

*SURGICAL MANAGEMENT PREFERENCES STUDY: Interview (Patient)
*VENUE: High MR unit
*DATE:
*ID: Patient35
*INTERVIEWER: DJW

INT: RIGHT. FIRST OF ALL THANK YOU FOR AGREEING TO BE INTERVIEWED. IF YOU NEED TO STOP OR GO OUT OR DO ANYTHING AT ANY POINT, JUST LET ME KNOW, I CAN ALWAYS PAUSE THE INTERVIEW, OK? 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 SOMETHING WAS WRONG WITH YOUR BREAST?

Patient: Well, first of all I didn't realise anything was wrong with my breast. I went for my three-yearly mammogram, but I did know a bit about breast cancer because 35 years ago I had my first mastectomy, when I was only 30.

INT: OH, RIGHT, OK.

Patient: So I never, ever, expected after 35 years, to have it again.

INT: RIGHT.

Patient: So it was a complete and utter shock when I got the letter to say would you come back for further investigation, because I've been going since I was 50 you see for the three-yearly ...

INT: YEAH, OF COURSE, THAT'S RIGHT.

Patient: ... three-yearly check, and never really thought about that they'd ever find anything ... again. [chuckles]

INT: RIGHT, YEAH, OK. SO, HAVE YOU GOT ANY SORT OF FAMILY HISTORY OF BREAST CANCER AT ALL?

Patient: My maternal grandma, er, had it, and only just before Christmas my mother's ... my cousin, my mother's sister's child, had a mastectomy. She was 63. But as far as I know they were the only two in the immediately family.

INT: MM. AND HAVE YOU FRIENDS THAT HAVE HAD, OR RELATIONS OR COLLEAGUES OR ANYTHING AT WORK OR ...?

Patient: I know a lot of people who've had them because I belong to ... all those years ago you can't imagine how awful it was having a mastectomy because ...

INT: OH I WAS GOING TO SAY [???

Patient: ... nobody, but nobody spoke about it. There was no information ...

INT: [???

Patient: Yes. And about 20 ...

[Pause to open door]

Patient: About 25 years ago I used to do some sort of voluntary counselling - not exactly counselling, but I would go into the DRI and the City and talk to people who'd had a mastectomy ...

INT: OH RIGHT.

Patient: And let them see how I looked and what the prosthesis was like ...

INT: YES, AHA. AH RIGHT ...

Patient: ... but then of course the wonderful breast, they suddenly realised that there was a need for this sort of thing and a proper unit was started. So of course I did get to know an awful lot of people and then I joined the proper group at the City Hospital, they've got a very thriving breast cancer group that meet regularly. I don't, I didn't, I'd stopped going actually, but [chuckles] whether I might go again now, I don't know.

INT: OK THEN. SO WHEN YOU GOT THE LETTER BACK, WHAT SORT OF WENT THROUGH YOUR MIND WHEN YOU SAW THAT IT SAID COME BACK FOR THE TEST?

Patient: Well first of all I thought, 'It won't be anything, wont be anything. I can't possibly have it twice,' [chuckles] you know. But, erm, obviously I went back and it was.

INT: RIGHT, OK. SO WHEN YOU WENT BACK, DID YOU GET MORE TESTS AND THINGS?

Patient: Yes, I had another mammography, an ultrasound and a biopsy.

INT: AH, SO IT WAS LIKE A ONE-STOP CLINIC THEN?

Patient: They knew there was something there by the ultrasound, you know ...

INT: AH RIGHT, OK. YEAH, YEAH. THE ONE-STOP CLINICS ARE GOOD, AREN'T THEY?

Patient: Yes.

INT: THEY GET THE [???

Patient: Yes, and then a week later I went back and they said, yes, [???

INT: AND THEN BETWEEN THAT TIME, FROM WHEN YOU WENT FOR THE SECOND SET OF TESTS TO WHEN YOU GOT THE DIAGNOSIS, ERM, WHAT WAS GOING THROUGH YOUR MIND THEN, THEN?

Patient: The inevitable I think.

INT: RIGHT, OK.

Patient: I knew then, I just know.

INT: DID ANYBODY GIVE YOU ANY INKLING AT ALL AS TO WHAT IT MIGHT BE AT THE ACTUAL, THOSE TESTS, ANYBODY SAYING ANYTHING?

Patient: Well, possibly what they didn't say [chuckles], you know ...

INT: RIGHT, YEAH [???

Patient: Nobody said to me, 'Well don't worry, it's probably a harmless cyst,' nobody ever said that.

INT: RIGHT, YEAH, OK.

Patient: Erm, so I think I'd come to, by then I'd come to terms with it, I think.

INT: RIGHT, OK. AND DID YOU, IN THAT TIME, DID YOU SPEAK TO ANYONE, LIKE FRIENDS, FAMILY, YOUR HUSBAND, ANY ONE?

Patient: Well, yes, obviously my family, you know, they were very concerned really because I've got two daughters ...

INT: RIGHT, OK.

Patient: Mm, mm.

INT: YEAH. AND DID YOU HAVE ANY THOUGHTS AT THAT PARTICULAR TIME, IF IT WAS GOING TO BE BREAST CANCER, DID YOU HAVE ANY THOUGHTS ABOUT WHAT YOU WERE GONNA DO ABOUT IT IN TERMS OF TREATMENT?

Patient: I ... before I was given the choice, I would have, I think I would have opted anyway for a mastectomy.

INT: RIGHT, OK. [???] SO WHEN YOU WENT TO HEAR ABOUT YOUR DIAGNOSIS, CAN YOU TELL ME FROM, YOU KNOW, WHEN YOU WENT INTO THE ATUAL CONSULTING ROOM, WHAT HAPPENED THEN, JUST TALK ME THROUGH?

Patient: Yes, I went in and the surgeon was there and a breast care nurse, and he said, 'Well I'm afraid it's bad news.' He said, 'You've already had one mastectomy, haven't you?' I said, 'Yes, 35 years ago.' He said, 'Well, we'll see if we can keep you going for another 35 years,' he says, 'You don't have to have a mastectomy,' he said, 'You can have an excision if you want followed by radiotherapy.' So I said, 'If I have a mastectomy will I have to have radiotherapy?' He says, 'Not necessarily,' and that's what really, erm, made me think, 'Well I'll have the mastectomy.'

INT: RIGHT, OK. SO WHICH SURGEON DID YOU SEE?

Patient: Mr Holliday.

INT: MR HOLLIDAY, YEAH, RIGHT.

Patient: Yes.

INT: AND WHILE YOU WERE IN THERE TALKING ABOUT YOUR DIAGNOSIS AND THAT, DID YOU, WAS THERE ANYBODY ELSE IN THE ROOM WITH YOU?

Patient: There was a breast care nurse, yes, [???]Would you like to stop the microphone and a minute and my husband ...

[Interruption in recording]

INT: SORRY, YEAH, WAS ANYBODY ELSE IN THE ROOM WITH YOU?

Patient: Yes, there was a breast care nurse. Yes.

INT: RIGHT, OK, RIGHT. AND DID ANAYONE ELSE GO WITH YOU TO IT?

Patient: My daughter and [???] were in the waiting room.

INT: OH RIGHT, OK. DID THEY GO INTO THE CONSULTATION WITH YOU?

Patient: No, no, I went on my own.

INT: [???] DID ANYONE ASK YOU IF YOU WANTED SOMEBODY TO COME IN ...?

Patient: Yes, they did, but I, my husband isn't too good, he's actually in the early stages of Alzheimer's.

INT: RIGHT.

Patient: And my daughter was likely to burst into tears, so I thought I'd be better on my own [chuckles] you see. She ...

INT: HOW OLD ARE YOUR DAUGHTERS ANYWAY?

Patient: The one that came with is 43 and the other one's 40.

INT: OH RIGHT, OK. ERM, AND DID YOU HAVE ANY EXPECTATIONS ABOUT WHAT YOU WERE GONNA BE TOLD AT THIS STAGE?

Patient: Well, I had, I was sure I was going to be told bad news rather than good news, yes. I just had that gut feeling.

INT: RIGHT. AND IT WAS MR HOLLIDAY THAT ACTUALLY TOLD YOU THE DIAGNOSIS AND THAT IT WAS CANCER?

Patient: Yes, YES.

INT: DID, WHEN HE WAS TALKING ABOUT THE DIAGNOSIS, AND THE TREATMENT OPTIONS, DID HE USE ANY AIDS OR TOOLS SUCH AS MAMMOGRAMS, PICTURES, DIAGRAMS, DID HE DRAW ANY DIAGRAM, ANYTHING LIKE THAT?

Patient: No, he had, I could see he'd got one in front of him obviously, a diagram with ... because the lump was not feelable by, even the professionals hadn't felt it, couldn't feel it, it was only shown on the ...

INT: RIGHT, OK.

Patient: ... ultrasound. Erm, no, I think he just gave me the information and I didn't ask any further, I didn't say, 'How big? How ...' I think you are slightly shocked at the time, and it's only when you get home you think, 'Oh I could have asked that ...' but ...

INT: THAT WAS SECOND TIME AS WELL, SO ...

Patient: Well that's it, yes, yes.

INT: YEAH, SO, YOU KIND OF NEW A LITTLE BIT ABOUT ...

Patient: Yes, yes. It wasn't such a shock as the first time, emotional shock.

INT: I THINK IT IS, I THINK THE WORD CANCER STILL HAS A HUGE CONNOTATION ATTACHED TO IT.

Patient: Yes.

INT: LET ME SEE, AND WHEN HE FINALLY DID TELL YOU THAT, YOU KNOW, YOU HAD A BREAST CANCER, WHAT WERE YOUR FEELINGS ABOUT KNOWING THAT THEN?

Patient: Well I wanted to cry I suppose, and I thought, 'Why me second time?'

INT: DID YOU, HOW MUCH DID YOU UNDERSTAND ABOUT WHAT YOU WERE BEING TOLD IN THE CONSULTATION BY MR HOLLIDAY?

Patient: Oh, well, you know, I thought, again, with me having the first time to compare with, where you were told nothing, absolutely nothing, erm, you know, I thought he covered the ground quite well. I mean he told me unfortunately ...

INT: YEAH, MM.

Patient: ... there was something; he gave me the choice, and when I pushed him, I did say, 'If you were me, what would you have?' [chuckles] and he said, 'It's still up to you. It doesn't matter what I do, I'll do either, whichever you want,' he really put the ball in my court.

INT: YEAH. WERE YOU SURPRISED AT HAVING A CHOICE?

Patient: Not really because I have heard other people saying they were given a choice.

INT: AH RIGHT, OK, YES OF COURSE, IN THE SUPPRT GROUP AND THINGS LIKE THAT, PEOPLE YOU'VE TALKED TO.

Patient: Yes, yes.

INT: I UNDERSTAND.

Patient: I realised, with having the choice, it must be small, because I think, and I know there are instances where you're not given the choice, you know, you've got to have the mastectomy, so I thought, 'Well, it won't be very big, you know, it hasn't spread much,' so, erm, you sort of deduce that by having the choice.

INT: AND DID YOU SPEND ANY TIME WITH THE BREAST CARE NURSE AFTER?

Patient: Yes, we went in to ...

INT: CAN YOU TELL ME A BIT ABOUT THAT, WHAT HAPPENED THEN?

Patient: Well she just sort of ... told me more or less how long I'd be in hospital and, you know, what to expect, and I asked about Tamoxafen because he said I'd have to be on Tamoxafen. I wasn't very happy about that, erm, purely because I know who's on it got, put on weight, so [chuckles] I didn't really want, but anyway, I'm on it. But Mr Holliday said it's a myth you put on weight with it, but I don't know. But, erm, you know, I had a cup of coffee and chatted a bit to her, and they'd made me the, you know, told me when I would go in for the operation.

INT: MM AND DID, WAS THERE ANYONE WITH THE BREAST CARE NURSE, DID YOUR DAUGHTER AND HUSBAND COME IN [???

Patient: No, I was on my own.

INT: YEAH, OK. AND SO HOW LONG AFTER THE CONSULTATION WHERE MR HOLLIDAY AGVAE YOU THE DIAGNOSIS WAS IT TILL YOU ACTUALLY HAD THE OPERATION>

Patient: About ten days.

INT: ABOUT TEN DAYS.

Patient: Because there was Easter, it was Eas-, Good Friday and, you know, Easter Monday in between.

INT: RIGHT, OH OK.

Patient: And I went in like the following Monday.

INT: AND DID YOU HAVE ANY CONTACT WITH BREAST CARE NURSES IN BETWEEN THAT DIAGNOSIS AND GOING ON IN FOR SURGERY?

Patient: Yes, I had an appointment at the surgical assessment, where, you know, they ask all sorts of questions then and I saw a physio to do exercises from the day after the operation, shown what to do, given a pack of information as well, you know. Yes, it was very good really.

INT: RIGHT, OK. AND THE INFORMATION PACK THAT YOU GOT FROM THEM, DID YOU READ IT?

Patient: Oh yes.

INT: AND DID YOU FIND ANY OF IT USEFUL?

Patient: Very useful. Although at the time I said in some ways ignorance is bliss, when you read all the things that you, can happen after you've had the mastectomy, you think, 'Do I really want to know this?' [chuckles] you know, I think there's a, you can know, and for some people, you know, I mean with having it once, I knew vaguely what it was going to be like after, but for somebody who doesn't they might have been a bit put off by some of the information.

INT: YEAH, SOME PEOPLE, IT'S DIFFERENT OF THE PEOPLE I'VE INTERVIEWED, SOME REALLY WANT EVERYTHING, THEY JUST HAVE TO HAVE, KNOW EVERY SINGLE THING, AND IT DOESN'T MATTER WHAT INFORMATION THEY GET THEY'LL STILL FIND SOMETHING THEY SHOULD HAVE HAD; AND OTHER PEOPLE JUST SAY 'GET ON WITH IT'.

Patient: 'Don't want to know.'

INT: JUST WANT TO KNOW, YEAH, THAT'S IT.

Patient: Mm, yeah, I probably fall in between in the two.

INT: YEAH. [CHUCKLES] RIGHT THEN AND, LET ME SEE, WHERE ARE WE? WE'VE SKIPPED QUITE A WAY THROUGH ACTUALLY. WHEN YOU WERE CONSULTING, YOU KNOW, WITH MR HOLLIDAY, ER, WHO DO YOU THINK ASKED MOST OF THE QUESTIONS AND WHO DO YOU THINK DID MOST OF THE ACTUAL TALKING?

Patient: I suppose he did really, yes.

INT: HE DID MOST OF THE TALKING?

Patient: Yes. I didn't ask a lot because you are a bit shocked when you're told, you sort of think, you don't want to believe when you first hear it, you know. But I mean he was very, I mean what I like, day after day, he's having to tell women they've got breast cancer, and it must be terrible for him really.

INT: OH IT'S, I CAN IMAGINE, I'VE BEEN IN WITH A FEW CONSULTATIONS BEFORE I CAME OUT TO INTERVIEW PEOPLE BECAUSE I DIDN'T RELAY KNOW WHAT WENT ON IN THERE BECAUSE IT'S NOT MY FIELD ORIGINALLY, AND SORT OF IT SHOCKED ME, YOU KNOW, JUST TO THE KIND OF, THE VARIATION OF REACTIONS OF THE PEOPLE, SO IT WAS JUST A VARIATION, IT REALLY WAS. ERM, OK. HOW DO YOU FEEL YOU GOT ON WITH MR HOLLIDAY?

Patient: Very well, I found him very nice, very pleasant.

INT: AND DID YOU FEEL THAT HE WAS LISTENING TO YOU AND UNDERSTOOD YOUR NEEDS, YOUR CONCERNS AND THINGS?

Patient: Oh I think so, yes, yes. I mean he, you know, when I mentioned the Tamoxafen and when I said about the radiotherapy, you know, he was very quick to say, 'As long as I don't find anything in the lymph glands, you won't have to have it,' and he said, 'If I do, you will.' Erm, you know, he was, just gave the information.

INT: AND DID MR HOLLIDAY APPEAR TO HAVE ANY PARTICULAR TREATMENT IN MIND?

Patient: No, no. He left it, once I said 'I think I'll have the mastectomy,' he said, 'Well I'll book you in for that,' but he said, 'If you want to change your mind, you can do ...'

INT: RIGHT, YEAH.

Patient: '... right up to the day.'

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

Patient: Very well, I saw more than one of them, you know, I saw, they were all very, very nice, very nice.

INT: AND DID YOU FEEL THAT THEY AGAIN LISTENED TO YOU AND UNDERSTOOD YOUR NEEDS AND CONCERNS?

Patient: Oh yes, and you felt you could also, you felt there was nothing you'd say to them that they hadn't heard before, you know, because they must hear it all day and every day and everyone must ask the same sort of questions. So they're a fount of information really.

INT: AND DID ANY OF THOSE SEEM TO HAVE A PARTICULAR TREATMENT IN MIND THAT THEY PREFERRED IN ANY WAY?

Patient: No, no.

INT: OK. LET ME SEE, YOU KNOW MR HOLLIDAY SAID YOU COULD CHANGE YOUR MIND AT ANY POINT ...

Patient: Yes.

INT: ... DID YOU AT ANY TIME CONSIDER CHANGING YOUR MIND IN BETWEEN?

Patient: No.

INT: [???

Patient: Yes, and I was certain that's what I wanted, yes.

INT: AND ...

Patient: Slightly easier decision when you've had one already ...

INT: RIGHT, OK.

Patient: I think, yes.

INT: OK. HOW LONG DO YOU THINK IT TOOK YOU TO MAKE YOUR MIND UP ABOUT WHAT SURGERY TO HAVE, ONCE YOU'D HEARD YOUR DIAGNOSIS?

Patient: 30 seconds.

INT: RIGHT, OK. YEAH.

Patient: Once I thought of a, I think to be honest it was much about the radiotherapy that I gambled on, that I wouldn't have to have that if I had a mastectomy. I couldn't bear the thought of five weeks every down going down to the DRI for radiotherapy. No.

INT: RIGHT, YEAH. AND, OBVIOUSLY, WHEN YOU CAME OUT OF THE CONSULTATION WITH THE BREAST CARE NURSES, WHAT HAPPENED THEN, DID YOU COME HOME?

Patient: Yes.

INT: YEAH. AND DID, HOW WERE YOU IN BETWEEN THAT AND GETTING YOUR OPERATION?

Patient: Well, just wanting to get on with it I think really. I mean I'd have the odd little cry now and again, but basically I, you know, I thought, 'Well, it's got to be.'

INT: AND HOW WERE YOUR DAUGHTERS AND THAT ABOUT IT?

Patient: Well they were upset for me and it's obviously I think made them think about things more. I mean they tend to forget with me being, they were only small children you see when I had the first one, and I think they think, oh, you know, they're not going to get it [chuckles] but obviously it must have made them think again.

INT: YEAH, YEAH, OK. DID YOU AT ANY TIME LOOK FOR ANY OTHER INFORMATION ABOUT BREAST CANCER AND ITS TREATMENT, EITHER ON THE INTERNET, VIDEOS, MAGAZINES, BOOKS? DID ANY FRIENDS OR NEIGHBOURS GIVE YOU INFORMATION?

Patient: No.

INT: NO? DID ...

Patient: Oh, I did actually ring somebody who I knew had had Tamoxafen ...

INT: RIGHT.

Patient: ... to see if they had any side effects from it, you know, just out of curiosity.

INT: AND WHAT DID THEY SAY THEN?

Patient: They said they'd had no side effects, so that cheered me up. [chuckles]

INT: RIGHT.

Patient: Because again you read up the side effects you can get from Tamoxafen.

INT: AND YOU MENTIONED THIS SUPPORT GROUP THAT YOU WRE RUNNING OR PART OF?

Patient: Yes, mm.

INT: DID YOU CONTACT ANY MEMBERS THERE OR DID YOU ...?

Patient: No, no. Again, I may have done if it had been my first time, but it's, you know, it's just different when it's the second time.

INT: RIGHT, OK.

Patient: You know you're going to get through it and cope with it.

INT: DO YOU FEEL, YOU KNOW, CONSIDERING THE TREATMENT THAT WERE ON OFFER, DO YOU FEEL YOU HAD THE AMOUNT OF CHOICE YOU WANTED?

Patient: Oh yes, yes.

INT: MM, AND CAN YOU TELL ME, WHAT DO YOU THINK WAS THE MOST IMPORTANT THING YOU WERE TOLD, THAT YOU READ, THAT YOU'D HEARD OR WHATEVER, THAT MADE, THAT HELPED YOU MAKE THE DECISION ABOUT WHAT TREATMENT TO HAVE?

Patient: I don't think it was anything particular really, but, you know, I still feel if you have a mastectomy, that's it, gone. I do know several people who've had just the lump removed and in a year or two they've had to go back and have a mastectomy, and I thought, 'Well, once it's gone, it's gone, you can't get it again, so ...' I think what really I thought of.

INT: AND SO, WE'RE UP TO THE POINT NOW WHERE YOU'VE KIND OF GONE IN, READY FOR YOUR OPERATION, WHAT HAPPENED ON THE DAY?

Patient: Oh, in for half past seven in the morning; Mr Holliday came to see me about 8 o'clock ...

INT: DID HE DO THE SURGERY, DID HE?

Patient: Yeah, he ca-, yes, he did the surgery, came to see me; and the anaesthetist came and, erm, you know it was all very good. I mean I said 'I don't want to be sick after the anaesthetic,' which I was terribly before, and he said, 'That's fine, I'll give you an anti-emetic,' and, you know, they were so ... it was just sort of different ballgame than 35 years ago.

INT: YEAH, YEAH, I CAN IMAGINE. AND WHEN YOU CAME ROUND ...?

Patient: Yes, fine.

INT: [???) AFTER THAT?

Patient: Yes, fine, in the recovery room, yes, yes.

INT: AND THEN WHAT HAPPENED AFTER THAT? DID, YOU'LL HAVE PROBABLY COME HOME AFTER A FEW DAYS, DID YOU?

Patient: Yes, I was only in four day.

INT: WITH THE DRAINS AND STUFF?

Patient: I had one drain out and one drain in when I came home.

INT: AH, RIGHT, OK. SO HOW WAS THE DRAIN, WAS IT OK?

Patient: Yes. I wasn't too happy about coming home with it, erm, but I was only home for two days and I went down and had it out then.

INT: AH RIGHT, OK, THAT'S GOOD. AND THEN HAVE YOU BEEN BACK TO SEE MR HOLLIDAY AT ALL?

Patient: Yes, yes.

INT: WHAT HAPPENED THEN, THEN?

Patient: Well he told me the good news, I didn't need radiotherapy.

INT: YOUR LYMPH NODES WERE CLEAR?

Patient: Yeah, they were clear.

INT: AH, BRILLIANT.

Patient: Yes, and he didn't want to see me till November.

INT: AH, RIGHT, THAT'S GOOD NEWS.

Patient: And the breast nurse then came with me, with one month's supply of Tamoxafen and a prescription to give to the GP and said, you know, 'This is it.' Yeah.

INT: RIGHT, OK. AND NOW, HOW ARE YOU?

Patient: All right. My arm isn't right, I'm hoping that's going to improve. It's ...

INT: HAVE YOU BEEN DOING THE EXERCICES?

Patient: Oh yes, I've been doing the exercise. Well, I mean, I can, I've got my movement but it's, doesn't feel right inside. Feels as if there's an elastic band somewhere pulling every time I do that. It's just a ... you know, funny feeling, but hopefully it'll go.

INT: YEAH. THE LADY WHO I WAS SPEAKING TO EARLIER TODAY, SHE SAID THAT SHE HAD TO DO SOME EXERCISES LIKE THIS ... AND SHE SAID SHE THOUGHT SHE WAS DOING REALLY WELL, AND SOMEONE SAID, 'STOP DIPPING YOUR HEAD.' I THOUGHT THAT WAS VERY FUNNY, [??] TOP OF YUR HEAD LIKE [??] ARMS ARE GOING. [??] IT WAS FUNNY, IT WAS. OK, LOOKING BACK FROM WHEN YOU WERE FIRST DIAGNOSED AND, NOT THE FIRST TIME BUT THIS TIME ...

Patient: This time, yeah.

INT: ... ERM, UNTIL NOW, WHAT DO YOU FEEL ABOUT THE CARE YOU'VE RECEIVED?

Patient: Excellent. I couldn't fault it. I couldn't fault any aspect of it really.

INT: HOW, IN WHAT WAY DO YOU THINK IT'S DIFFERENT FROM THE FIRST TIME?

Patient: Well, because, you know, you are, if you like, treated more as an individual and told what's going to happen. You will hardly believe that when I had the first, nobody told you what you were going, I didn't know I was going to have a mastectomy, I had to sign in case they were going to do that. You went down to theatre, you didn't know what was going, what you'd come back like. And, er, ...

INT: THAT MUST BE A BIG SHOCK ...

Patient: That was a ... that was awful because I was so optimistic it would just be a cyst, you see, so that was a terrible shock. There's no information whatsoever given by the sister or any of the staff or the doctors about a prosthesis, you came home with nothing, you know, and at the age of 30, that was pretty awful.

INT: VERY YOUNG, YEAH.

Patient: Pretty awful, because at 30 I was far more concerned with how I was going to look than the fact that I'd had cancer, whereas this time I'm probably more concerned that I'd got cancer than how I'm going to look.

INT: RIGHT, YEAH.

Patient: That's the difference in the age group really.

INT: YEAH, ALL RIGHT. IF YOU WERE TOLD YOU COULD CHANGE SOMETHING ABOUT, IF YOU HAD THE POWER AND MONEY TO CHANGE ONE THING ABOUT THE BREAST SERVICE AT DERBY CITY, WHAT DO YOU THINK IT WOULD BE?

Patient: I honestly don't think that it could be better. I mean I've been going sort of all these years for the, you know, mammographies and things, and I haven't come up against a single member of the staff there that haven't been so nice and, you know, it's just such a super unit. I mean it takes all the fear out of it somehow. I can honestly say I was never frightened this time going in because, you know, everything was so much better explained to you. And, well, actually hospitals are so much better now than they were years ago, you know, with their rigid visiting and things like that, you know, it's much ea-, it's much more free and easy in hospital.

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, FIRSTLY ABOUT THEIR DIAGNOSIS?

Patient: ... oh ... I don't really know what to say to that. I find that a bit difficult to answer.

INT: THAT'S OK. WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS DO YOU NEED TO KNOW ABOUT THE OPERATIONS THAT YOU CAN HAVE DO YOU THINK?

Patient: Well what's involved, the fact that when you come back from theatre you'll have drains in. Now they told you that, whereas the first time they didn't, you know. You're told exactly what you'll be like when you come back and the drains will be in for x number of days and this and you won't have any stitches that need taking out, and they'll dissolve and, you know, all that sort of thing is told, you know before you have it done.

INT: RIGHT.

Patient: That's much better really.

INT: YEAH, OK. IS THERE ANYTHING ELSE YOU'D LIKE TO ADD TO WHAT WE'VE BEEN TALKING ABOUT TODAY? ANYTHING YOU THINK THAT'S IMPORTANT WE'VE MISSED, OR WHATEVER?

Patient: No, I don't think so. I think it's covered all, you know, covered a lot. I mean I think the really important part of the whole thing is having the unit there with the mammography because I'd never have known, and so wouldn't a lot of other women.

INT: WHEN WAS YOUR PREVIOUS MAMMO- ?

Patient: Three years before, you see, 2001 ...

INT: THREE YEARS [???

Patient: ... and I just went for my normal ...

INT: OH YEAH, OF COURSE.

Patient: ... three years, and this would have probably been my last one because it was 65. I think they're upping it to 70 now.

INT: I'M NOT SURE.

Patient: It's 50 to 65, it was, you see.

INT: NO, I THINK IT'S 70 NOW, ACTUALLY.

Patient: Yes.

INT: I THINK [???

Patient: I would have had one more then.

INT: ONE MORE, YEAH. BUT THE THING IS YOU'D HAVE HAD TO WAIT TWO, THREE YEARS OR WHATEVER.

Patient: Yes, three years, you see.

INT: SO THAT WOULD HAVE, YOU KIND OF CAUGHT IT JUST AT THE RIGHT TIME.

Patient: I mean I, I'd just no idea. That's the frightening part, really, isn't it? That you're walking around with it, you don't know.

INT: IT MAKES YOU THINK, I THINK ONE OF THE REASONS WHY PEOPLE, YOU KNOW, PEOPLE OFTEN TALK ABOUT FIGHTING ABOUT CANCER, I THINK IT'S THE INSIDIOUS NATURE OF THE DISEASE.

Patient: Yes, yes.

INT: THAT IT IS JUST GROWING IN THERE AND YOU DON'T KNOW ABOUT IT.

Patient: Particularly with breast cancer because you get no pain then, nothing: other organs you get the warning pains and things but not with this.

INT: YEAH, OF COURSE. ERM, OK, I THINK THAT'S IT THEN.

Patient: Oh right.

INT: THAT'S ALL. THANK YOU VERY MUCH FOR THAT.

[End of interview]