

Karina's story – part one

It's impossible to tell exactly, but I feel my story begins in the summer of 1995, when I was pregnant with my son, Oliver. My haemoglobin level had dropped and my GP put me on iron tablets. You may think this is common during pregnancy but the midwife said that my GP tended not to give iron routinely to pregnant patients – there was some evidence that it could lead to low birth weight babies. (I'd like to mention that my son was just over 10 pounds when he was born so either the iron had no effect, or I should be thankful that his weight was reduced!)

Anyway, I took the iron, and got my haemoglobin level back up to 10. After he was born, in the days when I was still being visited by my community midwife, I remember saying to her, "I'm alright; I'm just really tired." Her response was that I was getting as much rest as any new mother, and she referred me to the local community psychiatric nurse (CPN). Unfortunately, I am, by nature, quite shy and the CPN had someone with her. I never did find out who this person was (a trainee possibly?) as I was too shy to ask, and I found it difficult to talk to both of them about how difficult I was finding it coping with a new baby and his older (just five-year-old) sister, Hannah. The result of this was that the CPN sent me back to my GP and told him I was very withdrawn.

I had my six-week post-natal check-up but no blood test (although I did question this). I tried to explain to my GP that I had found it difficult discussing matters with two people but I believe that the significance of this passed him by and he referred me to the local mental health hospital.

Take more exercise

I have always aimed to be a "well-behaved" patient so I duly attended the monthly outpatient appointments with the psychiatrists. I cannot remember how many different doctors I saw but there certainly did not seem to be much continuity. Appointment after appointment, I told them that I just felt really, really tired. Doctor (psychiatrist) after doctor told me that what I need to do was take more exercise and I would feel much better. I could not do this; I was far too tired.

Eventually, I saw a psychiatrist who decided that there was something wrong and sent me for several blood tests. By this time, my son was about 20 months old. When the psychiatrist received the blood test results, she told me, "No wonder you're tired. You're anaemic."

I returned to my GP, who prescribed more iron tablets and then re-tested my haemoglobin levels two or three months later. This time he told me that my haemoglobin level had risen slightly, but not as much as it should have done considering the dosage of iron I had been given. He referred me to a haematologist.

It's good news – there's nothing wrong with you

The haematologist explained that I might have coeliac disease (an intolerance to gluten) and arranged for me to have a gastroscopy. This took place in January 1998. The results came back negative. However, in the meantime I had been reading up about anaemia. In particular, I had looked into how much iron the body needs, what it needs to help absorption of iron, what reduces the absorption of iron and how much iron there is in various foods.

With the aid of a book and the nutritional information on food packaging I worked out my average

daily intake of iron, based on a fortnight's meals and concluded that my iron intake was higher than it should need to be. I questioned the haematologist who replied that I couldn't believe everything I read in books and, "It's good news! There's nothing wrong with you."

I did not know how to argue against this and I left; I was embarrassed by my tears and he appeared to want to get on and see his next patient. The cycle continued and I had problems at work – they were losing patience with me. I had always thought of myself as a "model" employee. I had never even received a minor "ticking-off" before. I could not understand how things had changed so dramatically.

I continued to feel tired and was, again, told that I should try taking more exercise. I did and I felt terrible. I was having trouble breathing at night and was told that it was anxiety. I have discovered that once I was labelled as having mental health problems I had zero credibility. Everyone "knew" that it was all in my head; it was extremely difficult to make people listen and I found it very frustrating indeed.

After about a year, just to prove to me that I was not anaemic again, I was given another blood test. Guess what? "No wonder you're tired," I was told again. My haemoglobin had dropped to seven point something. The psychiatrist who had sent me for my first blood tests then started to badger my GP to determine the reason for my recurring anaemia. He referred me to a gastroenterologist with the words, "I don't think they'll find anything."

This was in July 1999, my son was 3 years and 9 months. My appointment with the gastroenterologist came through for January 2000 and this was the turning point. He examined my abdomen and clearly found something but was very vague when I asked, just mentioning my liver. He gave me lots of forms and told me to hand them in at the desk. One form was for an ultrasound scan and I was told that there was a waiting time of about three months for ultrasound scans.

That evening, by coincidence, I had tea with a friend who was married to a consultant at the hospital. I mentioned that I had just waited six months for the appointment with the gastroenterologist and now I had been told I would have to wait another three months for the ultrasound. I was still there when her husband returned home and my friend asked him about the waiting times for ultrasound scans. He told me that the referring doctor would include the reason for requesting a scan. The radiologist would then look at this; if it was something like gall stones it could be three months, if it was something like cancer it would be a few days.

My appointment came through the following week; not a good sign. The scan was in the afternoon. The following morning, before 09:00, the consultant's secretary telephoned me at work and said that they would like me to come in for some further tests; another bad sign, I decided.

There then followed a very tense two weeks. I had a CT scan and an endoscopy. Up until then, I had no idea how many words doctors had to convey very little information. I was told I had a lesion, an abnormality etc, but they refused to speculate on what this might be. Of course, I was drawing my own conclusions.

On the 31 January 2000, I was told the results of the biopsy and scan. I finally received the diagnosis that I had cancer of the colon. Furthermore, it had spread to my liver. I did not know what to think. By the time I was told, I had already guessed that I had cancer. But it is different when a doctor confirms it; it was so different from my previous session with a consultant at that hospital. In some ways, the fact that the doctor was so kind (and the nurse with him) made it worse; it confirmed all my fears.

How could it be cancer when I had been told so often that I should just take more exercise? If only I

had tried harder to make people listen to me. I felt so stupid.

I can't wait until Tuesday

What should we tell the children? Hannah was nine; Oliver was four. In the end, we just said that I was going into hospital on the Tuesday for an operation and they would be having tea with their friends Charlotte and Jonathan. "Hooray!" shouted Oliver, "I can't wait until Tuesday!" I didn't know whether to laugh or cry.

I remembered an article I had read, years before, when it seemed of no personal relevance. The author was someone who was terminally ill with cancer. She had heard a news report concerning someone who had died in a car accident. It had occurred to her that the victim had probably set off in the morning with no idea that they would not be returning; the cancer patient was glad that at least she had the opportunity to make the arrangements, talk to her children etc. But I didn't want to need the opportunity¹. I tried to think of positive things but the only thing I could come up with was at least I wouldn't need to worry about having false teeth when I was older!

I found it surprisingly hard to tell other people. My husband telephoned our parents to tell them the news. I simply could not do it. At school pickup, shortly after the diagnosis, one of the other mothers said to me, "Hi Karina, are you well?" What could I say? "No, not really," I replied. (I am not very good at thinking of clever things to say very quickly.) "Oh dear, have you got this flu that's going around?" she asked. I just could not bring myself to say that I had cancer. Instead I told her that I had been referred to an oncologist, even though, actually, that was not strictly accurate. At that point, I had only been referred to a surgeon. However, for some reason, it seemed easier to say. I don't know why. Both of us knew that it amounted to the same thing.

However, I soon discovered that it was best to tell people; it caused less awkwardness in the long run. The deciding factor came when my husband attended a meeting at work. Let me explain. He was in a group who were due to give a presentation. But it turned out that the time of the presentation coincided with my first appointment with the surgeon. Greg discussed this with the person who had been given the task of organising the presentation and they decided that he would attend the pre-meeting before, during the week, but not the presentation itself. Part way through the pre-meeting, Greg mentioned to the others that he would not be taking part in the presentation. "And what **lame** excuse have you got for missing it?" asked one of his colleagues. He simply didn't know about my illness; but the person organising it later told me that he had cringed and felt really awkward for Greg.

The week following my diagnosis was very busy. I met my surgeon. Here I discovered the main trait of surgeons – they can be very blunt! I realise that it is important that the risks are explained – but it is still very hard hearing all the details. My surgeon followed up by sending me some information regarding the surgery. It stated that I would have a general anaesthetic and probably an epidural. What kind of operation was it where a general anaesthetic was not enough?

I went to my second appointment, armed with a long list of questions, and, fortunately, my surgeon was only too happy to answer all of my questions. On 16 February 2000 I underwent my first operation, at my local hospital, to remove the primary tumour from my colon. Here came the first bits of "good" news (and I use this term in its relative sense). The histology report showed that my lymph nodes were clear. My surgeon then discussed the survival statistics with me. He said that for patients with no metastases, the five-year survival rate was about 70%. I told this to my parents and they were devastated. "Well at least it's better than if it were the other way around and 70% of

¹ I was not terminally ill, but at this stage simply having being diagnosed was synonymous in my mind.

patients die,” I told my Mother. I felt that 70% was reasonably high.

One in three

Three weeks later, I had my first appointment at the Liver Unit. After my operation, I had been wearing loose, casual clothing. I remember thinking that this was no good for my appointment. I made sure I looked smart, makeup, etc. It may sound silly but I wanted to leave nothing to chance; I intended to create the impression that I was a patient who could bounce back from anything. I certainly did not want anyone thinking that I might not be well enough for surgery.

This was my first visit to the Queen Elizabeth Hospital. I was missing my daughter's school swimming gala that afternoon and was desperately hoping that I'd be able to see her swim the following year. The consultant discussed the surgery and explained about the incision. (Mercedes – one make of car I shall never buy!) He offered me the opportunity to look at my scans but I could not face that. We then discussed the survival statistics. He told me that the five-year survival statistics were one in three. What was it that I had said to my mother? My husband and I went and had a cup of tea in the nearby Sainsbury's, perhaps not the most luxurious place, but I really needed to compose myself before picking up the children. I had forgotten that I was lucky to be a candidate for liver surgery – all I could think about was “1 in 3”.

Then came “the wait”. I had been told that there was usually a three month wait between diagnosis of a liver metastasis and the surgery. This was to check that the tumour did not spread during this period; if it did spread, then surgery was no longer an option. I found it very hard waiting for this long. It seemed interminable. (Aren't we contrary – if I had been told that I had three months to live I would have argued that it was far too short a time!) I wanted to be doing something, anything. The children were at school and my husband was at work. Alone at home, still convalescing from my first operation, I would turn up the music on the hi-fi really loud – so I couldn't hear myself think. Then I would miss the phone when friends rang to see how I was!

Your tumour is so big, you shouldn't expect to be one of the lucky ones

Eventually, we had Easter and the next day (Tuesday) I was admitted to West 3 Liver for surgery the following day. One of the consultants came to discuss the operation again. He emphasised the strict rule that if they found that the tumour had spread beyond the liver, the operation would be aborted.

He gave me the five-year survival statistics **again** and said, “but your tumour is so big you shouldn't expect to be one of the lucky ones.” I could not believe how the bad news kept coming. Every time I saw a surgeon, I had thought that they had hit me with **all** the bad news – necessary but traumatic. And then, each time I saw another, they gave me **more** bad news. When was it going to end? How had things come to this? Perhaps I would have understood it better if I had not seen a doctor for years. I was not a “happy bunny” that night! I look back now and realise just how naïve I really was before all of this. (At the time I could not bring myself to ask the size of my tumour. However, later I heard that my first surgeon had described it as “the size of a head”. I was staggered; how could I have been unaware of it? How could I have not felt it myself?)

Very apprehensive, the next morning, I went into theatre. I was surprised by the differences in the two hospitals. For both operations, I had an epidural. However, at my local hospital, this was started before the anaesthetic; at the QE they waited until after I was “asleep”. On the other hand, at my local hospital, they waited until after giving me the anaesthetic before removing my gown! One thing I do remember about the QE was the number of different doctors who came to me (in what appeared to be extremely rapid succession) with my consent form and checked that it was

actually my signature! I also remember that, as I felt the anaesthetic make me woozy, in the last two or three seconds, I desperately hoped that I would wake up – it wasn't trivial surgery was it?

I awoke in the High Dependency Unit (HDU) with the usual epidural, NG tube, drain and central line and immediately asked my husband if they had carried out the surgery? He hadn't been told but we decided that, based on the length of time I had been in theatre, the surgery had not been aborted. Fortunately, we were right. The rest of the day and the next are very hazy, but I moved out of HDU on the Saturday. This was the May Day bank holiday weekend; ironically, in 1999 I was really looking forward to this particular bank holiday. In reality, I spent the Monday feeling very ill and sick. In addition I was too hot – it was a very hot day and all the windows were taped up because of building work going on outside.

At 22:00 I saw a doctor; I thought he was very unsympathetic. However, the next morning he was really kind and I decided that, like me, West 3 Liver was probably the last place he wanted to be at 22:00 on a very hot bank holiday Monday! And I must say, that every time I have seen him since, he has been very good to me. Then, on the Wednesday, seven days after my surgery, he told me that I could go home – at last.

At this stage I was still confused about what was involved with the chemotherapy; I was at that stage where I knew so little that I did not even know what questions I needed to ask, and so I did not ask the right ones. I also found the ward rounds very daunting. I have never been very good at speaking out in front of a group of people and I was finding that ward rounds are not the easiest way to learn.

However, a fortnight later, I saw one of the oncologists at the Cancer Centre and left feeling much clearer. For the first time we came away without feeling so devastated. It wasn't that he had any really good news; I think it was just that, for once, we did not have yet more bad news. He explained that I would have a cycle once per fortnight and the drug, 5FU, would be infused over a 48 hour period. The chemotherapy increased the five-year survival rates from 1 in 3 to 40%. Not very much, but every percentage point counts, I decided.

In mid June I went back into the QE for the start of my chemotherapy. As part of my liver surgery, I had had a portacath inserted into the hepatic artery in order that I could have the chemotherapy introduced directly into the liver. As the nurse started the injection into the portacath, I felt a burning sensation in my abdomen. The nurse realised something was wrong and stopped. An ultrasound and linogram (?) showed that my portacath was blocked so I would not be able to have the chemotherapy via my hepatic artery after all. Instead I had a PICC line inserted.

I had been warned that the chemotherapy may make me tired. Somewhat naively, I thought, "That's ok, I've been anaemic, I can do 'tired.'" But it was much more than that, albeit only for the worst two days. Fortunately, the chemotherapy made me feel much less sick than I had expected and, interestingly, I found that changing the anti-sickness medication made enormous differences to how I felt and how tired I was at different stages during the cycle. After around three cycles, one of the nurses asked whether I was ok with one of the drugs – it could make some people very anxious. That was just how I felt. I had thought it was just me being scared or that I was shaking because of the chemo. (In the previous cycles I had sat there thinking, "I can't do this; I can't cope.") When I stopped this particular anti-emetic it got better. I still felt nervous every time the chemo started but it was more manageable, and the nurses in the Cancer Centre were just so very kind.

It all seemed so unnecessary

I am ashamed to admit that, while on chemotherapy, I became very intolerant of others. It was the summer of the Olympics. I really got fed up with all the adulation being poured on the athletes. What was so great about being able to run around a track faster than anybody else? I couldn't help but think that my oncologist, and all the other doctors/nurses, were doing something far more valuable with their lives. I was also annoyed with people who abused their bodies and therefore, in my eyes, put an extra strain on an already under-funded NHS. I felt that, if only some of the doctors had had more time earlier, my cancer might have been diagnosed sooner. I saw a news report of a woman who had broken her pelvis after a particularly foolhardy (in my opinion) stunt. "Now, probably, someone is going to have their hip replacement delayed," I thought. It all seemed so unnecessary.

I suppose this was my "angry" phase, although I didn't think of it that way at the time. In fact, I was asked, "Where's the anger?" but I was not conscious of feeling angry, just extremely sad and tremendously upset. Also humiliated; for all the time that I had been telling people how I felt. I suppose I was angry – but, in part at least, it was with myself.

The chemotherapy fortnights came around again and again. I had a chart on the fridge to tick off each completed cycle. My PICC line got blocked, so I had another inserted. My PICC line started leaking and it got shortened. My white cell count fell and a couple of cycles were delayed. I had another CT scan, the doctor injected the contrast through the PICC line and it leaked again so I had a third line.

Actually, I had a bit of a panic at this stage. My oncologist suggested that, since I had only two more cycles to go, I could stop my chemotherapy. I did not want this. I knew that the final two cycles might not prevent the cancer returning but I wanted to be able to feel that I had done everything possible. After a very early start (and no breakfast) because of the scan, this was the last straw. My oncologist understood completely and I continued the course as originally planned.

All through this, my local community nurses were very supportive and visited each week to disconnect the 5FU and to flush my PICC line. At last, in December 2000, I had my final cycle – and the fortnight finished on Christmas Eve.

A new millennium

What a year 2000 had been. I remembered that, at the end of 1999, many people had been saying that the new millennium did not really begin until the end of 2000. At the time, I really didn't care. However, I decided that they were right. 2001 was going to be the start of a new millennium for me.

Technically, the new year started well. I had a post chemo check-up and my CEA level had dropped below 0.5. My GP (a different one from previously) referred me for physiotherapy to help me to strengthen my abdominal muscles after the two operations and I started swimming again to try and get fit.

However, as the new year began, I felt curiously deflated. For the whole of the previous year I had been undergoing treatment or recovering from it. It was not fun but at least I had felt that I was doing something constructive in the battle against my cancer. Now that the chemotherapy was finished, I was in a kind of limbo. I certainly could not forget about it all but what could I do instead? It was much more difficult than I had expected. One thing my husband said helped me; he told me that if I did have only a short time left, it would be better if I enjoyed myself rather than being

miserable. At the instant he said that, I thought that he was being a bit insensitive. However, I soon realised that he was absolutely right – although, of course, I still had plenty of “downs” as well as “ups”.

The new year also saw my return to work full-time. Fortunately, once I had been diagnosed with a physical problem, my employers had become much more understanding. I had continued going into the office through my chemotherapy but it was far from full-time.

When I returned to work, I suggested to my boss that he could give a large pay-rise, on the grounds that he probably wouldn't have to pay it for very long. Needless to say, he didn't do this! When I told a couple of my colleagues they said, “You don't want to do that – the company will probably keep you to it!”

At the end of January, my husband had his 40th birthday and so in February we went away for a week, partly to celebrate his birthday and partly to celebrate the end of my chemotherapy. Additionally, I thought of a way to “do something” now there was no on-going treatment; I could help to raise some money. I asked at work and the company, very kindly, made a donation. I asked at the children's school and they agreed to arrange two events: a coffee morning and a non-uniform day whereby the children paid a “fine” for coming into school in their own clothes. Together, this raised a reasonable sum of money. What's more, I realized, to my surprise, that it helped in more ways than one: although I was not doing something directly in my personal fight against cancer I was, at least, doing something constructive in the general battle. Secondly, I gained a great deal of support from the fact that so many other people were keen to help with the fundraising.

I also found a good (albeit, not especially convenient) way to take my mind off what had happened – Greg and I took the children to a theme park. Don't get the wrong idea – this wasn't something we did very every week! I am not really a great fan of rollercoasters; in fact, I usually spend the entire ride with my eyes shut tightly, thinking, “Why am I doing this?” and clutching tightly onto my son, Oliver, until he says, with great amusement, “It's ok, you can open your eyes now Mummy!” However, I can confirm that, as a way of taking my mind off “other matters”, having a ride on a rollercoaster was particularly effective and we had several very enjoyable family days out in this way. I would realize afterwards, that I had spent the whole day feeling like a “normal person”.

My next check-up at the Liver Unit was in April. It was suggested I went for another CT scan. The results were mixed. My liver looked fine but my uterus looked bulky. I was referred to a gynaecologist at the Women's Hospital opposite the QE.

My fear was that, whatever happened, I would not be happy. If the gynaecologist found something wrong, then things looked bad. If he found nothing, then how would I know that it wasn't just a repeat of before – something was being overlooked? One of the doctors in the Cancer Centre was very reassuring; he attended meetings chaired by the same gynaecologist and told me that he was extremely meticulous and demanded very high standards from his staff. This was confirmed by my friend's husband (the surgeon) who told me that my gynaecologist had a brilliant reputation.

I went to the Women's Hospital where I was told that, from the scan, it looked as though I had an ovarian tumour and my CEA level had risen to over 14. I agreed to have my ovaries removed and a hysterectomy.

I felt as though I was in an endless nightmare and I couldn't wake up. What had been the point of all the swimming to get fit? I was just going back to square one. If anything, I thought, it was worse than that – everybody I knew who had had a recurrence of cancer had died.

This surgery was carried out on the first Monday of August 2001. Unfortunately, they did not agree

to an epidural but insisted on patient controlled analgesia (PCA). This did not work for me! After about an hour (apparently) they took it away from me!

I had not realised how tense I was before the operation. However, just as I was beginning to come round from the anaesthetic, my surgeon told me the “good news” that it had not been cancer after all – just a fibroid. I remember the relief flooding through me; what a mistake that was.

CEA still rising

My next check up with the Liver Unit was the following month. I mentioned that my CEA level had been over 14 and another test was carried out. It had increased again. I was referred for a bone scan and another CT scan. Once again, I went for a Friday afternoon Liver Unit appointment to hear the results. As he was still closing the door, the doctor told me, “It’s good news! The scans are clear.” However, by this time I had been reading about CEA levels. I felt that the scans were wrong; my CEA had been rising for several months now and I was really worried.

I decided that I was not going to let history repeat itself. For it to happen once was bad enough; if I let it happen again I would just be stupid. Although I found it difficult to question his judgement, I decided it would be better to be an awkward patient than a dead patient. I told myself that I could not expect the doctors to fight for me if I wasn’t willing to put in some effort myself. I got out the paper I had found on CEA levels and pointed out all the bits which indicated that, whatever the scan results, I had a problem. The doctor was very good; he listened to me and then, went out to discuss matters with a colleague, returning saying that perhaps I could have a PET scan.

So, a fortnight later, I visited the QE for a PET scan and returned the following week (at the end of November 2001) for the results. This time I saw one of the consultants and he gave me the news that the PET scan had indeed found something. Now they agreed with me that I probably had another tumour. I didn’t know how I felt. I didn’t want to be proved right – but at least I knew they weren’t missing something. However, the trouble with the PET scan was that it only showed the tumour location relative to an outline of my body; it was not possible to tell in which organ it was located. Without knowing this, it was not possible to say whether or not it was operable.

One thing that I did realise – I was right to have had those two extra cycles of chemotherapy, the previous year. Although the oncologist had been correct in saying that the final two cycles might not prevent a recurrence, I was glad that I had done everything I could. I knew that if I had missed them, I would have always wondered, “If only I had completed the course...?”

A very tense month

December 2001 was a very tense month. In some respects, waiting and not knowing is worst of all; as before, I wanted to be doing something. I knew that I had a tumour but was still awaiting a scan to determine whether or not it could be removed. Again, I found myself having to work very hard at hiding my emotions at the children’s Christmas carol services but I made sure they had a really good Christmas – just in case.

In the first week of January 2002 (almost exactly two years after the gastroenterologist had felt the liver tumour) I had an MRI scan and this time I only had to wait until the next day for the results. The tumour was not in my liver but in my adrenal gland. My consultant said that this was very unusual – he had never seen a case where it had spread to the adrenal gland in this way. But the important thing was that he was willing to operate.

Isn’t it strange how things alter? A few years before, I would have been horrified to learn that I

needed an operation – but here I was, thinking it was the best news possible!

I asked my surgeon whether the fact that my CEA level was still above 30 after my liver surgery indicated that my adrenal tumour had been there all along and he agreed that it probably had been. So did that mean that if they had been able to identify it in 2000, my liver resection would not have taken place? He said that was probably correct. But if that had happened, I probably would not be alive today – and I really don't know how to resolve the conflict of this fact with wanting any recurrence to be identified as early as possible.

Almost inevitably, I suppose, during this time there were various friends/colleagues who were trying to lose weight. "It's easy", I would tell them mercilessly, "do what I do – just keep having another internal organ removed!" This was rather unkind of me but I just couldn't stop myself.

On Friday 1 March 2002 I had my fourth operation, back in the Liver Unit. For the first time I was in a ward where I had been before; I could make the most of the electric beds in HDU and I knew which was the best bathroom!

"Life begins at 40"

The following Tuesday was my 40th birthday. I think my consultant took pity on me – at least he let me go home.

A month later, my CEA level had dropped to 4.1; no chemotherapy this time – things were beginning to look up at last. Perhaps life really does begin at 40!.

A year and a half on and I am trying to let myself consider that this might be true. I feel it has been a very long haul but I am finally feeling much better. I have stopped checking the whites of my eyes (looking for signs of jaundice) every time I pass a mirror.

Physically, I feel I am less resilient than I used to be but my GP tells me this is common; I have reduced my hours at work, which has helped enormously. My CEA level has been constant at below 0.5 for over a year – which is what I find most encouraging of all.

I am still finding it difficult to come to terms with what happened in the four years before my diagnosis and I find I place little worth on my more recent CT scan results (although I cannot bring myself to refuse them). I know that I am a very much more questioning patient and I will continue to be.

I have read several accounts by other cancer patients. I cannot repeat the sentiments of the one who stated that cancer was the "best thing" that had happened to her that year. However, I now know that I have a great many friends and have confirmed what I always believed – that I have a wonderful family.

I had to start counting my five years again from my adrenalectomy. But whether or not I have been cured, it has been worth undergoing the treatment. My son is now almost twice as old as when I was diagnosed and my daughter has made the transition to secondary school. I have a much more active social life now and more self-confidence.

Yes, my abdomen is covered in scars, is numb in places and itchy in others but I'm too old to wear a bikini anyway! While colleagues and friends bemoan their advancing years, I try to remember something I heard on television: "What's the alternative to growing old?"

Acknowledgments

A story like this is not complete unless I acknowledge all the help I received. Without the help and support of a great number of people, I do not know how I would have managed. Thanking all of these people makes a long list:

First, I should thank my husband, Greg, and my family.

When I was diagnosed with cancer, the person who, up until then, I would have called my “best friend” locally, was conspicuous by her absence. I would have been extremely upset by this, had it not been for the fact that many other people offered help in so many ways. Friends helped by looking after the children, by visiting me in hospital and at home, by doing my shopping when I couldn’t drive after my surgery, by cooking meals and even cleaning my bathroom for me! And friends and relatives all over the country prayed for me.

My colleagues helped by keeping me in touch with what was going on in the office – sending regular emails and visiting. Former colleagues also sent emails regularly and visited – driving from Surrey to Warwick!

Medical staff helped by always being willing to answer my questions, in person, by phone, by letter and by email.

The other GPs, practice nurses and community nurses have been very supportive. They made it as easy as possible for me to have as much of the minor (e.g. INR blood tests, PICC line flushing etc) carried out at home or the surgery and were always willing to give me extra time to listen.

Last, but not least, I’d like to thank my children who didn’t behave differently at all!

And finally...

Please remember that all I have done here is recount my own experiences. As I have been told, many times, everybody is different and there is no right or wrong way to deal with having cancer.