus, if things go well they will discharge me on Monday after confirmation from a CT scan that the operation was successful. In the

same breath, she also warns that the CT scanner is currently broken, so it may be a very long Monday. In a trice, she was gone! So that's all right then! Hooray, I will survive!

Lunchtime comes and goes, the drugs round, painkillers, nebuliser and more drips are replaced/ hooked up! Then my eldest girl, Sally, arrives for a fleeting visit with Philip, one of the grandsons and soon thereafter, Mo sails in. The cake lady cometh! Ah Yes! The cake lady? The back-story here, as already mentioned, is that hospital gluten free food can be pretty gruesome, so Mo makes me almond cake to die for and smuggles it past the warders. The rest of the day passes pretty much as already described and soon its bedtime, or bearing in mind I'm actually living on a bed, more accurately sleep-time.

Sunday: As it happens, last night's sleep-time arrived on time, but sleep did not, and I make time pass listening to hospital radio. Then, during the early hours the duty doctor from last night appears and enquires about things generally and do I still have problems? I explain to him, I think I am constipated, and not having passed motion since Thursday, I was little concerned. He considers the options and prescribes Senna which duly arrives. A single tablet, to be repeated the following evening! Hmmm! I'm thinking this will not make very much difference. And so it transpired, more of which, later! Much later!

I also explain to the doctor that things are a bit swollen in the nether regions and it was a bit of a worry. He inspects my bits and declares the swelling to be normal and not to fret. Well, it doesn't look normal to me, but whadda I know? Morning arrives with little or no sleep, again, and before long, the daily ward routine is underway, and surprise, surprise, scrambled eggs for breakfast, things are looking up. The other inmates are consumed with jealousy, munching on their porridge or similar. My heart bleeds for them! Not!

Nothing much happens on a Sunday, hereabouts, no doctor's visit and the day is brightened when Mo visits and I am allowed to go for a short walk, so we abscond to the cafe for a cup of expensive tea, but freedom is worth paying for, bearing in mind what had transpired thus far? Also, we took the opportunity to stretch my legs a bit and perambulated the corridors for the best part of an amazingly arthritic pain-free 400 metres. Although, perhaps not too surprising, I suppose, considering the amount of analgesia I'm carrying.

Back on the ward for a horizontal rest, some food and a very nice sleep when I'm awakened by my youngest daughter and granddaughter popping in to check me out. So I de-bed and we get's to review my uncomfortable experiences thus far. All a bit too much for the eighteen year-old who is a bit squeamish regarding needles and things but she's a really caring kid and chuckles along with her mum regarding the gory bits. Before too long, they are gone and it's time to settle down, perhaps tonight, I will get a night's sleep, but I reckoned without the constipation! Ooh Betty?

Monday: Considering what's gone before and considering the amount of codeine and morphine I am prescribed, the problem of blocked bowels is hardly surprising. So when the night staff come around and ask, have you had your BO today the answer is an emphatic NO! Now, dear reader, you'll recall that the night duty doctor had written me up for Senna and later on, the Sunday staff had added another un-corking medication and still nothing was moving. It's now going on five days since I had BO and one is feeling somewhat

bloated. Guess what! I can't sleep either! More consultation with the night sister who talks with the duty doctor and he recommends a suppository.

Just to explain something here for a moment. Suppositories? I know what they are and I think I know what they do but in all my 73 years I never had one so it would seem I am about to enter new territory. Could be an interesting night I reckon.

Now the deed is done, insertion being painless of course! The best way to describe the effect is that the initial sensation is probably similar to having an alka seltza tablet shoved into the rear passage without being dissolved in a glass of water first. A sort of uncomfortable, silent fizzing takes place, plus I have no idea what to expect. Being a clever bugger though, with my two new eyes from 2004, I can see into the future, so I wrapped my lower half in a big towel and tried to settle down to await events.

Strangely though, I fell asleep for about 45 minutes to be awakened by urgent movements from within. BO is about to happen, violently I'm thinking? Was this to be a vesuvian eruption, an earthquake, a tsunami or any combination of all three, I'm wondering? Better get going, pronto, so I decamped from bed and rushed to the nearest loo. It was a close run thing but I just made it before the violent event. A veritable twenty-one gun salute except all the guns go off at the same time. A major explosion in a brown paint factory! Relief mixed with tummy ache mixed with smell mixed with noise! You get the idea? Yes! I know, I know! Too much information, but at least I described it without any of the commonly available four letter words. So that's what suppositories do and how they work!

At last, after the above episode, blissful uninterrupted sleep from 3.00 am until the morning wake-up call from Bamus, who wants to do me over again? During his administrations I ask the big fella where he actually came from, expecting a West Indian location, of course. Ireland says he! Ireland? Never! Yes! What part says I? And from Derek the Irishman in bed 1, comes his fastest ever comedic response - The Dark Side!!!!!!!!!! This remark caused the whole ward to collapse in jolly laughter and if that didn't put the tin hat on things it was about this time that we all found out that Derek thought that he was actually called Shamus, not Bamus! Derek was also partially deaf.

The daytime routines are repeated, interspersed with amusing enquiries and banter from Derek about BO and the practicality of when the CT scanner would be fixed. Not today it seems, so it'll be a long Monday and I contemplate being a bed-blocker, having to wait another day for the scanner to be re-activated. When Mo arrives in the afternoon, I get permission from my nurse to go for walkies again! With all these painkillers pumped in, my arthritic joints are still strangely quiet and pain free so Mo and I walk a goodly way around the outside of the hospital before retracing our steps back to the ward. I reckon I just did about 800 meters non-stop, and pain free, which for me is pretty much a walking miracle. On our way around the corridors I had the temerity to call in at CT reception to enquire if their scanner really was still kaput. Just been fixed says a lurking technician, probably see you tomorrow advises the receptionist! Bye!

So Monday is nearly over, but not before my youngest girl visits and we go for a stroll to get my mobilising back to normality. Tomorrow should be discharge day, and for good

measure, I may even get to see the ENT department regarding the mysterious mass in my neck! Tonight I mostly slept!

Tuesday: No question about it! This is a tougher ordeal than I anticipated, perhaps because I breezed through two new knee replacement procedures two years ago, my expectations were too high. Either that or its coz I'z older! For example, I've done quite a bit of walking in the last three days, with permission, remember, to get things moving, but had not anticipated pulled calf muscles and prior to that, of course, the pain and BO ordeals.

Elsewhere, the two sans-prostate inmates got their marching orders yesterday so there were a couple of empty beds at the start of the night, but both were occupied in the morning. One chap, Kevin, a wheelchair occupant, was hell bent on not actually being in hospital, so he would de-bed regularly and disappear for a smoke when it suited him. He was lucky though because at about 10 am he had been back about five minutes when a full team of consultants, doctors and nurses turned up to quiz him on his tummy problems. I can only imagine the reaction had he still been absent. The other fellow, Stan, it turned out, used to be a work colleague of my brother-in-law, sadly deceased, and we had some interesting common memories. Small world, Eh?

In the meantime, whilst I'm making enquiries about whether the CT scanner will be fixed today when a nurse comes by and announces that I have a Scan appointment at 2.10 pm, and if things go well I might expect to be discharged today. I rings Mo straight away to explain, don't get here until about 4.00 pm otherwise it'll be a waste of car parking charges. Then a visit from a doctoring fellow who reiterates that they are very happy with progress so far and please would I try not to dwell on the 'little difficulties' of the last few nights, the operation was a huge success and we only need the scan results to confirm it accordingly. Little difficulties! Hmmm! Now I'm just an ordinary bloke, pretty amiable, tolerant of mistakes, highish pain threshold, up for a laugh most of the time, willing to take risks but also forgiving, never holding a grudge, but 'little difficulties', as you will have read, dear reader, was a slight under-statement, what, what?

Time moves on, still being nebulised and any amount of needed painkillers, so things are pretty comfortable now. Lunch comes and goes another cup of tea and exactly on schedule a porter arrives with a small wheelchair to cart me off to the scanning department. Someone must have told him I was a midget! We both agree that I am not likely to fit in that little chair so we walk to the appointment where-upon I am instantly plumbed up to an intravenous dye machine that will stain my blood for visibility during scanning. Hold your breath Mr Alban, breath away! Several times, and the deed is done! I ask the technician how long it takes for the results to be available as I'm blocking a bed at the moment, so the sooner the better. He promises to push the chain of command and I am back on the ward within minutes transported by the same porter but this time with a really big wheelchair.

Horizontal on my bed, bliss, I fall asleep, then, all of a sudden the cake lady breezes in for the last time, hopefully. It's exactly 4.00 pm. We are just starting to catch up on family affairs when staff nurse appears, urgently, with news of an immediate appointment in the ENT clinic that is waiting for me. Now! Wow! So nurse, Mo and I high-tail it to another place, to be met by a waiting team including Mr Patel, ENT chief!

He explains I was indeed the subject of a high level electronic conference last Wednesday to determine what to do about my two seemingly critical conditions. The AAA and this neck mass. So here we are in ENT and I'm now being examined in all sorts of ways. First, touchy feely fingers probing around my lower jaw, then, a throat numbing spray followed by a tiny camera being inserted into my nostril and I also get to see the images on a big screen as Mr Patel views my innards for abnormalities. Seemingly he finds none and declares that things are looking OK at this time.

Now he wants to take a biopsy and I'm thinking, shoot, more incisions? Let's hope not! And hope wins! Using tiny needles, little scratch (they always say that), he sequentially withdraws five syringes of fluid and deposits the proceeds onto five microscope slides. Apparently the first sample causes some surprise, un-expectedly being totally clear fluid, upon which he expresses a high degree of optimism that we are looking at something manageable. With words, reassuring, Mr. Patel declares that the cytology results will be back in a couple of days but in the meantime he will organise another CT scan and a chest x-ray before he sees me back in clinic in a couple of weeks time.

He also advises me to ask the ward sister for the results of my prior CT scan as he is aware that the results are already available. Within the hour I am back on the ward and I now know the meaning of the words "fast track" because I have just been fast tracked.

Why So? Well, the bottom line is this. From the moment my dentist felt the lump on my neck and next day the GP likewise who organised an ultrasound scan, the scanning doctor not knowing exactly what he was looking at, his urgently faxed letter back to my GP, the imperative referral to ENT, the high level electronic conference, the AAA getting priority and now today's fast track thro' the ENT clinic was all because the folks involved at each stage think or thought they were looking at a possible case of a cancer in the throat.

Sure! I'm not stupid. I'd figured it out, early doors, but at no time did I ever dwell on that possibility because my priorities were to get the killer AAA done and dusted, get better and then take my chances with this new little local difficulty. It may be a 'pain in the neck' but right now, am I bovvered? No! And so it turned out, because (jumping forward 24 hours), at home, I gets a jelly-bone call from Mr Patel telling me that the cytology results showed the problem to be 99% sure it is a fluid filled cyst, just needing to be monitored in clinic in a few weeks time, the CT scan has been cancelled and I must concentrate on immediate task of AAA recovery as there is nothing to be unduly concerned about. In a flash of Alexander Graham Bell's magic, he was gone! A very busy and very caring person!

Now back to this afternoon, soon to be Tuesday evening! I am asking the ward sister to put a bum's rush on the doctors of the vascular team to clear me for discharge. She agrees another bed blocking night is not an option either of us wants and within the hour I am given the news. The CT scan confirms the operation has been successful; there is no leakage of blood around the stent inside the repaired aorta. All that remains is to organise my discharge letters and medications except one final duty to inspect and redress my wounds, which is ordered post haste. The nurse declares both 15 cm groin traversing incisions are clean and healthy and with fresh dressings to be kept in place until six days hence when they can be removed, checked and re-dressed as required at my GP surgery.

This has been another roller-coaster day, quickening as time passes, until by 7.00pm, we are gone, after goodbyes said to staff and inmates alike, special thanks to Sister who really pushed things along and a very special thanks to the Irishman in bed 1 who had the most awful of conditions and pleurisy to deal with but whose humour throughout my stay was a source of enlightenment and inspiration. Good luck to you Derek, you deserve it!

By 7.30pm, I'm home; Mo rustles up sausage, beans and chips. Tonight I get to sleep in my own bed, watch TV for the first time in six days, eat proper food, and sleeeeeeeeep!

Wednesday: Last night was the best sleep I had in about a week. Seven very eventful days which had seen me survive less than pleasant major surgery and experience a second unexpected health scare. Regarding the latter, as promised, Mr Patel did indeed call, to communicate the cytology report and upon reflection, his personal intervention during the last fourteen days was one of the stand-out moments. I've seen many consultants during the past 20 years and he, above all others, was unique in his manner and informative style.

Other memorable moments were the ultrasound scan doctor sucking his teeth in uncertainty as he tried to analyse what he was seeing on the screen, the unexpected tizzy pre-op went into when they realised there were secondary complications, the pregnant pause when the vascular surgeon berated me about my extra avoirdupois during the last six months, the epidural man joyfully announcing he had made an entry into my spinal cord, the unbelievable dedication to the task in hand by the nursing staff in the recovery unit, the chariot ride on a stripped down commode to a very small loo for my first post operative pee, the fading away of pain after a most distressing post operative night, the post-suppository events two nights later, the cake lady breezing in with the best almond cake I ever tasted and finally the moment Derek the Irishman declared that nurse Bamus came from the 'dark side' of Ireland.

Epilogue: Fourteen eventful days then! Enlightening, painful, frightening, amusing, rewarding and ultimately successful! Well, as successful as one might possibly know at this early stage of rehab. Yet still loads more things to do. Keep the wounds clean, more scans, more clinic appointments, more checkups, annual monitoring of the AAA repairs, perhaps a procedure to remove the cyst, and whatever else might occur.

As mentioned in the prologue, there is a considerable bionic back-story to these latest events and I suppose the AAA repair qualifies as a further bionic intervention. Even if it doesn't, one could not be more grateful to the NHS and all its various functions, spending literally a small fortune over the past twenty years on keeping yours truly alive and well. As for this latest episodic fourteen days, I would not trade any of it away for anything, but when push comes to shove, it would be a close run thing, were I ever to meet Mr Spock, I reckon I would ask him to mind-meld away just a couple of the painful memories.

You can probably guess which ones!