

Personal columns

My left leg

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On Saturday, 9 March 1991, I had a great fall. I think I'd been heading for it for a year or two – rushing endlessly and never quite catching up. I was just back home from the Section for the Psychiatry of Old Age's meeting in Chester. I hurried downstairs and lost my footing. My right leg shot suddenly down seven or eight stairs, leaving the left behind; I didn't even make the bottom of the staircase. The pain, swelling and distortion clearly indicated something more than a sprain. My first thought was of my appointments diary, crammed for the next two months. My second was "I hope I don't get a DVT!"

An ambulance arrived within minutes of a 999 call, and two men applied a protective splint and somehow bore my 15 stone on board. Neither was big, and I feared for the back and breathing of the smaller who accompanied me to hospital. The A and E staff were efficient and expeditious. The good news was that despite my overweight and long neglected high blood cholesterol, my BP and ECG were normal. The bad was that my ankle was shattered. I was admitted for surgery next morning. I refused analgesia or a hypnotic – I wanted to keep alert, stay in control, know what was going on and think things through.

The senior registrar discussed the injury with me at 8 a.m., then spoke to the consultant orthopaedic surgeon who came in himself to operate. The consultant anaesthetist turned up too – pretty impressive for a Sunday morning, even if I was getting VIP treatment. I was agreeably tranquillised with 'Omn and Scop', and though by no means sure that I would surface again I yielded to the anaesthetic without qualms. Two hours later I was fighting and choking my way back into consciousness. I was relieved to find that I was not on traction. My ankle had been repaired by six small screws. That afternoon my mind was clear enough for me to go through my diary with my wife and decide what to defer, delegate or let go.

I found being in a four-bedded ward a mixed blessing. I enjoyed the banter, but could not join in. I was too inhibited to make much use of a urine bottle, and a bed-pan was out of the question! After two days I was moved to a side ward where my excretory problems were much eased and I could read after 'lights out'. I enjoyed all the flowers, cards and

messages of goodwill – it was a bit like being privy to one's own obituary. The portable payphone – much in demand – was a Godsend, and I was able to speak to my secretary and colleagues. Another boon was a monkey pole – a simple, serviceable aid in surprisingly short supply, which took the weight off my sore bottom. But I didn't eat or sleep well or settle, and started to develop unpleasant attacks of generalised anxiety. I was impatient to be out of hospital and start my long convalescence: three months in plaster, only bearing weight in the third.

On the sixth day I was on crutches and learnt the trick of going up and down stairs. On the seventh I was released! I arrived home with a huge sense of relief, and subsided on to the angle of an L-shaped settee, which I intended to establish as my base. My appetite returned, but I still couldn't sleep well; nor did the attacks of anxiety go away. The stairs were exhausting, washing took an age and, without grabrails, getting up from the lavatory needed some ingenuity. I learnt the limitations of the crutches, especially on wet paving-stones!

On my third day home my thigh felt and looked very fat. Was this the dreaded DVT? If so, wasn't I in imminent danger of a pulmonary embolus? I was reassured that after so nasty a break starting to move the leg again might cause some swelling, though my GP found the difference in the circumference of my two thighs to be 5 cm. The next evening I couldn't pay attention to a visiting colleague's discussion of plans to do with a day hospital because I felt feverish; my temperature was, indeed, up by three degrees.

On the morning of my fourth day home my GP sent me back again to hospital for a venogram. Beforehand the SR demonstrated to the SHO that I certainly had a DVT. He then cut the plaster away with an alarming circular saw which, he assured me, would not cut my flesh! The dye for the venogram was with some difficulty injected into a tiny vein on the back of my cold, swollen great toe. It demonstrated a thrombosis of the internal iliac and femoral veins: *not* good news! I was told that this was a rare complication of a Pott's fracture – not nearly rare enough so far as I was concerned! The consultant orthopaedic surgeon saw me and conceded that there was 'a problem', which was the nearest any doctor

got to discussing that dreaded pulmonary embolus. I saw the consultant physician and was prescribed a heparin pump for at least a week, to be followed by warfarin.

My 13-year-old daughter, who had been a bit off-hand with her old dad since she became a teenager, brought me a home-made 'Really Get Well' card which made me cry. I told my wife about my insurance policies, and asked her to contact my solicitor with a view to my making a fresh will as soon as possible. I was so thankful that last month at last we'd got married – if the worst came to the worst at least she'd have a widow's pension. Later that night I wrote some final messages in the back of my personal diary, lest I should not survive the night. I told the night nurse that I felt anxious. "Over-anxious?" She suggested. "No, realistically anxious!" I replied.

The words "pulmonary embolus" were never spoken, though they appeared on a student nurse's care plan. I really had no idea of the risk, but had the notion that it dwindled daily after my first 48 hours on heparin. On the fourth day the pump stopped working and no-one on the ward could get it going again. The house surgeon was informed but was tremendously busy and could not get to me for some hours. I had no idea whether this mattered: was there any risk of a sort of rebound hypercoagulability? Eventually an exceedingly competent 'infusion nurse' arrived with another pump from another ward, and all was well. Thereafter I watched the drip like a hawk. Being right-handed, I was grateful to have it in my left arm, but often wished that the needle was not in my ante-cubital fossa, because flexion was restricted by an occasional stab of pain and washing myself was a problem.

The nurses were wonderful. I honestly hadn't expected them to be, in a hard-pressed health authority with most of the staff drawn from a new town, but they were cheerful, encouraging, empathic, accessible and altogether admirable. They called me "Brice", which was fine: I wanted TLC far more than 'respect'.

I appreciated the privacy of my side-room, but had moments of fear about being alone and became neurotic about my wife's visits. If she was later than I expected I suffered separation anxiety – what would I do if her car had crashed? I wanted the door open at night, despite the noise from the corridor. But if I had a lot of visitors, or one stopping for a long time, I also felt oppressed and panicky. I had mixed feelings about the picture opposite my bed, which showed a young couple sitting by their car, overlooking the seaside. Its escapism was darkened by the girl's wistful, even hurt expression. I found myself projecting ever sadder stories on to that picture.

Never having used a hypnotic before in my life, I took first 10, then 20 mg of temazepam, but rarely avoided waking around 3 a.m., with a sense of dis-

may at the hours ahead. I read voraciously, one novel after another, including three by A.S. Byatt, whom I'd 'discovered'. Far from resenting the ward's early start to the day I welcomed it. How nice to be brought a cup of tea and have one's pillows plumped up and bedding straightened! I was impressed, too, by how early the orthopaedic firm got started, with a regular working round at 8 a.m.: psychiatry isn't like that!

I could foresee that I wouldn't finish the heparin (extended to 10 days) on Easter Saturday, starting the warfarin two days earlier, so my hopes of being home for Easter were vain. Also, although I'd asked to take Communion on Easter Sunday, no-one came to give it to me. However, the plaster technician had applied a light resin plaster on the Thursday, which gave me the opportunity of getting mobile as soon as I was freed from my i/v line. That happy moment came on Saturday evening, and my first thought was: 'I can go to the lavatory in the morning!' My skill on the crutches returned at once, and I was soon making my way up and down the corridor, and able to find the invaluable payphone on its trolley for myself rather than ask for it to be brought to me.

On the Tuesday my INR – a new term to me, but apparently meaning the same as Prothrombin Time, was 3.7 – a little on the high side, I was told, which didn't worry me: I've had some notable nosebleeds in the past, but the last thing I wanted now was another thrombosis. So, I was allowed home: oh happy day!

My nights at home, though, were less happy. I found it difficult to fall or stay asleep, panicked easily with the feeling that I couldn't breathe deeply enough, and worried about disturbing my wife. My excellent GP prescribed propranolol 20 mg t.i.d. for the anxiety. My first weekend home I took two tablets at night, two next morning, then glanced at the bottle from which I'd just taken the morning dose and saw, to my dismay, the label WARFARIN: a 10 mg tablet of propranolol and 5 mg of warfarin are just the same shade of pink, though the warfarin is bigger. Now I had something to panic about: I felt like a poisoned rat, having taken four times the daily dose. I called my hapless GP very early on Saturday morning. He spoke to the consultant physician who was remarkably laid back about the whole business, and said there was a wide safety margin. This surprised me, as the tuning of the drug is so fine that an increase from 4 to 5 mg every third day can make a difference. Anyway, I took no more that weekend and there were no untoward effects except that a week later I sustained a great egg of a haematoma on my right elbow with no memory of having knocked it. This experience, as well as my subsequent difficulty in recalling whether I had taken the warfarin that day made me much more sympathetic to the difficulties supposedly less sophisticated patients may find with, often, far more complicated drug regimes.

I was by no means housebound, although I needed a chauffeuse – my long-suffering wife. I went to the RSM for lunch, to Guy's to examine for an MD viva, chaired some meetings at the College and went several times to the cinema and theatre. Hopping along on crutches, distances were much longer and unnecessary stairs a curse, for which the Barbican Centre wins the booby prize. Weeks passed, during which I achieved much less serious reading and writing than I'd hoped, but managed to dash off a full-length play which I'd had in mind for a couple of years. I'm not claiming that it is any good, but, to paraphrase Dr Johnson, I'm surprised that it was done at all!

After nine weeks the X-rays showed satisfactory bony union and I was put in a walking plaster, with a natty little sandal to take its weight. This was very liberating, especially as after a week or two I was able to manage without crutches and went to Town alone by tube. Unfortunately at about the same time, after a severe attack of dyspepsia, my gastro-intestinal tract felt uncomfortable and somehow deranged. I had to be careful of what I ate as never before, for fear of upper or lower abdominal pain and gripes. My stomach seemed to take an age to empty, with resonant gurgling and excessive flatus. I couldn't precisely locate the trouble, but it made my life a misery. My chronic piles were far more troublesome now that I was so well anticoagulated, and I couldn't open my bowels properly. I took aluminium hydroxide and Milpar, and my GP prescribed first cimetidine, then mebeverine, without benefit. As day passed after day I became increasingly afraid that I had cancer. The timing of the problem perplexed me: if it followed the fracture and the DVT shouldn't it be somehow related to them? Could warfarin be responsible? I could find no confirmation of such side-effects in MIMS or the BNF, nor from the manufacturers, so I feared the worst. I would wake up in pain in the middle of the night, come downstairs to distract myself by watching a video, and feel sad and frightened that I could not have long to live and that my end would probably be painful and messy, though it might give me time to make the necessary

farewells to family and friends. I saw a gastro-intestinal surgeon privately, but after he said that he could only find piles but had arranged a barium enema and meal for next week I told my GP that I had little hope.

During the preparations for the enema I reached my lowest ebb. For 24 hours I felt like a victim of do-it-yourself cholera. I went to the X-ray department on the appointed day like a man going to execution, with but slender hope of a reprieve. But all that was found was a bit of diverticular disease! Enormous relief gave way, over the next day or two, to the conclusion that if the lesion was not in the lower bowel it must be in the stomach – with, if anything, a worse prognosis. But at least the preparations for the barium meal were less dire, and all that could be found when I had the investigation was a small hiatus hernia! Over the next week the abdominal symptoms dwindled and my digestive function returned to normal. Even the piles were less troublesome. All I had suffered, it seems, was hypochondriasis over symptoms of a drastically altered life style, compounded by depression. Yet I felt that I had emerged for the second time from the Valley of the Shadow of Death.

The plaster came off altogether on 10 June, and, after losing sheets of dead skin in my first bath for three months, I returned to work next day. Subsequent convalescence was at first much harder than I'd expected, but physiotherapy helped a lot. My limp was aggravated by an extremely painful ingrowing toenail, until my brother, a surgeon, removed it altogether. I soon gave up temazepam and propranolol, and lost my panics and have suffered no more depression. I'm eating too well! My walking is about 85% as good as it was before the fall, and likely to improve. I'm tailing off the warfarin, after a year. I feel quite expert on anticoagulant therapy and venous insufficiency as well as more informed than ever before about the interaction of psyche and soma and the relevance of general hospital psychiatry. But basically I haven't learnt my lesson. Now I'm trying to catch up with those lost three months. Rush, rush, rush – watch out, my right leg!