

Karina's story – part two

Monday 17 January 2000: I found myself, at my local hospital having an ultrasound scan of my abdomen. The result of this was that, before 09:00 the following morning, my consultant's secretary telephoned me at work to ask me to come into hospital for further tests...

Monday 17 January 2005: today I am being admitted into the Queen Elizabeth Hospital in Birmingham (again) for further surgery. This will be my fifth operation since the diagnosis of cancer on Monday 31 January 2000. What has happened to me?

Time to get on with my life

My previous operation (adrenalectomy) was carried out on 1 March 2002. Within a month, my CEA level had fallen to within the normal range (below 5); by June it had fallen to below 0.5. I attended check up after check-up and my CEA remained, every time, at below 0.5. For me, this measure was the most reassuring indication that all was well and I decided that it was time to get on with my life.

Of course, I never really relaxed about the prospect of the cancer returning; it was **always** there, lurking at the back of my mind. However, I came to an important conclusion (important for me, anyway). The doctors always seem to talk about a five year period for recurrences. However, I was aware that recurrences can occur after five years. How long would I have to wait before I would be fairly happy that I was cured? I decided that it would probably be after about twenty years. But, by then, I would be sixty. If I spent all twenty years worrying about cancer then I would have wasted a third of my life! And if I didn't have twenty years left, then it would be even worse to waste the time left just worrying about the cancer. But telling myself to stop worrying and actually stopping are quite different so I did something else; I decided to become more involved with the hospital; I helped to set up the Patient Support Group, PanLive, and I joined the Patient Council at the hospital. I also started to make hand-made greetings cards which I sold to raise money for the support group/hospital. At least this way, whether I died after 1 year or 50 years, I wouldn't be looking back on the time I had had left thinking that I had wasted it; I could think that, at least I had achieved something constructive with my concerns and raised several thousand pounds too.

Then, in March 2004, my CEA increased to 0.6. Of course, everyone told me that this was still well within the normal range and I knew that a single reading of 0.6 told me virtually nothing. However, I couldn't stop an amber light flashing in my brain – "Just stay alert and keep an eye on what is happening," it told me.

It's essentially good news"

In June, my CEA level had risen again, but only slightly, to 0.8. Again my consultant tried to stop me worrying unduly and said that, not only was the level still within the normal range but also it was within the accuracy tolerance of the measurement.

Fortunately, my consultant said that it was coming up for a year since my previous routine CT scan and, since there was a waiting list, he suggested booking me in for one then.

I was so grateful. I didn't really know what to think about the apparently-rising CEA level. My previous experiences had shown me that I needed to be on my guard all the time; but was this another instance or not? I just didn't know. So it was really good to feel that someone was looking after me; I was still concerned – but at least I wasn't having to argue with anyone; having a scan was the logical next step if a recurrence was suspected.

The other difficult thing about my rising CEA was the timing. On the day that I learned my level had risen to 0.8, we had an announcement at work: the US parent company was selling us. I didn't like to say anything about my health concerns, just in case there were any redundancies likely. However, I was not a very good colleague to be around. Some of the others had the option of working on secondment for the US company. I realised that I simply did not want to hear about their problems in making a decision about this, and, I have to admit, I was a very grumpy, unsympathetic person to be around at work!

I had the CT scan shortly before my next routine check-up. My consultant's opening remark was, "It's essentially good news." Now, if you have read the first part of my story you may remember that more than one doctor has described test results to me as "good news" when, in fact, the results have been misleading. So I was grateful to my consultant for his use of the qualifier "essentially". I felt that he was being more realistic. The scan indicated that my liver was clear. However, there was some apparent "thickening" where my adrenal gland had been. This could be scar tissue, but he was referring me for a PET scan – just to make sure.

Before my CT scan I had come to the conclusion that there were four possible scenarios:

- i. The best case was that I had nothing wrong and the scan came up clear
- ii. Next best was that I had nothing wrong but the scan indicated a problem
- iii. Third was that I had a recurrence which the scan detected
- iv. The worst case was that I had a recurrence but the scan did not detect it. You can see the problem – how could I tell if a clear scan was the best case or the worst case scenario?

So I was not entirely upset with the results I received. At least I knew I had not fallen victim to the worst case scenario. And again, I felt as though I was being looked after – I had not had to request a PET scan; it was all being taken care of for me.

“Some activity”

I had my PET scan on Tuesday 2 November and my clinic appointment was scheduled for ten days later. However, after only two days, on the Thursday, I received a telephone call from the hospital suggesting I might like to attend a week early. That could only mean one thing. The PET scan had not come back clear. I drove up to the hospital with one big question in my mind – was it operable?

My consultant started explaining the anatomy of the situation to me. They had found “some activity” in the area which corresponded to the thickening in the CT scan. All I could think was, “Is it operable?” and, after what seemed like forever, but was probably only two or three minutes, he told me that he thought they could operate. I was so relieved I felt ecstatic!!

I had the choice of having the surgery before or after Christmas. What should I do? Part of me wanted to get it over and done with but, in the end, for a variety of reasons, I decided to wait until after Christmas. Maybe, this would be my last Christmas and I wanted it to be a good one for the children. Even if there were no complications, I would still be trying to get ready for Christmas whilst recovering and unable to drive; if there were problems then I might end up in hospital over

Christmas. More importantly, if something went drastically wrong then I didn't want to die, just before Christmas. Of course, there is never a good time for something like that, especially for the children, but I decided that some times were even worse than others.

Was I sure I wanted to wait? asked one of the nurses. "No problem" I thought to myself. After all, last time, I had known before Christmas that I had a recurrence but had to wait until after Christmas to discover whether it was operable. This time I didn't have that uncertainty.

So, I returned home, very happy – so relieved that it was operable! But, a few days later, reality set in. I found myself thinking about it constantly. I would stay up really, really late to make sure that I did not lie awake in bed with dark thoughts going round and round in my head – but even this didn't stop me waking during the night.

I found it much more difficult than I had expected to tell my news to other cancer patients who knew me. If someone had just had good news, it seemed mean to spoil things by telling them about my scan. If someone had had bad news, it seemed insensitive to tell them that I was to have a potentially curative operation.

By coincidence, soon after the PET scan results came in, I was speaking to one of the GPs at my local surgery. This was not a consultation but a conversation when we happened to be at the same event. Initially I had not intended to mention the cancer but he asked how I was so I told him. He was sympathetic and then surprised me by saying, "Of course, you'd be alright if you were a Klingon"¹ (apparently, they have multiple redundant organs!) However, even in my most "down" moments, I can recognise the futility of wishing to be a member of an alien race – a **fictional** alien race at that!

However, the science fiction theme continued in my head and I couldn't stop myself comparing the cancer to the "Terminator" character, remembering an explanation given in the first film of the series: "And it absolutely will not stop, ever, until you are dead."

So there I was, nearly five years after my initial diagnosis, back having yet more surgery. This time it felt **almost** routine, although I still couldn't stop a few tears whilst waiting for the porter to come and take me to theatre.

But the good news was that the surgery went well; I had my adrenal bed removed, part of my right kidney and a chunk of diaphragm – so awoke to a tremendous pain in my shoulder. After talking to my surgeon, my husband compared the size of my tumour to a particular brand of after-dinner chocolates. (Actually, I think that the pathology report suggested that the tumour was larger than this but the mental image remains. The chocolates have never been one of my favourites; and, after this, I can honestly say that I cannot imagine ever eating one again!!)

My aim was to get out of hospital on day three – but I didn't. I wanted to show everyone how well I was doing by going for a "long" walk as soon as possible. However, the epidural seemed to affect my legs more than usual and I could only hobble halfway up the ward and back!! So, as with the previous surgery I went home on day four.

I was happy to be home but for two or three days I felt awful. I didn't know what to eat or what to drink. I was uncomfortable and had a headache. I decided that there was no way I was going to have any further treatment (e.g. chemotherapy) – I'd had enough. Then, miraculously, eight days

¹ Alien species in the Star Trek series

after my surgery, I suddenly felt much better, and my whole outlook changed – I was back to being stubborn, ready to accept any further treatments offered (and pleased to have an excuse to avoid the housework!)

The next step was to see the oncologist. He surprised me. When I saw him before my surgery we discussed the possibility of having adjuvant chemotherapy. So I went in, armed with a list of chemo-related questions. But he recommended radiotherapy. He explained that since the recurrence was at the same site as the last metastasis, it made sense to try a localised treatment first. I agreed, this seemed a good idea; that was before I had had any radiotherapy!!

I have to say that I found the radiotherapy the worst thing since my diagnosis; those twenty-five days travelling to the hospital were so hard. My husband dubbed it “Groundhog Day”! I spent nearly the whole time feeling sick and it just seemed relentless².

But, like all things, eventually it came to an end and I was glad that I had stuck at it – I focussed on the fact that it was not as bad as the alternative it was aimed at preventing.

Still counting

I have given up trying to make sense of it all. I use the analogy of a baby being immunised. The parents know that the injection is for the long term benefit of the child but all the baby knows is pain. It is totally beyond the conception of the infant that there could possibly be anything at all good in this. And that is how I am. But I find it helps me to believe that there is a good reason for all of this to have happened, even if it is a reason I do not understand yet.

On 26 April I reached the day I had thought I would never see – the fifth anniversary of my liver surgery. Considering the statistics I was given in 2000 I consider this to be a very significant milestone for me.

Of course, because of the surgery in January, I have had to start counting my five (or twenty!) years from scratch; I am back to year zero – but the important thing is: **I am still counting!**

Acknowledgments

I would like to thank my family and friends for all the help and support they gave me over this time (and I include many of the medical staff in the latter group). However, most of all I would like to thank my husband Greg who helped in big ways and small ways, both practically and emotionally and who, somehow, managed to keep me laughing throughout.

² See annex for my radiotherapy diary

Annex – radiotherapy diary³

Friday 11 February 2005

Appointment with my oncologist today. He surprised me. When I saw him before my surgery we discussed the possibility of having adjuvant chemotherapy. So today I went in, armed with a list of chemo-related questions. But he is recommending radiotherapy. He explained that since this recurrence is at the same site as the last metastasis, it makes sense to try a localised treatment first. I agree, this seems a good idea. He also told me that he is recommending that I have chemo (5FU) at the start and end of the radiotherapy as this sensitises the cancer cells and makes the RT more effective.

How often? How long for? The two questions that came to mind immediately. I don't really know anything about radiotherapy so I didn't know what to expect - but it certainly wasn't what he said: every day (weekday) for five weeks. It's a 100 mile round trip to the hospital from home so that's 2500 miles!!! Still, if it gets rid of the cancer, it will be worth it.

Now I have to wait for an appointment for a CT scan to plan the treatment.

At home, I started to read up on the Internet about radiotherapy. One site said that patients tend to develop a close relationship with the radiotherapy staff because of seeing them every day for several weeks. This can be a problem when the treatment ends - and so does contact with the staff. Oh dear! I can imagine finding that difficult - building a relationship which is just going to end. But I don't want to come across as a grumpy and unfriendly patient. Does that make me sound like a horribly unsociable person? Anyway, shouldn't I be worrying about the treatment itself?

Monday 28 February 2005

Had my plan-scan today. It could have been worse but it could have been better too. I signed the consent form and got up onto the table/bed/board of the scanner.

Then the fun began. And I use the word "fun" in a somewhat loose sense. As with my previous scans, I had to have an IV contrast. (Thankfully none of the disgusting aniseed flavoured oral contrast.) But, try as she might, the nurse couldn't get the needle into a vein. (After-effect of my previous chemotherapy I believe and not helped by the fact that the scanner room had to be kept cool, it was snowing outside, and I was lying there with only a single sheet of paper towel over my upper body to preserve my modesty. i.e. I was so cold I was shivering.) Eventually she admitted defeat and fetched the doctor. He had a go (in vain - Ha! Ha! please excuse the pun). I was beginning to understand how a pincushion feels. Then, they had tried so many times that there were no more needles, and one of the nurses was sent in search of more.

I lay there and didn't know whether to laugh at the absurdity of the situation or to cry at what had become of me. I suddenly realised consciously something which I had been aware of for years,

³ Post-diary note: having re-read this, I am concerned that a few entries could, by some, be interpreted as negative comments. This is not how it is intended – I am extremely grateful to the hospital for all of the care/treatment which has been provided and I understand that, in a large organisation, a few administrative hiccups can occur.

subconsciously. Having cancer hasn't made me feel a different person. Maybe this is obvious but I hadn't realised it previously. When I was a child I always imagined that adults, middle-aged and older people felt different to children. But now that I am in my forties I realise that I feel just the same as when I was much younger. I certainly don't feel middle-aged. It's the same with cancer. I think that before I was ill, I imagined that having a serious illness would make someone feel different - but it doesn't. Well, not me anyway.

Fortunately, with the new needles, the doctor was able to find a vein and the scan proceeded uneventfully - then I was given the appointment card and list of dates. The first session was listed as starting on 14 March. That means it spans across the school holidays. What am I going to do with the children? This is going to take some planning!

Friday 11 March 2005

I've been worrying about what I'm going to do about childcare during the radiotherapy. So, when I was up at the QE today I went round to the radiotherapy department to see whether I could at least find out the times for the rest of the week. The receptionist was very helpful but couldn't tell me about the rest of the week. However, she did tell me two things:

- i. She confirmed that I was down for 14:40 on Monday in radiotherapy
- ii. She told me that chemo has me down for 09:00 every day next week

What a good job I went to ask, otherwise I would have turned up at the hospital at 14:40! What a disaster that would have been!

NB I realise that all big organisations will, occasionally, have administrative hiccups.

Monday 14 March 2005

First day. Turned up for my chemotherapy. Lots of new faces since last time. But the nurse I had today was very friendly. Finished my chemo at 12:40 so went to get some lunch and then sat around in the cancer centre for a while before going to radiotherapy. Eventually went round at around 14:30. When they called my name, the nurse said that I had been a bit of a mystery - they didn't know where I had gone. Apparently, I shouldn't have waited for two hours after the chemo, even though that is what it said on my appointment card!

Tuesday 15 March 2005

Today was a horrible, horrible day. I felt really sick and had a headache. I did as I was told yesterday and went round to radiotherapy straight after chemo.

After the RT I had to wait for a couple of hours to have a simulation. Horrible! Not the simulations - the waiting. I really wanted to lie down somewhere.

I felt like giving it up - I'm not going to but I thought about it. I hope it's not this bad all the way through.

Wednesday 16 March 2005

I noticed that lots of the women (breast cancer?) have gowns for their RT. I wish I did. I hate having to undress & dress (fiddling with fasteners) in front of other people and walking across the room only having a paper towel (and sometimes, not even that!); having to balance the fine line between not wanting to appear prudish and not wanting to look as if I'm "flaunting it."

Thursday 17 March 2005

Didn't get a paper towel today. I wish things like that didn't bother me.

Friday 18 March 2005

It turns out that I did not need to be worried about developing too close a relationship with the staff. There doesn't seem to be much opportunity to make conversation - I don't like to distract them while they are setting up - certainly, I don't want to get "zapped" in the wrong place!

Saturday 19 March 2005

Just stayed at home today - no trip up to the hospital - hooray! I still feel rough though. I'm OK-ish as long as I'm lying down but this is not the ideal way to spend the weekend. I find that, when I am not asleep, my mind thinks of all the things I want to do. However as soon as I get up, I realise that it's no use - I can't do them and I have to lie down again. It's not just feeling tired, it's the nausea as well. Greg hired some DVDs for me but I don't even want to watch those or listen to music. It reminds me of the first few months of pregnancy except, of course, the reason is not such a good one.

Sunday 20 March 2005

A friend died today - now I feel **really, really** bad. Her husband said that she "suffered terribly" in her last few days. The pain relief simply didn't work for her. I feel really sad for both of them, and also frightened for me. But it keeps me focussed. The RT might be bad but it is definitely better than the alternative we are trying to prevent.

Monday 21 March 2005

A mixed day today. I was hoping it would be easier than last week with not having the chemo.

It was good because we arrived early, and I got in early - didn't even have time to get through the introduction of the book I brought with me.

Afterwards, I went up to the ward to see a friend and I fainted. Soooo embarrassing - that awful moment when I came to and realised I was on the floor. The crazy thing was, I could have stayed there - and simply gone to sleep on the floor - I was so tired. In fact, when a nurse suggested I try getting onto a bed I just said, "No, I think I'll stay here for a bit." This despite all the people who had appeared to see what was happening!

At least now I don't feel guilty for using the radiotherapy car park. Up until now I have still thought of myself as basically a healthy person who, perhaps, could be considered to be taking up a space that she shouldn't.

Tuesday 22 March 2005

An evening (18:00) session today - because the machine was serviced today so I was in a different room.

This RT is far harder than I was expecting. When I had the chemo before, I used to go to work. There is no way I could do that now – not even working from home. How do other people manage???

Wednesday 23 March 2005

Back to a morning appointment today – seemed like no time since I had left. I noticed one of the patients almost ran when his name was called out; and other patients read or talk. How do they do that? I just want to sleep.

Thursday 24 March 2005

When we arrived at the hospital entrance today, there was a shuttle bus just arriving - exactly the same as yesterday. Greg said we should call this "Groundhog Day". He has a point – it seems never-ending. Even when I feel like this he can still make me laugh. Greg is finding this really hard and stressful too. After all, while I'm just lying about at home, he is the one having to sort out the house and children too. And, since the debacle on Monday he has said he is not going to let me drive up and back by myself. Fortunately, his line manager is being very supportive. Needless to say, we're both really relieved we have a break for Easter - but I'm really dreading the rest of the treatment - especially the final week.

Friday 25 March 2005

Good Friday – so no treatment! We did absolutely nothing today. Great. A bit unfair on the children perhaps but they seemed happy enough to do their own thing.

Saturday 26 March 2005

I have felt a bit better today. Still queasy/nauseous (especially in the early hours of the morning) but less tired - which certainly makes it easier to cope with everything else. When I was a girl, someone once told me that we all have to have "black threads" in the tapestry of our lives to makeup the overall picture. I feel as though I'm definitely using up a lot of black thread at the moment; but with a few bits of gold from another part of the tapestry fraying into it too. (I'd rather have Greg and the children **and** cancer than none of them.)

Sunday 27 March 2005

Easter Sunday. Not the best on record.

Monday 28 March 2005

Easter Monday. What a difference four days makes. At around 19:00 I suddenly realised that I don't feel sick - had some chocolate to celebrate.

Tuesday 29 March 2005

What I've been dreading – needed the Loperamide today. I feel stupid that this bothers me so much.

There's one thing I find I keep thinking about – I have been like this since this RT started: Chernobyl. I saw a dramatised documentary on TV last year. Now I keep remembering in particular about the two trainee operators who (at least, as portrayed in the TV programme) first realised that the reactor was on fire. They immediately left – but it was too late. They had already received a fatal dose and died within a few hours. It just seems so truly horrific - and I can't get it out of my head.

Wednesday 30 March 2005

Got a diet sheet from the hospital. Isn't it ironic – just when I would expect my body to need an extra healthy diet, the instructions I get are contrary to the general information given for a balanced diet.

My husband was going to go out tonight. He mentioned it last week and I said that it would be fine. But yesterday I realised that I really wanted him to stay with me. However, I didn't want to mention it because I knew he felt he should go. Anyway, this morning, we found out that both of us want him to stay at home – so that is what he has done. I am so glad we can talk to one another.

It was the Wednesday after Easter five years ago that I had my liver surgery. Easter was later that year - late April - but today still brings back lots of memories. Not sure that I had allowed myself to think where I would be in five years time. But if I had been asked to speculate I think I would have guessed that either I would be dead or I would be fine. How naïve is that? Still, as I actually heard someone on Radio 4 say this morning, "Making predictions is always difficult, particularly when it's about the future."

Thursday 31 March 2005

Woke up fully clothed - I hate that; going to lie down in the early evening and then waking up the next morning - it makes me feel I'm such a slob. It's not the first time it's happened since I was diagnosed with cancer but it is the first time since I started the RT. That's one of the troubles with this. I have to make myself presentable to the outside world every day. And even if I didn't, the way these cancer treatments hit the immune system means that it is important to be extra fastidious. When I'm tired, some days it would be nice not to have to have a shower. Or am I just a slob?

Friday 1 April 2005

Another surprise with the appointment system. When I came out of the RT, one of the staff asked if I knew I was seeing the doctor today? No! That entailed another wait. I don't mind the waiting itself – but it would be really useful to know in advance – it affects the childcare arrangement. I didn't like to say anything. I decided it would be best to keep quiet – although I couldn't stop a few tears. Why? All these other patients who must be worrying about things like scan results or the like. And there I am crying just because I don't know how long I have to wait and wish that I had made different childcare arrangements. Anyway, at least, seeing the oncologist, I had a chance to explain what had happened at the start of the treatment.

Saturday 2 April 2005

I have been emailing one of my colleagues. He said he had always thought that chemo was worse than RT. I've been thinking about this. I don't think it's that easy to say is it? All I know is my own experience, probably, my worst days when I was having chemo before were as bad as the RT. The significant difference is the timescale. The fact that the RT is all over sooner will, I'm sure, be seen as an advantage. Probably, this will mean more to me, once the 25 sessions are over? The advantage with the chemo is that there are good days in between the bad. This meant that I could do other things during the chemo, i.e. go to work, go shopping, organise the children's birthday parties. What I find so hard with the RT is that there is no respite.

Sunday 3 April 2005

Woke and realised I felt fine. So I got up - and by the time I got into the kitchen I found I felt ill so there's my choice: stay in bed, feel not too bad as long as I do nothing and think about all the things I want to do; or get up and feel too ill to do anything.

Monday 4 April 2005

Had some stronger anti-sickness tablets today. What a difference: I wish I had been given these right from the start.

Tuesday 5 April 2005

These Granisetron are great! Greg says they have transformed me. I hadn't realised how much of how bad I felt was because of feeling sick.

Wednesday 6 April 2005

Not so good today. Perhaps I am expecting too much from the Granisetron.

Thursday 7 April 2005

Feeling worse again - I started to feel so sick that I was retching, even before I left home.

Had to have a blood test today. They didn't say why, but I assume that it is because I am due for chemo again next week. Part of me is fantasising that my blood count will be too low so they'll say I shouldn't have the chemo. How immature is that? And what is the point of going through all of this if I'm not going to do it properly?

Friday 8 April 2005

After yesterday, I thought maybe I should have the Granisetron as soon as I got up. Just as well. I sat up in bed and immediately started retching - I just feel awful.

They have posters up in the Radiotherapy Department. "Determination: the will to succeed can overcome the greatest adversity." Unfortunately, they really bring out the worst in me! Perhaps they do inspire some people; I hope so. However, they bring out the rebel in me - I don't like being told how to think! I **am** determined - but that's my choice! Why should people be determined about cancer if they don't want to be? There's another poster - a cartoon with "Never Give up." I have seen this before. As a cartoon I actually like it. In fact I used to have a copy of this pinned up by my desk at work. But isn't it up to individuals whether/when they give up? Eventually, if you are terminally ill, there must be a point where you just can't fight any more (at least for some people). That must be bad enough in itself, without other people telling you that it is wrong.

Saturday 9 April 2005

An awful, awful, awful day. Felt really, really, ill. Really bad headache (side effect of the Granisetron?) and I was sick - ugh. The worst day so far.

Sunday 10 April 2005

Not as bad as yesterday, but I'm really dreading this week - if I felt so bad at the end of last week, how am I going to feel when I've had another week of chemo too? All the info sheets warn that the treatment might cause nausea etc but they also follow this immediately by saying that they can give medication to control this. It sounds so simple and easy until you realise that the key word here is "control", not "eradicate".

Monday 11 April 2005

Back to having chemo. I mentioned about feeling sick. One of the chemo nurses got one of the doctors to write me a new prescription for the Granisetron - double the dose. Good - just hope I don't get a bad headache from it.

Tuesday 12 April 2005

So far, so good, i.e. not brilliant, but not as bad as Saturday was. I dread going there – into the chemotherapy room. It's the smell. It is not a bad smell. If I had to describe it, I would say it is a very clean smell. It's just that I associate it with feeling ill.

Wednesday 13 April 2005

Saw a former chemo nurse from when I had chemo in 2000 today, which was really nice. She came and sat, and we had a chat.

Thursday 14 April 2005

One of the chemo nurses said that I looked really fed up. Pretty accurate, I imagine. I'm not very good at looking happy when I'm feeling sick.

Friday 15 April 2005

Last day of chemo today. The end is in sight! Saw the oncologist today. I mentioned about feeling sick. He said that if I didn't, then he would be worried that they had been irradiating the wrong place. That's good I suppose.

Saturday 16 April 2005

Only two more sessions to go! And the other good news is that I don't feel as awful as last Saturday. (Not well, but not as bad as last Sat.)

Sunday 17 April 2005

Only 2 more sessions to go! Hooray! I can't wait - except that I keep worrying that if I keep saying that then something awful will happen after the RT finishes – as if to taunt me that I've been looking forward to the time when my world falls apart. Where has that come from?

Monday 18 April 2005

Penultimate session today! What a relief! I'm onto Granisetron **and** Loperamide today - awful stomach cramps.

Tuesday 19 April 2005

Last day today!

Didn't exactly go out on a high: no paper towel, machine running 50 minutes late and some sort of sewage problem which caused a smell so bad that it wasn't just us already nauseous patients who were gagging!

However, the important thing is that, I may be feeling sick still, and sore (inside – just like after surgery) and tired but **it's over!** (At least for now.)