

*SURGICAL MANAGEMENT PREFERENCES STUDY: Interview (Patient)
*VENUE: Medium MR unit
*DATE:
*ID: Patient01
*INTERVIEWER: DJW

INT: WELL, FIRST OF ALL THANK YOU FOR AGREEING TO BE INTERVIEWED. OBVIOUSLY I KNOW IT'S YOUR TIME THAT WE'RE USING, IT'S NICE OF YOU TO HELP US. I'D LIKE TO START OFF WITH QUESTION ONE, WHICH IS CAN YOU TELL ME A BIT ABOUT WHAT YOU KNEW OR UNDERSTOOD ABOUT BREAST CANCER BEFORE YOU REALISED THERE WAS SOMETHING WRONG WITH YOUR BREAST?

Patient: I knew a lot about it. My Mum had had it when she was 42.

INT: YEAH.

Patient: So ... and hers came back when she was 63. They said it was all gone when she was 42 but it came back with a vengeance and killed her in a very short time. So that was only three years ago. But two of my Mum's aunties have had breast cancer and three of my cousins.

INT: RIGHT, SO IT'S A FAIRLY STRONG FAMILY HISTORY REALLY.

Patient: So ... yeah, very strong, yeah.

INT: AND YOUR MUM, DID SHE HAVE, WHAT TREATMENT DID SHE HAVE FOR IT?

Patient: She had a mastectomy.

INT: HAD A MASTECTOMY YEAH.

Patient: Yeah, 23 years ago ...

INT: RIGHT, OK.

Patient: ... but she didn't have any treatment follow up to it. They told it was all gone and she didn't need chemo, she didn't need ... but it wasn't. They told it had been lying dormant for about 20 years.

INT: RIGHT, YEAH. AND ERM, HAVE YOU, YOU'VE OBVIOUSLY GOT A STRONG FAMILY HISTORY, ERM, WHAT ABOUT ANY FRIENDS, ANYTHING [???] ANYONE ELSE?

Patient: I don't know anyone apart from family, NO.

INT: NO, OK. THAT'S FINE. OK. AND DO YOU TEND TO, I MEAN DO YOU PICK UP IN THE MEDIA AND STUFF LIKE THAT, I MEAN?

Patient: Oh yeah, yeah, big style. I've always known I can't have HRT and things like that because of the family history. I've always had regular checks.

INT: MM, YEAH YOU WERE SAYING WHEN I FIRST CAME IN, YEAH, YOU HAVE REGULAR MAMMOGRAMS AND STUFF AND WHAT-HAVE-YOU. SO CAN YOU TELL ME HOW DID YOU FIRST DISCOVER THAT THERE WAS SOMETHING WRONG?

Patient: Well two months before I had an abscess in my other breast and I was in hospital with that. And it just made me more aware of checking, I was checking myself like every day, I was like really obsessed with it.

INT: ABSOLUTELY, YES.

Patient: And then one day there was a lump in the corner, never been there the day before and I went to the hospital, it was 16 mm, but it hadn't been there long. They said it hadn't been, well I was in hospital six weeks before or five weeks before, they hadn't noticed it then either. It had come very quickly.

INT: AND HOW SOON, HOW LONG BEFOREHAND DID YOU ACTUALLY HAVE YOUR LAST MAMMOGRAM THEN?

Patient: I was coming up to two years.

INT: AH RIGHT.

Patient: Yeah, yeah, I was coming up to two years. Then I went to ... is that the end of that question or is this ...?

INT: OH DON'T WORRY, I MEAN THESE QUESTIONS WE CAN JUST DO THEM ANY OLD WAY, I JUST TEND TO FOLLOW THE PATIENT AS THEY GO THROUGH THE STORY.

Patient: I went to the doctors and I was seen by the consultant within about a week.

INT: DID YOU GO TO YOUR GP FIRST?

Patient: Yeah, yeah.

INT: AND THEY REFERRED YOU ON TO THE CLINIC, YEAH.

Patient: To Chesterfield, Mr Chadwick.

INT: THAT'S RIGHT, YEAH. SO HOW SOON DID YOU GO TO THE GP AFTER YOU'D FOUND THIS LUMP?

Patient: 24 hours.

INT: AH RIGHT, SO IT WAS QUICK?

Patient: Yeah, yeah, I went quick.

INT: OH RIGHT, OK. AND THEN FROM THE GP, HOW LONG TILL THE CONSULTANT?

Patient: About a week.

INT: ABOUT A WEEK. AH, RIGHT, OK.

Patient: A week to ten days, Friday. I think it was a Friday I saw the doctor so, yeah, it was about ten days.

INT: RIGHT, OK. THAT'S WELL WITHIN THE TWO WEEKS, YEAH, ISN'T IT, REALLY? SO THAT'S ALL RIGHT THEN. AND OBVIOUSLY WHEN YOU FOUND THE LUMP AND THEN WHAT WAS GOING THROUGH YOUR MIND?

Patient: I knew it wasn't the same as the abscess.

INT: RIGHT, IN WHAT WAY?

Patient: The abscess was a great bit massive, like a golf ball, it was just a great big lump, and this was just like as if a rib was sticking through me.

INT: AH RIGHT, OK.

Patient: I was like an elbow really, it was like quite a hard lump. I actually thought I'd broke a rib and it was popping through [chuckles] that were my first thoughts, that was what I hoped for, but ...

INT: ERM, SO, CAN YOU TELL ME WHAT HAPPENED WHEN YOU WENT TO THE ACTUAL CLINIC TO SEE MR CHADWICK?

Patient: Right, he did a mammogram and an ultrasound the first, when I went straight back, and a biopsy.

INT: OH RIGHT, SO IT WAS LIKE A ONE-STOP SORT OF AFFAIR?

Patient: Yeah, he did it all in the same day. And he called me back to see him and he said it was very suspicious, he didn't say, 'Come back next week for the results,' he actually told me it was very suspicious. I knew then it was, he'd prepared me for what he what he was going to tell me the next week really.

INT: YEAH, OF COURSE, YEAH. RIGHT. AND SO WHEN HE SORT OF, YOU'D HAD YOUR TESTS AND HE MENTIONED THIS AFTERWARDS THAT IT WAS VERY SUSPICIOUS, DID YOU SEE ANYBODY ELSE AFTER ...?

Patient: I saw the breast cancer nurse.

INT: OH YOU WENT TO SEE THE BREAST CANCER NURSE?

Patient: Yes, she took me into a separate room.

INT: OH OK. AND WHAT DID YOU DISCUSS THERE THEN?

Patient: She just told me that, even if it was the worst, which to my opinion they already knew because he said he'd looked at my mammogram, my ultrasound, and he'd looked at the biopsy - I think he knew there. He wouldn't have said it was very suspicious if he wasn't 100 percent, and she, the way she talked to me made me think even more that, yes, it is going to be cancer.

INT: WHAT SORT OF THINGS DID SHE TALK ABOUT DO YOU REMEMBER?

Patient: She just told me that, like not to worry, it was, treatment was so advanced and it was early stages, because it come so quickly, it was at very early stages. And she said, 'But it's not definite, there's still a chance it might just be nothing,' so I went away with that week thinking, 'Well, it probably is cancer but it might not be, I've got that chance that it's not.'

INT: YEAH, OF COURSE, MM. AND FROM THE POINT WHEN YOU ACTUALLY SORT OF DISCOVERED THERE WAS AN ACTUAL LUMP, TO THIS POINT WHEN YOU WENT TO THE CLINIC FOR THE FIRST TIME, DID YOU DISCUSS YOUR FEELINGS WITH ANYBODY?

Patient: My husband, yeah. He said he wasn't what they did to me as long as I was still here and ...

INT: YEAH, OF COURSE.

Patient: He said they could my arms and legs off if they wanted to, but ... [chuckles]

INT: OK.

Patient: He wasn't that, he's not one little bit bothered about it really, he's been very good.

INT: ERM, AND DURING THAT, SO IT WAS A WEEK LATER YOU WENT FOR THE SECOND CONSULTATION, IS THAT RIGHT?

Patient: Yes.

INT: SO DURING THAT WEEK, SORT OF, I MEAN, WHAT WAS GOING THROUGH YOUR MIND AT THAT POINT?

Patient: Erm, it was like history repeating itself really. It was, I can remember, because I was like 20 when my Mum had breast cancer, it was like I remembered everything how she was, she was, but I think I ... I think I was very good, I don't think I had fit and attacks and crying and sobbing and, I was positive and I knew I'd get through it. I was more worried about being put to sleep, the anaesthetic, than actually the cancer.

INT: AH YES. WHY IS THAT THEN?

Patient: Terrifies me.

INT: DOES IT?

Patient: Yeah. No control over it and ... a young lad I work with, his mum had a very minor operation last year and she died in theatre, under the anaesthetic.

INT: UNDER OF THE ANAESTHETIC. YEAH, IT DOES HAPPEN OCCASIONALLY.

Patient: She was early 40s and it was like, Wow, she only went in for a hernia operation, she never came - and I'd always been worried about anaesthetic and then that, I thought, no, it's ...

INT: IT'S SOMETHING I'VE NEVER PARTICULARLY WORRIED ABOUT MYSELF AND I'VE KNOWN PERSONAL SORT OF INSTANCES IN MY LIFE WHERE PEOPLE I'VE NOT KNOWN DIRECTLY BUT KNOWN SORT OF, YOU KNOW, I KNOW WHO THEY ARE, AND IT IS SUCH A SHOCK WHEN THAT HAPPENS, ISN'T IT?

Patient: Yeah.

INT: YOU THINK, 'WELL, THEY JUST WENT IN FOR SOMETHING SIMPLE,' BUT IT'S HOW THE BODY REACTS TO THAT PARTICULAR DRUG. ERM, LET ME SEE, AT THIS STAGE, BEFORE YOU WENT BACK THE SECOND TIME, DID YOU HAVE ANY THOUGHTS ABOUT WHAT YOU MIGHT DO IT IN TERMS OF TREATMENT OR ANYTHING LIKE THAT?

Patient: Yes, I, from when he first told me that he was suspicious, I'd already made my mind up that, if I was offered the lump or the full mastectomy, it would be the whole ...

INT: THE WHOLE BREAST, YEAH, THE MASTECTOMY?

Patient: Yeah, I wasn't playing at it. It'd be all gone.

INT: RIGHT, OK. AND SO NOW CAN YU TELL ME WHAT HAPPENED WHEN YOU WENT BACK A SECOND TIME, TO GET THE [???

Patient: Yes, he told me it was definitely cancer, it was 16mm, it was early although it was 16mm, which is like quite a large lump really, and I could either have the lump removed or I had the option of the whole breast removed, it was entirely my choice. I think he would have preferred me to have the lump removed.

INT: WHAT MADE YOU THINK THAT?

Patient: He said it was a very big operation having a full mastectomy, and I said ... I got the impression he thought I didn't need to have the whole mastectomy, but I could never have been, had as much peace of mind if I'd just had the lump removed, and thinking, well what if they've missed a little bit round it and ...

INT: YEAH, OF COURSE.

Patient: ... that was, and he said he would have to take all my lymph glands, he told me all about the numbness and the sensations I'd have in my arm and probably never get the feeling back in some bits. He explained everything properly and then I saw the breast cancer nurses again that day.

INT: MM. AND WHEN YOU WERE IN THIS SORT OF, THE CLINIC HEARING THIS FROM MR CHADWICK, WAS ANYBODY ELSE IN THE ROOM AT THE SAME TIME?

Patient: Yeah, my husband.

INT: YEAH. ANYBODY ELSE?

Patient: No.

INT: OK.

Patient: Erm ... I think.

INT: WAS THERE A NURSE THERE AT ALL OR ...?

Patient: Not that day, not when he act- ..., or was there? He's seen me that many times. Yes, there was a nurse there?

INT: WAS IT A CLINIC NURSE IN A UNIFORM OR WAS IT THE BREAST CARE NURSE, DO YOU REMEMBER?

Patient: I think there was both. Yes I'm sure there was. It was the next time I saw him he was on his own.

INT: RIGHT, OK.

Patient: But I also discussed with him having the genes test, and if I do carry the gene would he remove my other breast and he said, yes, he would, because there's a strong chance that I do carry the breast cancer gene.

INT: RIGHT, MM. ERM, [???) WHEN HE WAS TALKING TO YOU ABOUT YOUR DIAGNOSIS AND YOUR TREATMENT OPTIONS, DID HE USE ANYTHING LIKE MAMMOGRAMS, DID HE DRAW ANY PICTURES, ANY DIAGRAMS, DID HE SHOW YOU PICTURES?

Patient: Yes, he drew pictures.

INT: OH, HE DREW PICTURES TO SHOW YOU WHERE THE LUMP WAS?

Patient: Yeah, yeah.

INT: OK. DID YOU FIND THOSE HELPFUL IN ANY SORT OF WAY?

Patient: Erm, I don't think it made any difference whether he'd drawn them or not because I knew where it was, I could feel it myself.

INT: YEAH, OF COURSE, RIGHT, YEAH.

Patient: It was pretty obvious. Erm, I think, he went into a lot of detail about my lymph glands and how that would affect my arm, like probably for ever really.

INT: YEAH. AND HOW DO YOU FEEL YOU GOT ON WITH MR CHADWICK?

Patient: Fine, fine, yeah, I thought he was a lovely man really.

INT: YEAH I'VE INTERVIEWED HIM, HE SEEMS A NICE CHAP.

Patient: Very caring, very sincere and, yeah.

INT: AND THE BREAST CARE NURSE, HOW DID YOU GET ON WITH HER?

Patient: Great, Mary and Donna.

INT: OH RIGHT, YOU HAD BOTH OF THEM, DID YOU?

Patient: Yeah, I see both of them, yeah.

INT: YEAH, I'VE INTERVIEWED ALL THE STAFF THERE AT CHESTERFIELD NOW, THEY'RE A NICE BUNCH ACTUALLY. ERM, SO NOW YOU'VE ACTUALLY BEEN TOLD THAT YOU'VE, YOU KNOW, YOU HAD, BREAST CANCER'S BEEN CONFIRMED, AND WHAT WERE YOUR FEELINGS THEN?

Patient: Erm, I didn't, I didn't really have any feelings really, I was like ... I was numb for a while and thought, but everyone just reassured me everything would be fine, and then I thought about the next stage, well I've got to have chemo, I'll have no hair, I'll have ... that was the next thing, that was on my mind. You know I can disguise the fact that I've had the operation, nobody actually, apart from who knows me, nobody knows. They've been very good at the hospital. But I didn't really have any feelings, I think I was just numb. I think I was sort of ... very, very quiet, very quiet in between being diagnosed and having my op, which was only another, just over a week.

INT: OK. SO FROM WHEN YOU ACTUALLY FOUND THE LUMP, AND THEN THE GP AND TEN DAYS [???] ABOUT FOUR OR FIVE WEEKS FROM WHEN YOU FOUND TO WHEN YOU WERE ACTUALLY OPERATED ON, I THINK. IS THAT RIGHT?

Patient: It was about the 20... it was 20-something of February I found the lump, no it wasn't, March. Oh, I can't remember. I had my op on the 19th April, it was mid-March, and it was about ...

INT: IT'S ABOUT A MONTH, FIVE WEEKS, SOMETHING LIKE THAT, YEAH. WHEN YOU WERE TALKING ABOUT THINGS LIKE YOUR DIAGNOSIS AND YOUR TREATMENT OPTIONS, DID YOU UNDERSTAND EVERYTHING THAT THEY WERE TELLING YOU?

Patient: Yes, yes I did, yeah.

INT: WAS THERE ANYTHING YOU THOUGHT YOU DIDN'T UNDERSTAND?

Patient: No, no.

INT: AND SORT OF WHEN YOU WERE TALKING ABOUT TREATMENTS AND THINGS LIKE THAT, I MEAN YOU OBVIOUSLY SAID, I THINK, BEFORE, YOU WERE WANTING, YOU WERE GONNA GO FOR THE MASTECTOMY ...

Patient: Yeah.

INT: AND IS THAT WHAT EVENTUAL YOU DECIDED FOR, YEAH?

Patient: I did, yes, yes.

INT: RIGHT, OK.

Patient: He actually asked me right up to five minutes before I went into theatre if I wanted to change my mind, you know, he came to see me just before I went down to theatre, 'Are you still going with the full ...?' I said, 'Yes, definitely.'

INT: OK. AND WHEN YOU WENT TO SEE THE BREAST CARE NURSES AFTERWARDS, AFTER YOU'D SEEN THE CONSULTANTS, WHEN HE'D MENTIONED, YOU'D HAD, HE CONFIRMED THE BREAST CANCER, WHAT SORT OF THINGS DID YOU TALK ABOUT THERE?

Patient: I didn't talk about a great lot really, I just wanted, I didn't want to be there, I wanted to just go home. And I was only actually in that room a few minutes that day.

INT: RIGHT, OK. AND DID YOU, DID THEY GIVE YOU ANY INFORMATION, THE BREAST CARE NURSES, TO TAKE AWAY WITH YOU?

Patient: All I can remember having was a card with the number on that ...

[Interruption in recording]

INT: WHERE WERE WE? WE WERE TALKING ABOUT, YOU'RE WITH THE BREAST CARE NURSE, DID THEY GIVE YOU, THEY GAVE A CARD, DID YOU GIVE YOU ANYTHING ELSE TO DO WITH, ANY WRITTEN INFORMATION OR ANYTHING?

Patient: I don't think so, not at that time, they didn't.

INT: RIGHT, OK. ERM, AND DID YOU HAVE ANY FURTHER CONTACT WITH THE BREAST CARE NURSE FROM THE POINT WHEN YOU SAW THEM AFTER THE DIAGNOSIS TO THE POINT WHERE YOU HAD YOUR SURGERY?

Patient: No, only when I went, was admitted to hospital they came, Donna came to see me and told me she'd be back to see me two days later.

INT: OH, OK.

Patient: After I'd come round and felt a little bit better, but I was, actually came home on that day, I was only in hospital 45 hours.

INT: REALLY?

Patient: Mm.

INT: ERM, LET ME SEE, ANY QUESTION I WANT TO ASK HERE AT THIS POINT ... WHEN YOU WERE IN THE CONSULTATION TALKING ABOUT DIAGNOSIS AND TREATMENT OPTIONS, WHO DO YOU THINK ASKED MOST OF THE QUESTIONS AND WHO DO YOU THINK DID MOST OF THE ACTUAL TALKING?

Patient: I think my husband asked most of the questions.

INT: OH, RIGHT, OK.

Patient: And Mr Chadwick did most of the talking definitely. I was very quiet. He could sort of read my mind and know what I wanted to ask, and I was like just numb.

INT: YEAH, OF COURSE. ERM, WHEN YOU WERE TALKING WITH THE DOCTOR, DR CHADWICK, MR CHADWICK, SORRY, ERM, DO YOU FEEL THAT HE LISTENED TO YOU, THAT HE UNDERSTOOD YOUR NEEDS, YOUR CONCERNS AND ...?

Patient: Oh yes, definitely, definitely. He was very good and he was, he actually drew a family tree of my aunties and my Mum's aunties and ...

INT: OH RIGHT.

Patient: ... he like drew himself a family tree and he said there was a very chance that it was a gene going through the family.

INT: OK. AND WHEN YOU WERE TALKING WITH THE NURSE, THE NURSES, DID YOU FEEL THEY LISTENED TO YOU AND HAD, UNDERSTOOD YOUR NEEDS AND CONCERNS?

Patient: Yeah, very much so, yeah.

INT: YEAH, MM. ERM, LET ME SEE ... WHEN YOU WERE TOLD YOU HAD A CHOICE BETWEEN THE TWO DIFFERENT TREATMENTS ...

Patient: Yes.

INT: ... DID THAT AT ALL SURPRISE YOU IN ANY SORT OF WAY?

Patient: No, it didn't surprise me, but I'd made my mind up right from the start that I wasn't just having the lump removed.

INT: RIGHT, OK.

Patient: It was like, to me that was like playing at it really, 'We'll have a little, we might have, we might have to a bit more ...' he did say if you had the lump removed we might have to take another op to take a little bit more or ...

INT: YEAH, WHEN THE RESULTS COME BACK. THEY TAKE A MARGIN, DON'T THEY AND IF THERE'S ANYTHING IN THERE ...

Patient: Yes, and I'd have to have 5 weeks radiotherapy if I just have the lump removed ...

INT: THAT'S RIGHT, YEAH.

Patient: ... go to Sheffield for five weeks every day nearly ...

INT: WESTON PARK IS IT YOU GO?

Patient: Yes, which was a little bit off-putting. But I'd already made my mind up anyway.

INT: RIGHT, YEAH, OF COURSE. ERM, SO WHAT, SO YOU'VE NOW GOT TO THE POINT WHERE YOU'VE BEEN THROUGH THE OPERATION AND YOU'VE COME THROUGH, WHAT HAPPENED AFTER THAT THEN?

Patient: I had to go back and see him ... just over a week after the op, and he told me it was grade three cancer, so it was a good job we moved quickly.

INT: RIGHT, YEAH.

Patient: It hadn't got to my lymph glands ...

INT: OH, THAT'S GOOD NEWS.

Patient: ... but he didn't, he wasn't ruling out that I'd still have to chemo. He said there was a 50:50 chance but it wasn't his decision, that it was the ...

INT: ONCOLOGIST.

Patient: ... oncologist.

INT: AND HE REFERRED YOU TO THE ONCOLOGIST THEN, DID HE?

Patient: Yes, or I can, the following week, which was last week.

INT: RIGHT OK.

Patient: And he said I've definitely got to have chemotherapy because it was very, very aggressive cancer.

INT: MM, RIGHT.

Patient: He said I must probably know it was myself because it just came from nowhere. It was just, one, it wasn't there, and it was there.

INT: YEAH, MM.

Patient: I didn't like feel it like some people will say, or you read about it and they'll say, 'Yes, I felt, I've known I've had it for six months and I've ...' they've been able to feel it get bigger and bigger and then they've gone to the doctors or, mine was just there, it was ...

INT: YEAH, JUST SUDDENLY OBVIOUSLY FLARED UP SORT OF THING?

Patient: Yeah, yeah.

INT: ERM, YOU'VE OBVIOUSLY HAD A FAMILY HISTORY WE'VE TALKED ABOUT SO YOU KNOW QUITE A BIT ABOUT OPERATIONS AND TREATMENTS FOR BREAST CANCER IN THAT RESPECT, IN BETWEEN THE TIME WHEN YOU WERE FIRST SUSPICIOUS AND YOU'D GONE TO SEE ABOUT THE LUMP, TILL YOU HAD YOUR OPERATION, DID ANYBODY, LIKE FRIENDS OR RELATIVES, DID THEY GIVE YOU INFORMATION, DID YOU LOOK FOR INFORMATION ANYWHERE ELSE, LIKE ON THE INTERNET OR TELEVISION, ANYTHING LIKE THAT?

Patient: I did look a the internet, yeah.

INT: OH, OK.

Patient: I looked at, I looked up breast cancer on the internet and got quite a lot of information from it.

INT: RIGHT, OK. WAS THAT HELPFUL IN ANY SORT OF WAY, THAT INFORMATION?

Patient: It was a little bit, yes, yeah.

INT: MM. AND WHAT, [???] WHAT DO YOU THINK IS THE MOST IMPORTANT THING THAT YOU WERE TOLD, THAT YOU KNEW, THAT YOU READ, OR ANYTHING LIKE THAT, THAT SORT OF HELPED YOU TO COME TO YOUR DECISION ABOUT WHAT TREATMENT TO HAVE? WHAT WAS ...?

Patient: Erm ... I don't think there was anything specific because I've always know that, if it every happened to me, I would have the operation.

INT: OK. AND WHEN YOU WERE TALKING ABOUT TREATMENT OPTIONS, DID YOU FEEL THAT YOU HAD ANYTHING, DID YOU FEEL THERE WAS THE AMOUNT OF CHOICE THERE THAT YOU WANTED BETWEEN THOSE TREATMENTS?

Patient: Oh yes, definitely, yeah, yeah. I suppose if I'd wanted to I could have just had the lump removed, a little hole ... but I would have never had peace of mind. It was like, as soon as ... as soon as I woke up from the operation, the minute I woke up, I felt better than I'd felt for weeks.

INT: YEAH.

Patient: It made me, when I found the lump and it was diagnosed it made me realise why for say six weeks or two months I hadn't felt well, I'd been very tired, and when I woke up from that operation it was like, 'Wow, it's all gone.' I felt [???] evil nastiness had just been taken away from me and I've felt well ever since.

INT: MM. YEAH, MY NEXT QUESTION WAS POST-TREATMENT, I MEAN, HOW HAVE YOU FELT WITHIN YOURSELF?

Patient: Oh, I've felt absolutely brilliant ever since.

INT: RIGHT, OK.

Patient: I was out of hospital in 45 hours after my surgery and I was up and about and out shopping in a couple of days. Not driving and ...

INT: NO, OF COURSE.

Patient: ... but going with somebody.

INT: AND WHAT ABOUT YOUR ARM, I MEAN OBVIOUSLY THE SURGEON SAID THERE MIGHT BE A PROBLEM WITH YOUR ARM MOVEMENT AND STUFF ...

Patient: It still, it still feels sore and numb and I've got patches where I can't really feel touching and so on.

INT: RIGHT, OK.

Patient: I mean wash, I can't feel when I wash under my arm: I know I am doing but I can't feel it, it's a strange sensation.

INT: ERM, LOOKING BACK FROM WHEN YOU WERE FIRST DIAGNOSED UNTIL NOW, HOW DO YOU FEEL ABOUT THE CARE THAT YOU'VE RECEIVED?

Patient: Er, I don't think I would have had better care if I'd gone private really. It's all been very, very quickly. That was my thoughts when it was first done, if I'd gone private and paid like, I don't know, £5,000, I don't think I'd have received any better care. I might have got better food in hospital but I don't think I'd have received better care. [chuckles]

INT: YOU DON'T GET LLOYD GROSSMAN'S MENU [???]

Patient: It's not very good.

INT: LLOYD GROSSMAN WAS, HE WAS HIRED OR SOMETHING TO CHANGE THE MENUS, WASN'T HE, OR SOMETHING? I REMEMBER IT WENT ROUND THE HALLAMSHIRE OR SOMETHING.

Patient: Right.

INT: YEAH, BECAUSE IT WAS DREADFUL FOOD.

Patient: It's not very good in Chesterfield. No.

INT: ERM, WELL WE'D BETTER COME BACK THEN [CHUCKLES] AND DO YOU THINK IT MET YOUR EXPECTATIONS, THE TREATMENT?

Patient: Pardon?

INT: DO YOU THINK IT MET YOUR EXPECTATIONS, THE TREATMENT?

Patient: Yes, yeah. In fact I thought they were quicker than I expected. I thought I'd be waiting until June for my op and July for me, any other treatment. It all happened quite quickly really. I didn't have time to think about it.

INT: ERM, IF YOU WERE TOLD YOU HAD THE POWER AND MONEY TO CHANGE ONE THING ABOUT THE SERVICE AT THE CHESTERFIELD CLINIC, WHAT DO YOU THINK IT WOULD BE?

Patient: The food in the hospital, yeah, I don't think it's very good.

INT: NO.

Patient: Breakfast's fine but you can't really spoil cornflakes and toast. But apart from that it's not very good. It's just bland, it hasn't got any taste.

INT: MM, YEAH.

Patient: I don't know what, well they sit, they have it in them trolleys keeping it hot for how don't know how many hours, [???] the mashed potato is, doesn't bear thinking about, I don't know what they do to it.

INT: [???] YEAH. ANYTHING ELSE ABOUT THE SERVICE, DO YOU THINK THAT YOU MIGHT WANT TO CHANGE, IF YOU HAD THE POWER AND MONEY TO CHANGE ONE THING?

Patient: Er, apart from the fact that everybody had a mammogram twice a year, that's what I think should happen, for how quickly mine came. If it had come just after my mammogram, which was due, if it had come say a little while after, and I wasn't due for another mammogram for two years ...

INT: YEAH, EXACTLY.

Patient: ... that, it was a long, long time. So I think, I really do think women, probably especially high-risk women, but everybody really should have them every couple of years, er twice a year, not every two years.

INT: YEAH, MM.

Patient: Because a lot can happen in 23 months from one mammogram to the next.

INT: MM, YEAH, I MEAN YOURS DID COME ON VERY QUICKLY FROM THE SOUNDS OF IT, DIDN'T IT?

Patient: Yeah.

INT: VERY QUICKLY. ERM, NOW YOU'VE BEEN THROUGH THIS EXPERIENCE, WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW, FIRST OF ALL ABOUT THEIR DIAGNOSIS?

Patient: Erm ... can you repeat that again?

INT: MM. NOW YOU'VE BEEN THROUGH THE EXPERIENCE, WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT THEIR DIAGNOSIS?

Patient: Erm ... I think they need ... oh I don't know, I haven't really got an answer for it.

INT: THAT'S OK.

Patient: Probably in all, everything I've just told you, it's all probably wrapped up in that, but ...

INT: YEAH, THAT'S FINE. AND WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT THE TREATMENTS THEY CAN HAVE?

Patient: I think they need to know if they want they can reconstruction, because that, that's also been mentioned to me.

INT: MM, OK.

Patient: But he did say I couldn't have it for a set time, you know, like obviously until I finish any chemo, any treatment.

INT: OF COURSE, YEAH.

Patient: And they might want to wait and see, till I've got my genes test result, because I said I would have the other one removed if I can, the gene. He said I might want to wait until the end of that and just have it all as one op, as a double reconstruction.

INT: RIGHT, OK.

Patient: Dr Chadwick's talked about all that ...

INT: SO, HAVE YOU GOT A GENES TEST [???]?

Patient: I'm waiting now for an appointment, yeah.

INT: YEAH, OK, RIGHT.

Patient: Yeah, I'm definitely having the genes test. I'm a bit worried about my daughter because I've been told it can stop her getting life insurance.

INT: YEAH, IT COULD POSSIBLE, YEAH, I THINK THAT IS THE CASE.

Patient: Mm, I've decided before I have my genes test I'm going to take out a policy for her.

INT: RIGHT.

Patient: You know, like £1,000 life insurance policy so it will never stop her getting a mortgage or anything.

INT: RIGHT, OF COURSE, YEAH. ERM, IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO ADD TO WHAT WE'VE BEEN TALKING ABOUT TODAY? ANYTHING YOU THINK WE'VE MISSED AND YOU THINK IS IMPORTANT THAT WE HAVEN'T MENTIONED YET OR ...?

Patient: I don't think so, no.

INT: MM, OK, THAT'S FINE. DO YOU START YOUR CHEMO SOON?

Patient: Yeah, 10th June.

INT: RIGHT, OK.

Patient: Yeah.

INT: WHAT ARE YOUR FEELINGS ABOUT THAT THEN?

Patient: Er, well they tried to give me a wig when I was at the hospital and I said, 'I don't do wigs' [chuckles] it'll be a cap or a bandana but I won't be wearing a wig.

INT: RIGHT, OK.

Patient: But I'm not, I think I'm more concerned about being sick, but they said not everybody's sick, because I don't like being sick. And apart from that I'm not really worried about it. I'll have a big sleep, I'll have four months' sleep. He said I'll be very tired, told me I'll lose every bit of hair, he says I'll even lost my eyelashes. So I mean there must be different kinds of obviously chemo.

INT: YEAH, THERE IS, MM.

Patient: Some you lose your hair and some you don't, and some you lose your eyelashes and some you don't, but he says I will be losing all my hair. He says it'll come out very quickly, probably after the first dose. If not, within days of my second one, it'll all fall out. I said, 'It won't all fall out, because it'll be off before it falls out,'

INT: RIGHT, OK.

Patient: Definitely, definitely have it cut to, probably have a number one with a razor before I start that. [chuckles]

INT: YEAH, OK.

Patient: I think that will be the most distressing part, seeing clumps falling out.

INT: YEAH, YEAH, IT'S, ACTUALLY I'VE INTERVIEWED A LOT OF WOMEN WITH BREAST CANCER, IT'S VERY COMMON, IT IS, DEFINITELY LOSING THEIR HAIR AND THAT, IT'S VERY NATURAL I THINK. ESPECIALLY, I MEAN, OBVIOUSLY SLIGHTLY YOUNGER WOMEN AS WELL, BECAUSE THEY'RE VERY, YOU KNOW SOME HAVE VERY STRONG, THICK HAIR AND STUFF LIKE THAT, LONG [???

Patient: He's told me my, I've got very fine hair, but he's told me I'll have a better head of hair after it.

INT: OH RIGHT, OK.

Patient: He's told me it'll probably come through curly, it'll be a lot thicker, and he says it could be black, it could be blonde, it could be ... he says it'll come back different to what I've got now, which I didn't know that.

INT: NO, I DIDN'T, THAT'S WHY I'M SORT OF SMILING BECAUSE ID DIDN'T HAVE A CLUE.

Patient: He said it could quite possibly be curly and a lot coarser, thicker hair than I've got now. He says you usually get different hair after chemo,

after this chemo. I think they're all different, but, so I'm expecting black, curly hair, quite thick. [chuckles]

INT: WE'LL AND SEE I THINK.

Patient: Yes.

INT: I THINK THAT'S IT.

Patient: I think he's telling me fairytales. [chuckles]

INT: NO, HE WOULDN'T DO THAT. I THINK THAT'S IT, YEAH? ANYTHING?

Patient: Yeah, I think that's fine.