

*SURGICAL MANAGEMENT PREFERENCES STUDY: Interview (Patient)
*VENUE: Medium MR unit
*DATE:
*ID: Patient02
*INTERVIEWER: DJW

INT: FIRST OF ALL THANK YOU FOR AGREEING TO BE INTERVIEWED. I'D LIKE TO START OFF WITH QUESTION ONE, WHICH IS CAN YOU TELL ME A LITTLE BIT ABOUT WHAT YOU KNEW OR UNDERSTOOD ABOUT BREAST CANCER BEFORE YOU REALISED THERE WAS SOMETHING WRONG WITH YOUR BREAST?

Patient: Yes, I knew that breast cancer was a lump, perhaps something abnormal in the breast and I knew that it could be either primary or a secondary cancer, and so it could be anywhere in the body as well as in the breast. And I thought that, if it was a primary breast cancer, then a mastectomy would be the answer, that would be the end of it. And it would be more difficult if it was a secondary cancer, then there'd be more problems.

INT: AND SO WHERE DID YOU, WHERE DID YOU FIND THAT INFORMATION FROM, DO YOU KNOW?

Patient: Well my aunt had breast cancer but then she smoked quite a bit and she had lung cancer as well so I thought it came from the lungs, but I wasn't really sure.

INT: RIGHT, OK. HAVE YOU ANY OTHER FAMILY MEMBERS OR FRIENDS WHO'VE HAD BREAST CANCER?

Patient: Yes, my husband's sister, she had breast cancer but she had a mastectomy and took Tamoxafen and then she was, she was OK for about seven years, and then it, suddenly her hip, something happened to her hip and she collapsed one day and apparently it had gone into her bones so, er, and then she died not long after that.

INT: OH DEAR.

Patient: And that was my husband's sister. And then, well, er, what it was, another person that we knew with breast cancer, oh yes, Godfrey's other cousin, she didn't have breast cancer but she had a cancer, another sort, she had a bowel cancer, nothing to do with her breast. So we were very sort of alert.

INT: AND CAN YOU TELL ME HOW YOU FIRST DISCOVERED THAT YOU HAD A BREAST CANCER? WERE YOU PICKED UP ON SCREENING OR WERE YOU PICKED UP ... DID YOU FIND IT YOURSELF?

Patient: Well I went every three years for mammography and my last one was two and a half years, so I was due for one in September, but about Christmas-time I noticed a little dimpling, not much, at the side the breast here, near the muscle part, and I showed it to my husband and we just thought it was a muscle, because I'm quite, I was quite big really in my breasts, but there was no lump, nothing. But in March I decided to visit my GP, just to check that this little whatever it, dimpling, was all right, because it seemed a bit larger, and he looked at it and he said it ought to be investigated at Chesterfield Hospital. So 11 days later, on March 30th, I went to the breast screening and I visited Chesterfield Hospital, where a Mr Chadwick examined me and there was a student with him, and he said it was a lump, so I had a mammography and a biopsy, and he was 90 percent that it was cancerous, but of course he needed confirmation from the test results which would come the week after.

INT: MM, OK. AND SO WHEN YOU, YOU KNOW, WHEN YOU WENT TO YOUR GP AND YOU REALISED YOU WANTED TO TAKE SOMETHING A BIT FURTHER, WHAT WAS KIND OF GOING THROUGH YOUR MIND AT THAT POINT?

Patient: I was a bit worried and trying not to show it because I was sort of with other people and everything, and I kept it to myself apart from my husband, and my next-door-neighbour's a friend, and I was very worried actually, yeah.

INT: YEAH OF COURSE. AND SO YOU WENT TO THE GP AND THEY REFERRED YOU THEN TO MR CHADWICK, IS THAT RIGHT, YEAH?

Patient: Yes.

INT: SO CAN YOU TELL ME A BIT ABOUT YOUR FIRST VISIT WHEN YOU WENT TO SEE MR CHADWICK?

Patient: Yes, erm, they were kindness itself in the breast screening, they were really, really good, and I had, as I say, I had mammography, a biopsy, and everything like that, erm, and then I had to see Mr Chadwick at the end and he told me eventually the next week that it was cancerous and I would need either a lumpectomy or a mastectomy. And, but he was very, very nice and really kind. He had a sort of good bedside manner and he said he would be the surgeon to do it.

INT: OH, OK. SO ON THAT FIRST VISIT WHEN YOU SAID THERE WAS, DID HE SAY THERE WAS SOMETHING SUSPICIOUS? DID HE SUSPECT, DID HE THINK IT WAS A ...?

Patient: Yes, he told me that he was 90-something per cent certain that it was cancerous.

INT: OK, SO WHAT WHEN THROUGH YOUR MIND THEN WHEN YOU HEARD THAT?

Patient: Well I was absolutely shattered, I really, really was shattered. And my husband came in with me because we thought that, if I was nervous, I would only hear half the stuff that he was telling me and then he perhaps would hear half the other, and then we'd put it together and we'd get the full picture. Which we did, and we were going on holiday the next, in a week's time, so we said, 'Yes, cancel that, and we could come in as possible to get an operation done.'

INT: SO YOU'D BEEN TO THE GP, THEY'D REFERRED YOU TO MR CHADWICK, YOU SAW HIM FOR YOUR TESTS AND HE SAID HE WAS SUSPICIOUS, THEN DID HE CALL YOU BACK LATER?

Patient: And then I went back the week after, the results ...

INT: YES, THE RESULTS, YEAH. SO, WHEN YOU FIRST GOT THIS INKLING FROM MR CHADWICK THAT THERE WAS SOMETHING, YOU KNOW, POSSIBLY CANCEROUS ABOUT THE LUMP, DID YOU HAVE ANY THOUGHTS AT THE TIME ABOUT INITIALLY WHAT YOU MIGHT DO ABOUT IT IN TERMS OF TREATMENT?

Patient: Yes, I thought straight away I'd have a mastectomy, I didn't twice really, because I thought I would, that would be the end of it, you know, and I thought that was an easy way out, just getting rid of it.

INT: MM, YEAH. AND THEN SO CAN YOU TELL ME IN A LITTLE BIT MORE DETAIL, WHEN YOU WENT BACK TO THE CLINIC TO HEAR YOUR RESULTS, CAN YOU TELL ME JUST EXACTLY WHAT HAPPENED WHEN YOU WENT INTO THE CONSULTATION ITSELF?

Patient: Yes. Well, Mr Chadwick said how, I think it was a 1½ inch cancer, and I think it was quite fast-growing, and he said I would need either a lumpectomy or a mastectomy. He didn't tell me which one I should have, it was up to me decide, so he explained and he wrote it down, little diagrams, what a lumpectomy would

be, how he'd do it, and then perhaps I'd need radiography round the lumpectomy afterwards to make sure no cancer cells had spread, because they might do. And then my breast would be almost entire. And then he showed me about a mastectomy what he do and what the scar would be like afterwards, and it would be flatted completed, but he also said that if I had a lumpectomy perhaps a few weeks later, six or seven weeks later, I don't remember the exact time, I might need a mastectomy if they found that the cancer had spread, so I'd need two operations instead of one. Erm, and then he said, perhaps radiotherapy, depending or perhaps chemotherapy he mentioned at the end. But, erm, he was very precise, very clear, but he said it was completely up to me which one I was going to have.

INT: SO WHO WAS IN THE CONSULTATION WITH YOU AS WELL AS MR CHADWICK?

Patient: There was my husband and I believe at the back, although I couldn't see them, was the breast nurse, she was at the back.

INT: DONNA OR MARY, YEAH.

Patient: Erm, the first time it was Mary, you know Mary.

INT: I'VE MET, I'VE INTERVIEWED BOTH.

Patient: Mary Buxton.

INT: YEAH, I'VE INTERVIEWED BOTH BREAST CARE NURSES.

Patient: Yes, they're both very, very good and very kind, and really helpful, I give them ten out of ten, I really, really do.

INT: I'VE INTERVIEWED BOTH THE SURGEONS AND THE NURSES ...

Patient: Oh, have you really?

INT: ... THEY'RE REALLY ... YEAH, THEY'RE LOVELY [???

Patient: Oh, yes. Oh, I felt really confident, I did, and I've no complaints whatsoever.

INT: THAT'S GOOD.

Patient: And Mr Holt saw me then, erm, afterwards, as a follow-up after my operation and he was just as nice. Really nice.

INT: YEAH, THEY SEEM TO BE A VERY NICE, CLOSELY-KNIT TEAM ACTUALLY.

Patient: Yes, oh yes, they're kindness itself. And my husband, who was just a sort of onlooker, he gave the same opinion. So, erm, yes, no complaints.

INT: AND SO IT WAS MR CHADWICK WHO ACTUALLY BROKE THE NEWS OF YOUR DIAGNOSIS, THAT'S RIGHT, AND YOU SAID HE DREW SOME DIAGRAMS AND THINGS ...

Patient: Yes, he showed me what he would do.

INT: DID HE USE ANYTHING ELSE SUCH AS MAMMOGRAMS OR ANYTHING LIKE THAT, ANY PICTURES OR ANYTHING?

Patient: No, just he drew it for me on a bit of paper, but we understood because he was simple and he was clear, he wasn't sort of giving a lot of language we couldn't understand. So, erm, we understood.

INT: SO HOW DID YOU FEEL YOU GOT ON WITH MR CHADWICK?

Patient: Well excellent, excellent, no problem. I could ask him questions, I could talk to him and I feel intimidated.

INT: AH THAT'S BRILLIANT, THAT'S EXCELLENT, YES.

Patient: No, but he was a gentle, kind, helpful ... unlike the oncologist we saw, I didn't like him very much.

INT: WHERE WAS THAT THEN, WAS THAT AT CHESTERFIELD OR ...?

Patient: Yes, I've only seen him once but he didn't have a bedside manner, he sort of didn't mince his words and we felt really, really shell-shocked afterwards, you know.

INT: IT'S A BIT OF A DIFFERENT, ISN'T IT, WHEN YOU FIND, YOU'RE GETTING TWO DIFFERENT TYPES OF PEOPLE?

Patient: Yes, yes.

INT: SOME PEOPLE, IT'S STRANGE I THINK, I MEAN SOME SURGEONS ARE THE SAME, SOME YOU SPEAK TO AND THEY'VE GOT SUCH A LOVELY MANNER, AND FANTASTIC, AND YOU THINK, 'OH THEY'RE SUCH A HUMAN PERSON.' OTHER PEOPLE THEY'RE QUITE SORT OF STRAIGHTFORWARD ...

Patient: Yes, abrupt.

INT: YEAH, AND VERY BUSINESSLIKE ABOUT IT, AND YOU THINK ...

Patient: And sometimes you need a bit of, well, their [?] treatment [??] which the breast people, they have.

INT: YEAH, [??] THAT'S GOOD. AND SO YOU UNDERSTOOD EVERYTHING THAT WAS SAID TO YOU?

Patient: Yes, we did, yes.

INT: WAS THERE ANYTHING YOU DIDN'T UNDERSTAND?

Patient: Erm ... no I don't think so, I think we understood, we understood all of it what he said. Yes.

INT: AND WHEN YOU SORT OF GIVEN THE CHOICE BETWEEN THE TWO TREATMENTS, DID THAT IN ANY WAY SURPRISE YOU THAT YOU HAD A CHOICE [??]

Patient: Yes, I thought he'd say immediately what I should have, because I mean, no, but it was up to me really. But, erm, but I thought originally, you know, when I first went to the GP, I thought, 'Ooh, dear, it'll be a mastectomy, that was, I must do that, I must choose that' and I did in the end. And apparently after the operation it was the right one to do because the lump was right here and it would be quite difficult to have a lumpectomy really. They could have managed it but ... yes.

INT: OH RIGHT, OK. ERM, DID YOU SPEND, SO YOU WERE IN WITH MR CHADWICK AND HE TOLD YOU YOUR DIAGNOSIS AND HE TOLD YOUR TREATMENT OPTIONS, DID YOU SPEND ANY TIME ALONE WITH THE BREAST CARE NURSE AFTERWARDS?

Patient: Yes, after, the first time when he told us all about this, we were just really shocked, you know, and the breast care, Mary Buxton, she took us into a little room next door which was like a little sitting room or something, little chairs and table and everything, and we sat down there and she was really good and she calmed us down and she was soothing and helpful and, erm, and later Donna Ashley, she did the same sort of thing when Mary wasn't there. And she gave me her telephone number if any, if I felt I had extra questions that I hadn't asked at that time, I could ring her up any time and she'd answer or somebody would be there, was which really reassuring because we had to ring up the next day to say that we'd like the operation as early as possible because we'd cancelled our holiday and, you know, don't put us at the end of the line, put us as early as possible please, so it was handy that number.

INT: OH RIGHT THEN, THAT'S GOOD, YEAH. AND SO DID YOU HAVE ANY PARTICULAR QUESTIONS TO ASK THE BREAST CARE NURSE WHEN WENT, WHEN YOU WERE IN SEEING THEM, DO YOU REMEMBER?

Patient: Erm, how long I'd be in hospital and, erm, how long it would be before I could use my hands, arms, and do jobs at home and anything, which she told me. I thought I'd be out of production. Yes, oh and I've remember, Godfrey's cousin, she had a mastectomy and she comes from Cheshire, and she's been really, really helpful and supportive. I'd forgotten about her.

INT: WHEN DID YOU SPEAK TO HER?

Patient: Before my operation and after my operation, she sent me some leaflets as well. Yes.

INT: OH, THAT'S VERY NICE. AND IN BETWEEN SEEING THE BREAST CARE NURSE AFTER SEEING MR CHADWICK AND HAVING YOUR OPERATION, YOU SAID THAT YOU CALLED THE BREAST CARE NURSE ONCE ...

Patient: Yes, about the hos- ...

INT: DID YOU HAVE ANY FURTHER CONTACT WITH THE BREAST CARE NURSE?

Patient: To call them, you mean?

INT: TO CALL THEM, DID THEY, DID YOU SEE THEM AT ALL ON [???

Patient: Oh yes, each time I went to the breast care reception, I met them when I had my breast drained after the operation, I had it drained a couple of times, and each time there was, they were very helpful and they put me in. I was there in the hospital for an x-ray and they kindly managed to put me in about once before the x-rays and then the second time after the x-rays. So I didn't have to wait around too much, and I got two things done at the same time. So they were really helpful.

INT: AND DID YOU SEE THEM ANY TIME BEFORE YOUR OPERATION?

Patient: Erm, yes ... oh ... not in hospital till the day after my operation, when Mary Buxton came the day after my operation. Oh and she came, oh yes, she came just before my operation, that's right, when my husband was here and we were waiting then to go down to the theatre, she came then and she had a few words of reassurance and things like that. But the day after my operation Mary Buxton came again and she brought your information, but she said read it at home because I wasn't with-it really then until after the operation, and she also brought a sheet of exercises which I would do, I suppose you know there's these pink ones ... those, which I could do in the hospital and I could continue at home, and I have been doing those and it's been no problem, really.

INT: YEAH [???

Patient: So that was good. And she also told me about, is it prothesis? eventually we shall get them.

INT: PROSTHESIS, YES. YEAH, PROSTHESIS.

Patient: I don't know, I haven't done that yet, which I can ring up when I feel, well fit enough here, it's all healed up, which it has, to go and have fitted with the NHS at Calow. She gave me some other things for my bath which I really appreciated because I was just wondering a bit about that bit.

INT: YEAH, OF COURSE, AHA.

Patient: Yes.

INT: AND DID THE BREAST CARE NURSES GIVE YOU ANY, WHEN YOU ACTUALLY SAW THE BREAST CARE NURSES, SORRY, AFTER YOU SAW MR CHADICK AND YOU SAW THE BREAST CARE NURSES, DID THEY GIVE YOU ANY WRITTEN INFORMATION TO TAKE HOME?

Patient: Erm, well I had this from Mr, this sheet from Mr Chadwick about, well he explained beforehand, in fact it was a sign of, a consent form really. Er, I had a pre- and a post-operation pack about pain control and about anything I might, you know, feel afterwards, and the anaesthetic leaflet I had which very useful, the pain control leaflet was useful, and the, er, what else, the MRI scan big leaflet I had which was useful, and, erm, all the other scans, they gave me another leaflet for that. And then he said about what I would have a scar or numbness and seroma and perhaps lymphoedema if I wasn't too careful, and shoulder stiffness. But he said it very kindly that it was ... you know.

INT: ALL RIGHT, OK. THAT'S ALL RIGHT THEN.

Patient: Yes.

INT: AND THROUGHOUT THE CONSULTATION, WHEN YOU WERE TALKING TO MR CHADWICK ABOUT YOUR TREATMENT OPTIONS AND DIAGNOSIS, WHO DO YOU THINK DID MOST OF THE TALKING AND WHO DO YOU THINK ASKED MOST OF THE QUESTIONS?

Patient: Er, Mr Chadwick did most of the talking because I was listening, I was sort of gaining information. But I did ask him a few questions but I can't remember what I asked him now, though, mainly about the use of my arm and everything. And he said also that he would drain, as part of the mastectomy, he would drain the lymph glands, or some some lymph glands out ...

INT: THAT'S RIGHT, YEAH.

Patient: ... and then they'd be able to test them and he'd be able to know if it had spread elsewhere.

INT: MM, RIGHT, OK. AND HOW WAS GODFREY DURING ALL THIS?

Patient: Oh dear, he's been, I've, he's been worse than me, I think something's needed for dear old husbands because they have to sit back, they have to listen to it all and they feel really bad, I mean I can tell they feel really bad, but he's been, he's been excellent, he really has, but the husbands they really need a bit of care, you know.

INT: YEAH, THAT'S TRUE, YEAH, THAT'S VERY TRUE. SEE A LOT OF THAT.

Patient: Oh, I think it's worse for them, I really, really do.

INT: YEAH, YEAH, I THINK, ERM, I THINK THEY FEEL A BIT SORT OF POWERLESS, THEY'RE NOT QUITE SURE EXACTLY WHAT THE WOMAN'S GOING THROUGH ...

Patient: No, no.

INT: AND ALSO THEMSELVES, AND THERE DOESN'T SEEM TO BE ANYTHING AT THE MOMENT ABOUT ...

Patient: And they suffer, they suffer half the pain and half everything, I reckon. They do. But now he's seen me fit and well and pegging washing out and doing things, they're not too heavy, then he's fine, he's well away now.

INT: OH THAT'S GOOD, THAT'S GOOD NEWS.

Patient: But after tomorrow I don't know quite what the situation will be but we hope anyway, yeah.

INT: AND HAVE YOU ANYTHING IN THE WAY OF TROUBLE WITH PAIN OR ANYTING LIKE THAT?

Patient: No, the only thing I feel here is a bit numb, numb under the arm, and it's sore. But this bit here has healed and I've got no problem even though it was only four weeks ago, but just under the arm it's a bit painful.

INT: OK. AND HAVE THEY GIVEN YOU ANYTHING FOR THAT, HAVE THEY, OR ARE YOU TAKING [???

Patient: Well I don't take it, no, they did originally, but I don't need anything now.

INT: OK. I'D LIKE TO TALK A LITTLE BIT ABOUT THE TIMES YOU WERE WITH THE DOCTOR. WHEN YOU WERE TALKING ABOUT WHAT OPERATION OR OPERATIONS YOU COULD HAVE, DID YOU FEEL THAT THE DOCTOR LISTENED TO YOU, THAT THEY UNDERSTOOD YOUR NEEDS AND CONCERNS?

Patient: Yes, yes definitely, yes definitely, yes.

INT: DO YOU THINK HE HAD ANY PARTICULAR TREATMENT IN MIND, ONE PARTICULAR OPERATOIN ABOVE THE OTHER?

Patient: No, no, he explained both equally, but he just said the mastectomy, I might need a mastectomy, another operation, after I'd done one.

INT: RIGHT, OK. AND WHEN YOU WERE TALKING WITH THE BREAST CARE NURSES, DO YOU FEEL THAT THEY LISTENED TO YOU AND UNDERSTOOD YOUR NEEDS, YOUR CONCERNS, THINGS LIKE THAT?

Patient: Oh definitely, yes, yes.

INT: DO YOU FEEL THAT ANY OF THOSE HAD A PREFERENCE FOR A PARTICULAR TREATMENT?

Patient: No, not at all, no. No, nobody did really, no. I do remember Mr Chadwick afterwards saying it was good that I did have a mastectomy, after the, it was over, because he said I would have needed one he thinks.

INT: MM, RIGHT. SO WE'RE AT THE POINT NOW WHERE YOU'VE BEEN TO YOUR DIAGNOSIS, YOU'VE GOT YOUR TREATMENT OPTIONS, HOW SOON AFTER THAT CONSULTATION WHEN YOU WERE GIVEN YOUR DIAGNOSIS DID YOU ACTUALLY HAVE YOUR OPERATION, BECAUSE YOU CANCELLED YOUR HOLIDAYS, DIDN'T YOU?

Patient: Yes, erm, I had my operation ... I had my operation on the, I don't remember numbers very well, on the 15th April, and my diagnosis, I saw Mr Chadwick on the 6th April ...

INT: SO IT'S LIKE A FORTNIGHT AFTERWARDS.

Patient: Yes, but it was very quick, it was really quick, I think it was fast-track or whatever they call it, and I'm glad it was. Yes.

INT: AND IN BETWEEN THAT TIME DID YOU TALK TO ANY OF YOUR FRIENDS AND FAMILY ABOUT YOUR ...

Patient: Yes, yeah, that was the worst bit, telling them, because they thought I was on the death list, and I found it really difficult, because I teach and of course I had to, the people I teach I had to say very kindly that I was, the little ones, that I was into hospital, that I'd be out and hopefully in September I'd be back again. And the adults understood and they all sent all these cards and plants and flowers and ...

INT: I WAS LOOKING [???

Patient: ... I thought, oh, and I'm feeling quite, you know, really well now. But, erm, as soon as they hear the big 'C' they think that's the end, you know, they don't think there's a treatment.

INT: NO, IT HAS QUITE A CONNOTATION, DOESN'T IT, STILL?

Patient: Yes, yes. So I think that was really difficult, and people now ring up to see how I am, you know, I'm still here [chuckles] yes.

INT: ERM, AFTER YOU HEARD ABOUT YOUR TREATMENT OPTIONS, ABOUT YOU KNOW YOU COULD EITHER HAVE THE BREAST CONSERVATION WIDE LOCAL EXCISION OR THE MASTECTOMY, HOW SOON DO YOU THINK IT WAS THAT YOU'D ACTUALLY MADE YOUR MIND UP WHAT ...

Patient: Straight away.

INT: AH, YOU KNEW STRAIGHT AWAY.

Patient: Yes, I knew really when I went to the doctors, I thought, 'Well, no, I must have my breast off, that's the only alternative.'

INT: RIGHT, OK. WAS THAT BECAUSE YOU FELT THAT YOU WANTED TO GET RID OF ANY ...

Patient: I wanted to get rid of it and what's the point of vanity just for having to, you know, from cancer, and I thought, 'Well, no, I just want to be rid of the whole matter.'

INT: MM, RIGHT. AND DID, WERE YOU TOLD YOU COULD CHANGE YOUR MIND AT ALL, OR DID YOU CHANGE YOUR MIND AT ANY POINT?

Patient: No, no, I didn't want to.

INT: NO SECOND THOUGHTS?

Patient: I was 100 per cent certain, yes.

INT: I SEE, OK. LET ME SEE. YOU SEEM TO OBVIOUSLY KNOW A BIT ABOUT BREAST CANCER INITIALLY BECAUSE OF WHAT HAPPENED TO YOUR FAMILY ...

Patient: Because of the relatives ...

INT: ... RELATIVES AND THINGS LIKE THAT. DID YOU TRY TO LOOK FOR ANY INFORMATION ANYWHERE ELSE YOURSELF?

Patient: Yes, yes, I looked in the, where we went to the reception of the mammography there, they had a lot of leaflets there and when we first went I picked up about four different leaflets about breast cancer, care afterwards, everything like that. And I found those useful.

INT: RIGHT, OK. AND DID YOU GET ANY INFORMATION ANYWHERE ELSE, LIKE THE INTERNET, VIDEOS, DID ANYBODY SEND ANY MAGAZINES ... ANYTHING LIKE THAT?

Patient: Erm, no, I didn't get from anywhere else. We had the, the nurse from the surgery came when I came home from hospital and she gave me, well she was very sweet, she gave me a telephone number which was a helpline, she said I could ring any time if I wanted to chat to anybody but I haven't needed it.

INT: OK, THAT'S ALL RIGHT THEN. LET ME SEE. I THINK WE'RE [???] TO 12 NOW, WE'VE DONE VERY WELL ACTUALLY. ERM, YEAH, [???]. SO LOOKING BACK ... OH NO, THERE IS ONE MORE QUESTION I WOULD LIKE TO ASK ACTUALLY. WHAT DO YOU THINK WAS THE MOST IMPORTANT THING THAT YOU HEARD OR READ OR UNDERSTOOD ANYTHING THAT HELPED YOU COME TO YOUR DECISION ABOUT WHAT TREATMENT YOU WERE GONNA HAVE FOR BREAST CANCER?

Patient: That the lump, the lump was cancerous, er, but I didn't see any other option really.

INT: OK. AND NOW YOU'VE BEEN THROUGH THIS EXPERIENCE, LOOKING BACK FROM WHEN YOU WERE FIRST DIAGNOSED UNTIL NOW, HOW DO YOU FEEL ABOUT THE CARE YOU'VE RECEIVED?

Patient: The care was excellent, it really was excellent. They were, they were supportive, they seemed to understand, as I say, the consultants, both of them, and the breast nurse, erm, and they expressed themselves simply so I could understand, and clearly, and they were really kind.

INT: DO YOU THINK THEY MET YOUR EXPECTATIONS?

Patient: Yes, oh definitely, definitely.

INT: AND IF YOU WERE TOLD THAT YOU COULD CHANGE ONE THING ABOUT THE, YOU HAD THE POWER AND MONEY TO CHANGE ONE THING ABOUT THE BREAST SERVICE AT CHESTERFIELD, WHAT DO YOU THINK THAT MIGHT BE?

Patient: To change it?

INT: MM.

Patient: Well I don't think I'd change much at all with the consultations or anything, I don't think I would. But perhaps in the hospital, when I was in the hospital, but that's nothing to do with the breast care people..

INT: YOU MEAN ON THE WARD?

Patient: On the ward, yeah.

INT: WHAT WOULD YOU ...

Patient: They were very busy and I didn't sleep in the night because there were all sorts of people on the ward and, oh dear, and I just felt like sleeping after I'd had my operation but I couldn't really.

INT: OK, HOW LONG WERE YOU IN?

Patient: I went in on the Thursday and I came back on the Monday tea-time.

INT: RIGHT, SO IT WAS A FEW DAYS.

Patient: Only a few days, you know. But that's not, nothing to do with you really, is it, on the ward?

INT: OH NO, NO, I JUST, I LIKE TO JUST GET A COMPLETE PICTURE OF WHAT'S HAPPENED.

Patient: Yes.

INT: AND NOW, SO WHERE DO YOU SORT OF GO FROM NOW? YOU'VE HAD YOUR SURGERY ABOUT A MONTH AGO ...

Patient: I've had my surgery and everything and my breast is clear, the other one, and the liver is clear and I've had all the different chest x-rays, pelvic x-rays and everything like that, and then last week, when I went to see the oncologist, he said there was something at the top of my femur, top of the hip, and he wasn't sure what it was. So I had to go for an MRI scan which I did not like at all, I really didn't because I was a bit claustrophobic.

INT: OH RIGHT, YEAH.

Patient: And I could, I sort of looked out into the air and I had to stay in there half an hour but I didn't like it. But then I go tomorrow and he'll tell me exactly what it is and then I can start treatment, whether it's chemotherapy or a hip replacement, I don't know. So ...

INT: OK. HE'S GOING TO DISCUSS THAT WITH YOU TOMORROW?

Patient: He's going to tell me tomorrow, yes.

INT: OK, RIGHT. LAST COUPLE OF QUESTIONS, NOW YOU'VE BEEN THROUGH THIS EXPERINCE, WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW FIRSTLY ABOUT THEIR DIAGNOSIS?

Patient: The diagnosis ... you need, for a person to go straight away to their GP as soon as they notice anything. I didn't think a dimple was important, I really didn't, I thought it had to be a lump, so that's why I didn't go from December to March, because I just thought there was a little dimple in the muscle or something, but it's important to go whatever you see, I suppose, a spot or anything, just go and then the earlier the diagnosis the better, better chance you have, don't you? So that's important.

INT: AND NOW YOU'VE BEEN THROUGH THIS EXPERIENCE WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT THE OPERATIONS THEY CAN HAVE?

Patient: Well I think, just as these two surgeons have done, explained both of them, but perhaps guide the person perhaps a little more towards what they think is the most suitable so they don't have to have a double, a second operation later on.

INT: RIGHT, OK. FINAL QUESTION, IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD TO WHAT WE HAVE BEEN TALKING ABOUT TODAY? ANYTHING YOU THINK WE'VE MISSED, ANYTHING YOU THINK IS IMPORTANT THAT YOU'D LIKE TO SAY?

Patient: I think a bedside manner is really important in the diagnosis, absolutely, because it's so shocking and so, well it really is like a volcano, and these people had got it but whether it's in any other hospital I don't know, but it's really, really important.

INT: RIGHT, OK.

[End of interview]