

## Personal Statement – Dan Paterson

- September 2000 – first experience of chest discomfort
- October 2000 – initial diagnosis of angina by GP
- January 2001 – Cardiology appointment at Manchester Royal Infirmary
- 1<sup>st</sup> September 2001 – early retirement from Methodist ministry
- 10<sup>th</sup> July 2002 – Angiogram at MRI – CABG required
- 5<sup>th</sup> August 2002 – admitted to Wythenshawe Hospital, with chest pain, following daughter's wedding (10 day stay)
- 19<sup>th</sup> October 2002 – CABGx4 at Alexandra Hospital, Cheadle (9 day stay)
- September 2004 – recurrence of angina symptoms
- 23<sup>rd</sup> December 2004 – angioplasty – 1cm stent to LAD (4 day stay)
- 1<sup>st</sup> May 2005 – recurrence of angina symptoms
- 28<sup>th</sup> May 2005 – chest pain – overnight stay in Wythenshawe Hospital
- 9<sup>th</sup> June 2005 – angioplasty – stent within previous stent (3 day stay)

Angina reminds me of that feeling of discomfort when you're climbing a very steep hill or mountain, your chest begins to feel really tight and sore as you increasingly feel puffed out; until, finally, you have to stop for a breather. In fact, I've always wanted to describe it as discomfort rather than pain: around five or six on a scale of one to ten whereas pain would be above seven.

It causes tightness in the chest, breathlessness, often followed by a feeling of extreme weakness and tiredness. I've felt the discomfort especially in the area of the heart but it can also travel to the neck and left arm. My attitude to illness had been to push myself through whatever I was experiencing. It's something I can't do with angina. Indeed, it creates further problems if I try – often resulting in the need for rest for a period of time (sometimes extended). Fortunately, because of early retirement (from Methodist ministry) due to ill health, I have been able to rest when required.

My quadruple heart bypass took place in October 2002, two years after initial diagnosis of angina. Although I was under the care of the Manchester Royal Infirmary, the operation took place at the Alexandra Hospital, through the Patient Choice Initiative (my operation was regarded as high priority by this time). The overwhelming feeling of gratitude for this new beginning carried me through the weeks and months of recovery and rehabilitation.

I can remember doing some research on heart operations, on the Internet, as I prepared for surgery. I noted, for instance, that some patients, who had received angioplasties, later required coronary artery bypass grafts. It led me to conclude that a CABG was a much more long-term solution than an angioplasty and I hoped that no further heart surgery would be necessary after my heart bypass. You can imagine, therefore, my sense of disappointment when the symptoms of angina re-appeared almost two years later (in September, 2004) as I was walking up a slight incline.

Prior to my CABG, that feeling of discomfort would start before I reached the gate at our house, although that was alleviated a little by medication (atenolol was particularly useful at that time). In the period from September to December 2004, the

discomfort did not begin so quickly as pre-CABG, but gradually worsened as the weeks progressed until, in the middle of December, the angina became unstable. Finally, on 21<sup>st</sup> December, I struggled round to the GP surgery, an emergency ambulance was called, and I was admitted to Wythenshawe Hospital (I'd moved to within three miles of that hospital by this time).

The main difference I noted this time was between emergency and elective surgery. I was given time to rest but then I was told that an angioplasty was necessary and that this would take place on Thursday 23<sup>rd</sup> (two days after admission). I can remember feeling surprised by the number of procedures taking place that day (something in the region of 25 patients). This compared very favourably with the number of CABGs possible in the same period of time.

I required a one-centimetre stent to the LAD and, although the procedure was slightly uncomfortable, it was completed in a short period of time. The main difficulty came on return to the ward, when I had to lie flat for a number of hours and, therefore, was expected not to pass water for a six-hour period or to do so whilst lying on my back (an impossibility for me!). It could be suggested that using the radial artery rather than the femoral might have prevented this problem. However, one of the patients, whose procedure was by the radial route, suffered from quite substantial and continual bleeding from that wound, which was not too impressive! The only other ill effects that I suffered were some bad bruising around the groin area and a vaso-vagal episode during the night following the operation. I returned home on the 24<sup>th</sup>, just in time for the Christmas celebrations, aware that I'd have to rest over the weekend but then gradually get back to normal from the following Monday – a much quicker period of recovery. A period of cardiac rehab was necessary once again and I very quickly returned to a good level of fitness and health – so different from the CABG.

Slight changes were made to my medication and it seemed hopeful that, apart from continuing to feel tired at times, the other symptoms of angina would not recur. However, just over four months later, on 1<sup>st</sup> May, I was walking back to my car, having just completed a presentation at an early morning Cardiothoracic Directorate Meeting, when the familiar signs of discomfort re-appeared. These were slight to begin with but, this time, I was surprised by how quickly deterioration of my condition occurred. Within a few weeks, I found it impossible to travel to meetings and walking was becoming increasingly difficult.

In the end, I checked into A&E at Wythenshawe on 28<sup>th</sup> May, was quickly and efficiently moved to Resus, and then transferred to the cardiology ward. However, and I certainly was not happy about this, I was discharged the following afternoon and I returned home. The condition worsened over the next week or so and on the morning of 8<sup>th</sup> June, I struggled round, with great difficulty, to the GP surgery (half mile). It might be helpful to mention that I didn't feel able to carry a book with me as usual to read in the surgery because of its weight and, when I bought a newspaper, in the shop next to the surgery, I chose the lighter Times instead of my usual Guardian. I didn't feel able to carry the heavier paper.

As with the December visit, the GP immediately called an emergency ambulance, I was re-admitted to Resus and then back to the Cardiology Ward. Within half an hour of arrival at the Ward, I was asked if I would be willing to take part in a trial of

bivalirudin (a blood thinning product) and told that, if so, I would have an angioplasty the next morning. The fact that the bivalirudin would be administered by a drip (rather than by the usual injections in the stomach) was quite attractive and I agreed.

It would be appropriate to mention the superb quality of care in the Catheter Lab at Wythenshawe at this time. For some reason, there was more heart pain associated with the angioplasty on this occasion and I was given medication to relax me (very effective because I missed most of the rest of the procedure, only coming round when they were finishing!!). I believe that a different kind of stent was used and this was placed inside the stent previously inserted at Christmas. I returned home the following day and, after two days of rest, quickly returned to a reasonable level of fitness (cardiac rehab helped again).

In addition to the bruising in the groin area, I also encountered a problem with a haematoma near to point of entry for the procedure. Although this caused me a little concern for a time, it gradually reduced in size and disappeared within about six weeks. The main point of difficulty, in the weeks following the procedure, was that I had been prescribed atenolol in addition to my other medication. For some reason, I was no longer able to tolerate atenolol after the CABG and, again, I found that it made me feel extremely tired and drowsy most of the time. However, this was changed to bisoprolol and I adjusted to this after about six weeks. I've had some problems with infections and some tiredness since but am glad to say that I have had no angina discomfort.

My family and friends have been extremely supportive throughout my illness. I can remember that, when I prepared for the CABG, I was able to build a network of support (through personal contact and email), which helped enormously. The love and support of my wife and family make a vital contribution to recovery and quality of life. I'm conscious, however, of the stress that this condition causes carers, especially during and post-operation. My wife has mentioned that each procedure or operation brings it's own degree of stress with it. However, she noticed more difference post-procedure. The angioplasty can usually result in a quick return home and a rapid return to health with some rehabilitation. The CABG recovery route is much longer and more stressful for the carer, especially when that carer is required to assist with surgical stockings. My wife was very anxious that she might affect my leg wound when putting on or removing those each day.

It would also be appropriate to recognise the fact that, in the Manchester Royal Infirmary and Wythenshawe Hospital, I'm fortunate to have two of the best heart centres in the UK within ten miles of my home. In my work as patient representative, I'm privileged to be able to work closely in a variety of committees with heart staff in both hospitals and have noted the desire of the great majority to offer the best quality of care they can to their patients, to aim for clinical excellence and to work together to make further service improvements.

I can remember remarking to my wife, shortly after the second angioplasty, that, if such a procedure had not been available, I would be very severely disabled by the condition, would require another CABG or, judging by the rapid rate of decline in health, probably be dead. So, as you can imagine, I'm extremely grateful for this procedure and for the care I continue to receive.