

\*SURGICAL MANAGEMENT PREFERENCES STUDY: Interview (Patient)

\*VENUE: High MR unit

\*DATE:

\*ID: Patient26

\*INTERVIEWER: DJW

INT: RIGHT, FIRST OF ALL THANK YOU FOR AGREEING TO BE INTERVIEWED. CAN YOU START BY, 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: Well I knew quite a bit actually, like I said, because I'd sort of nursed my mother-in-law with breast cancer. So I'd sort of see how she stupidly neglected her symptoms and ended up sort of having a full mastectomy and then it had spread ...

INT: YEAH, AH RIGHT.

Patient: ... and so it took two years for her, you know, and it was awful, awful to see somebody like that, you know, the symptoms and the pain and the suffering really. But, yeah, so I knew quite a lot about it, and I'd lost quite a number of friends when we were young with breast cancer.

INT: OK. AND SO YOU SORT OF, YOU KNOW, WERE YOU WITH YOUR MAM WHEN SHE WAS DYING?

Patient: My mother-in-law, yes.

INT: YEAH, YOUR MOTHER-IN-LAW, SORRY ... MM.

Patient: Yes, yes. I looked after at her as long as we could and then she was taken into Macmillan hospital because her legs went because of her, it had been in her spine.

INT: OH RIGHT, YEAH, OF COURSE.

Patient: It had gone into her spine, you know, and then she went into the Macmillan so I was sort of there every day at Macmillan for the couple of months that she was there, and, yeah, and then we, yeah, even when she had taken her last breath, we were there with her. But they were wonderful, you know, the care she had.

INT: WAS IT AGAIN AT DERBY THIS, WAS IT?

Patient: It was Derby, yeah, yeah.

INT: SO CAN YOU JUST LET ME KNOW WHEN YOU, WHERE YOU FOUND IN SCREENING?

Patient: I was found in screening, yes.

INT: ALL RIGHT. OK. SO CAN YOU TELL ME A LITTLE BIT ABOUT THAT THEN, ABOUT WHEN YOU WENT TO THE MAMMOGRAM?

Patient: Yes, just went for my normal mammogram and got recalled, which didn't really bother me because I'd sort of, I'd sort of been recalled before and it was sort of nothing, you know, but this time when I was recalled they, they did a biopsy which sort of started the bells ringing ...

INT: YEAH, OF COURSE.

Patient: ... and then of course when I went back for the results and they told me that it was cancer, that was, that was a real shock.

INT: MM. APART FROM THE FACT THAT THEY WERE GOING TO DO A BIOPSY, DID ANYBODY AT THE CLINIC SORT OF GIVE YOU AN INDICATION OF WHAT MIGHT BE WRONG, OR ...?

Patient: Yes, erm, when they did the biopsy they showed me it on, they showed me my mammogram on the screen and they said there's, oh, some small calcifications I think they called it. And I wasn't really tuned into that then, you know, and but 'It's completely nothing to worry about.' I'll always remember that word, 'Nothing at all, I'm not duly concerned about it, but we're gonna do this biopsy,' so of course that was a big shock when [chuckles] when I went and got the results and it was cancer.

INT: RIGHT, OK. WHO WAS THAT, THE RADIOLOGIST OR SOMETHING OR ...?

Patient: Yes, yes.

INT: YEAH. [???

Patient: Yeah, yeah, so. But obviously it wasn't anything to worry about because they caught it very early, which, you know, is marvellous, but we have these mammograms and they can catch it early.

INT: SO YOU WENT FOR YOUR MAMMOGRAM, THEN THEY CALLED YOU BACK, WAS THAT A WEEK LATER, WAS IT?

Patient: Er, yes, that was exactly a week later.

INT: AND THEN WHEN DID YOU HEAR ABOUT YOUR RESULTS AND [???] THAT?

Patient: Erm ... that would be the following week and then, you know, they said, 'You've got to go in for an operation,' and I just said, 'Well get me in today.' I just wanted it in as soon as possible, and it was, it was, it was really, you know, I was in and had it done and off out.

INT: SO WHEN YOU WERE, WHEN YOU HAD YOUR BIOPSY, WHAT WAS GOING THROUGH YOUR MIND AT THAT POINT THEN, WHEN THEY SAID BIOPSY THEN?

Patient: Well, you were just hoping and praying that there was nothing there, you know. I thought, well, you know, they're gonna take it away because I've had sort of biopsies on other things and, you know, you get the results, 'Oh, yeah, fine, that's it,' you're OK. But, erm, yes, you know, I just, I really didn't think for one minute it would be cancer.

INT: DID YOU DISCUSS IT WITH ANY MEMBERS OF YOUR FAMILY, YOUR HUSBAND AND THAT?

Patient: No, I just said to the family, 'Oh, I've got, I've been recalled, I've got to go for a biopsy,' and of course they all phoned me up that day when I got back, you know, the day I had the results, because they all phoned me up and of course I started blubbing, you know. I think, I think because I'd lost quite a number of friends and what-have-you and you naturally think of the worst.

INT: MM, IT'S A STRONG EXPERIENCE, IT LEAVES A MARK, DOESN'T IT, THAT SORT OF THING?

Patient: It is, it does, it really does. And, I mean, my family were absolutely great: the boys, the three boys came straight from work that night and they'd got everything they could possibly get on breast cancer off, you know, printed off for me, I've got a great big pile of, like a book, you know, everything they could get. Erm, they read through everything. And, er, yeah, so ... that was that, but it was, it's, it's one of those things when you're hearing about it and you're surrounded by it, you never, ever think it's going to happen to you, or you hope it'll never happen to you or your close sort of, you know, your children. But, erm, yeah ...

INT: SO WHEN YOU WENT, CAN YOU TELL ME ABOUT WHAT HAPPENED WHEN YOU WENT TO THE CLINIC AND YOU WERE GIVEN YOUR DIAGNOSIS, FROM WHEN YOU FIRST SORT OF WENT THERE TO HEAR YOUR RESULTS, CAN YOU TELL ME ABOUT THAT?

Patient: Yes. I was, do you mean like being called in and exactly what ...

INT: YEAH-YEAH, YOU'D OBVIOUSLY BE IN THE WAITING ROOM FOR A WHILE THEN YOU WERE ... YOU CAN TELL ME FROM THAT POINT ONWARDS WHAT YOU REMEMBER.

Patient: Yeah, yeah. I was called in and it was a lady, the consultant, and she just said, 'I'm, we've got your results back Mrs [???]. I'm sorry to say that it is cancer.' And ... I think I just sort of sat with my mouth open and I said, 'Oh no,' you know, and of course I always go everywhere on my own, I never take family with me, I'm one of those people, if I'm going for any tests or anything I never ..., you know, and I think they were a bit concerned because they said, 'Oh, there's nobody with you,' you know, 'Do you want us to phone your husband or something?' And I says, 'No, no, no.' And she just said, 'I can't do the operation for the next two weeks because I'm on holiday, but a colleague can do it within, next week.' And I said, 'Yes, that's fine, as soon as possible,' and she sort of went into detail of what was going to happen and I can remember saying to her, 'Well why don't we just, you know, rather than just take a bit away, why don't we just take the breast off, you know, if I've got cancer there I just want rid of it?' and she says, 'Well, no, you know, at this stage we don't need to do anything like that.' And then after she'd sort of discussed that with me they took me up to the cancer nurse ...

INT: THE BREAST CARE NURSE.

Patient: The breast care nurses, yes, yeah. And Karen was mine, you're assigned one of them, so Karen was mine, and she, I started blubbing again, still in disbelief of what was happening to me and we sat and talked for a while and she sort of went through everything and, erm ... the funny thing was I was sort of helping a friend who was in there at that time with breast cancer.

INT: OH RIGHT, OK.

Patient: And [chuckles] visiting her, you know, and that was the strangest ...

INT: SHE'D JUST BEEN THROUGH AN OPERATION, HAD SHE?

Patient: Yes.

INT: OH RIGHT.

Patient: Yes, and, you know, and I sort of said, 'Well I'm sort of her strength at the minute and suddenly I'm sort of, you know, collapse and sort of, you know, in a heap, and, er, so yes. So that was that, after Karen had spoke to me and she gave me a little folder with lots of literature for myself to read and the family to read. Erm ... and said that she would meet me on the day I was admitted, which er ...

INT: SO WHEN YOU WERE ACTUALLY IN THE ROOM HEARING ABOUT YOUR DIAGNOSIS, WAS THERE ANYBODY ELSE THERE? THERE WAS YOURSELF AND THE CONSULTANT ...?

Patient: Yes. There was, there was the consultant and the nurse.

INT: WAS SHE IN UNIFORM?

Patient: She was in uniform, yes.

INT: [???

Patient: Yes, yes, she was one of them that does the mammograms, was in with me, yeah, yes, yes.

INT: AND IT WAS THE CONSULTANT THAT ACTUALLY BROKE THE NEWS TO YOU THEN?

Patient: Yes, the consultant herself.

INT: THAT'S RIGHT, YEAH. AND DID YOU HAVE ANY SORT OF FEELINGS IMMEDIATELY BEFORE YOU WENT INTO THE DIAGNOSIS ABOUT ...?

Patient: Yes, I had feelings, I hoped and prayed it was going to be good news. [chuckles] Yes, you know, I sort of ... yes, because I was sort of looking, sort of concerned about my friend that was in that hospital, and I was visiting her, sort of before I'd gone for my result, I was sort of thinking, 'Gosh,' you know, 'I hope mine's good news,' which was selfish because my friend was there very poorly, a lady had just died and they'd just moved a lady out who was dying. And then you're going and sitting, waiting for your results, you know, and I thought, 'God!' you know, 'I hope it's good news.' And it did come as a shock because, you know, everybody, all the family, 'Oh, you'll be all right, Mom,' you know, you've had sort of lumps and bumps before and they've been nothing in the past and, yeah, it was a big shock.

INT: SO WHEN YOU WERE TALKING TO THIS, WELL THE LADY CONSULTANT ...

Patient: I can't pronounce because it was foreign.

INT: YEAH, IT'S WAHEDNA.

Patient: That's right, yes. I knew it begins with a 'W'. [chuckles]

INT: YES. SO YOU WRE TALKING TO MISS, AND YOU WERE TALKING ABOUT THE TREATMENTS, WHAT DID SHE TELL YOU ABOUT THE TREATMENTS, DO YOU REMEMBER?

Patient: Erm, she discussed the operation with me, that I would come in for a needle marker and she sort of described sort of across the breast where they would cut and remove this and then it would be analysed and because there would have to be a margin around it, and she explained that to me, that they like to have this margin all around clear, and, er, and then she said, 'You may or may not have to have radiotherapy; and you may or may not have the cancer drug, Tamoxafen,' and, yes, she went into detail. But I was sort of, you know, you can't really take it all in [chuckles] she was sort of doing diagrams for me and I was sort of ...

INT: MM, YEAH, A BIT IN SHOCK REALLY.

Patient: Yes, yes. It's, you know, it's sort of, everything's spinning round in your head and, and that was the nice thing. I mean that, you'd got, they take you up to the nurse in a nice, quiet room and she can sit with you and sort of go through it at your pace, after the initial shock.

INT: SO WHEN YOU WRE TALKING TO MISS WAHEDNA, I MEAN, WHO WAS IT, WHO MENTIONED MASTECTOMY FIRST, WAS IT YOURSELF OR WAS IT MISS ...?

Patient: Me.

INT: THAT WAS YOU, YOU MENTIONED IT FIRST, YEAH?

Patient: I just said, I just, you know, and she said, 'No, you know, we don't need to do that,' and I got the impression that they don't really like doing full mastectomy, obviously, with, you know, if it's not needed.

INT: RIGHT, OF COURSE, YEAH.

Patient: And there was no history, as far as I know, in my family of breast cancer.

INT: RIGHT, OF COURSE, YEAH.

Patient: Erm, yeah, it was me, I just, I just thought, 'Well I'd rather have the breast taken away, erm, than have it coming back,' you know, you just think, 'Just take it away. If it's so small, you know, take the breast off and get rid of that and, erm, I've got no chance of it ...

INT: COMING BACK, MM.

Patient: ... secondaries, yes, yeah.

INT: AND HOW DID YOU GET ON WITH MISS WAHEDNA, THE CONSULTANT, HOW DID YOU GET ON WITH HER?

Patient: Yeah, that was just, the only time I saw her.

INT: AH RIGHT, OK.

Patient: Because she ...

INT: WAS ON HOLIDAY.

Patient: She was going on holiday, so she said 'A colleague of mine can do it on Tuesday,' I think this was about the Thurs-, Wednesday or Thursday or something, and she said, 'He can do it Tuesday,' I said, 'That's fine.'

INT: AND WHO WAS THAT, DO YOU KNOW?

Patient: Mr Sibbering.

INT: SIBBERING.

Patient: Yeah, yes. Wonderful, wonderful man.

INT: HE IS A VERY NICE GUY. I'VE INTERVIEWED THEM ALL AT DERBY AND THEY'RE REALLY NICE PEOPLE. SO WHEN YOU'D BEEN TOLD THAT YOU HAD BREAST CANCER, WHAT WRE YOUR FEELINGS THEN?

Patient: Devastated.

INT: I MEAN OBVIOUSLY YOU WERE SHOCKED AND EVERYTHING.

Patient: Yeah, yes, I was. Yes, it's the most horrible feeling, you can't sort of, erm, I don't know, because I've been, I've got sort of another illness which I've had for nine years and I've had that many scans and things done, and for that to come up, you know, er ... it was just frightening. Yeah.

INT: I BET IT WAS. AND THEN YOU SAID YOU WENT OFF TO SEE THE BREAST CARE NURSE?

Patient: Yes.

INT: SO WHAT DID YOU TALK ABOUT WITH KAREN?

Patient: Erm, she went over everything again with me and it sort of was at my pace then and, erm, she explained what would happen when I came into hospital, erm, and that was it really, you know, she just went through it and I was just asking her ...

INT: CAN YOU REMEMBER WHAT SORT OF QUESTIONS YOU ASKED?

Patient: I was, I sort of said to her, 'Well why don't ...' I can remember saying, 'Why don't they just take the breast off?' you know, 'I don't want ... you know, if it's small, just take the breast off and then I've got no worries of cancer sort of re-occurring?' She said, 'Well, no, there's no need, because they'd found it quickly, that, you know, with this and then you may have a course of radiotherapy and you may have the Tamoxafen, that, you know ...' I know the one question I kept asking different ones, especially after, 'Does this mean that I will never have cancer again,' and they could all, none of them could say yes, you know, which is natural, I know, but, you know, that ...

INT: IT WOULD HAVE BEEN NICE TO HEAR, I SUPPOSE, YEAH.

Patient: To hear it, if it was so small, and I didn't need, they didn't need to take my breast off and, you know, and, er, then, I think it shocked my family, especially when I'd got to for the radiotherapy and being on the Tamoxafen, they sort of suddenly thought, 'Oh, you know, well if it was so small and they've took it away, you know ...' but then one of my sons said to me when I said, 'Oh I've got to go every day for six weeks for this thing,' and he just said, 'Well, Mum, what's the alternative? Dying or going for that six weeks?' you know, and that just made me laugh and I thought, 'Well that's true.' [chuckles]

INT: [???

Patient: Well that's true, you know, yeah.

INT: WHEN YOU WERE TALKING WITH THE CONSULTANT AND THE NURSES, DID YOU UNDERSTAND EVERYTHING THAT PEOPLE WERE TELLING YOU?

Patient: Was this when they told me about the cancer at first?

INT: YEAH, ABOUT THE CANCER AND THE TREATMENTS AND THINGS.

Patient: Yes.

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

Patient: Erm, I think the only thing I didn't, I couldn't understand was ... like I said, and I think a lot of ladies may think this, you just take the breast off, that's your first reaction, and I can understand it now, you know, because you've still got your breast and it's, you know, it's nice that you've still got a figure, maybe a bit disfigured [chuckles] and a bit lopsided. I can understand that, but at the time I couldn't understand it because I just wanted the cancer taken completely away. I didn't want, you know ... and I've spoken to a lot of friends and a lot of people and they've all said the same, 'Oh, just take it away, just take it away,' you know. And another friend of mine went in sort of a fortnight after, in fact while I was in hospital she came to visit me and she told me her results were cancer and she said, 'I just want my breast taken off and have a reconstr ... is it reconstruction?'

INT: YES, RECONSTRUCTION, YEAH.

Patient: Yeah.

INT: WAS IT IMMEDIATE RECONSTRUCTION SHE WANTED OR, BECAUSE YOU CAN GET IT DONE LATER AS WELL.

Patient: Later, better later, yeah, yeah, being as she's 72, 73. [chuckles] Personally I don't think I'd bother at that age, but there you go. Yeah, there you go, yeah, yeah. I just spoke to her this morning, she said, 'I've just booked it and I'm going ahead with it.' I said, 'Oh, good for you.' So ... and I certainly can't understand these women that have breast implants, I really can't, I honestly and truthfully can't. You know, putting things into your body, mm, no way.

INT: WELL, YEAH, I MEAN IF YOU LOOK AT JORDAN SHE'S HAD IT DONE HOW MANY TIMES? FIVE OR SIX TIMES?

Patient: Oh, good heavens, I can't understand them. And every one of us on that ward we were all laughing about it on, you know, when you've got something like this and you're all in the same boat, and we all said the same thing, all said, 'God, God, why do women go through this to have the breast implants?' you know because it must be the same sort of, you're cut open and whatever, you know, obviously not having anything taken away I don't suppose, it's not as painful. But we just all sat there this particular day and every one of us said the same thing, you know, 'Why do women go through having breast implants?' Oh, Good God.

INT: ERM, I'M TRYING TO FIND WHERE WE ARE NOW YOU SEE. SO YEAH, YOU SPOKE WITH THE BREAST CARE NURSE AFTER SEEING THE DOCTOR ...

Patient: Yeah.

INT: DID YOU HAVE ANY FUTHER CONTACT WITH THE BREAT CARE NURSE AFTER, YOU'D SEEN HER THAT FIRST TIME ...

Patient: That first day.

INT: ... AND UP TILL THE POINT WHEN YOU WENT IN FOR THE OPERATION? DID SHE DO ANY HOME VISITS? WAS THERE ANY TELEPHONE CALLS OR ANYTING LIKE THAT?

Patient: She did, she called me actually.

INT: ON THE TELEPHONE, YEAH?

Patient: Yes, yes.

INT: WHAT DID YOU TALK ABOUT THEN?

Patient: She called me up to see how I was, I think it was the following day, you know, she said, 'How,' you know, 'How are you feeling? How's your family taking it?' and basically putting you at ease, I should, that's the way I would put it. I think she saw me a bit sort of distressed, you know, [chuckles] when I first went into her. But, yes, and funnily enough I just had one before you came because I thought it was you calling.

INT: OH RIGHT.

Patient: Yeah, I thought it was you calling and it Veronica, one of the cancer nurses, just asking how I was.

INT: OH, THAT'S NICE.

Patient: Yeah, yeah. See how I was getting on.

INT: ERM, AND NO OTHER CONTACTS UP UNTIL THE POINT WHERE YOU WENT FOR YOUR OPERATION?

Patient: No, no, no. That's me, I tend to then get on with things. It did hit me, I tend to go in, get it done and get out, and get on with life. [chuckles]

INT: SO WHILE YOU WERE ACTUALLY TALKING ABOUT WHAT OPERATION YOU COULD HAVE, WHAT, DID THE SURGEON USE ANY KIND OF TOOLS? YOU SAID SHE DREW SOME DIAGRAMS, WAS THERE ANY MAMMOGRAMS, PICTURES? CAN YOU TELL ME A BIT ABOUT THAT?

Patient: What in the mammogram or the needle?

INT: DID THEY USE ANY MAMMOGRAMS OR ANY PICTURES OR ...?

Patient: Oh, yes, when I was with the consultant, the lady consultant?

INT: YES.

Patient: Yeah, when she told me, yes, she sort of drew diagrams for me and showed sort of, did these dots and what-have-you, a sort of little diagram of the breast, and then she showed when they operate, the margin around, how much margin that has, you know, how much has to be taken away to get this clear margin, that it hasn't escaped. And then she drew a diagram if it has escaped, telling me, you know, that, what would happen then.

INT: RIGHT, YES, MM.

Patient: And she said, obviously, you know, it hasn't gone into my sort of under the arm into the ...

INT: INTO THE LYMPH GLANDS.

Patient: ... lymph glands. Erm, and that's what she said with this clear margin it will make it that, if it's contained in that, which I understood fully, if it's contained in that, that's fine, it's not broken out anywhere else, you know.

INT: AND DID THE BREAST CARE NURSE USE ANY PICTURES, MAMMOGRAMS, TOOLS, ANYTHING LIKE THAT?

Patient: No, no.

INT: OK. THAT'S ALL RIGHT. ERM, WHAT DID YOU ACTUALLY KNOW ABOUT BREAST CANCER OPERATIONS BEFORE THIS, BECAUSE YOU'VE OBVIOUSLY HAD QUITE A BIT OF EXPERIENCE WITH PEOPLE WHO'VE HAD BREAST CANCER?

Patient: Yes, yes. Erm, yeah, I knew, I sort of, in my twenties, early twenties when, you know, I, there was sort of five friends around me died of cancer, that was scary, you know, when you're all young and bringing up your, you've got your babies. So I'd sort of seen it from then, erm, and as I say my mother-in-law, seeing her. So, yes, I mean, yeah, I knew that you would either have part of your breast taken off ... I can remember many years a close friend of mine, she had her breast taken off, and I can remember going in to see her in hospital and she showed me, she went, 'Oh do you want to see it?' you know, and I said, yes, because I do like to know, I'm one of them nosy people, I like to know exactly what's going on, you know. And I'm not squeamish at all. Shocked when I was told I'd got cancer, yes,

[chuckles] but, yes, so I'd sort of seen it, I'd seen what it looked like, you know, when you'd got, had a full mastectomy. Erm, and I knew about the treatment, you know, because my mother-in-law had the treatment, and I've seen close friends and helped them when they've been in for the chemo and radiotherapy so, yeah, so I was aware of all of the treatments. It's just when it happens to you it sort of comes as a shock.

INT: YEAH. THINKING ABOUT WHEN YOU WERE TALKING WITH THE CONSULTANT, THE LADY CONSULTANT THE FIRST TIME, WHO DID YOU THINK DID MOST OF THE ACTUAL TALKING AND WHO DO YOU THINK ASKED MOST OF THE QUESTIONS?

Patient: I think with me in shock a little bit, that she did most of the talking to me. I mean she kept saying, 'Is there anything you want to ask?' and, you know, I just wanted to know everything, I just sort of said, 'Well, you know, just tell me exactly what's, you know, what it entails, what am I gonna go through,' and I can remember she was very good and it came across very clear, erm, sort of what to expect.

INT: MM. OK. AND THE BREAST CARE NURSE, WHO DO YOU THINK DID MOST OF THE TALKING AND WHO DO YOU THINK ASKED MOST OF THE QUESTIONS THEN?

Patient: That was both, I would say 50:50, yes, she was sort of, I asked things and she answered them, and then she asked me things, you know, so it was, that worked well, and I think that's marvellous to have, to have those nurses was wonderful, because years ago you didn't have anything like that. As I said when I've looked after friends, there was nothing like that, nothing was explained to you, you were left in the dark. And I think it is, it's improved 100 per cent, with the way they tell you everything and you can have the nurses, you can pick up the phone any time, or I just drive down there, you know, I can just go down one day and just say, 'Can I speak to you?' and, 'Yes,' you know, you can go into them.

INT: OK. AND WHEN YOU WERE TALKING WITH THE LADY DOCTOR, ERM, DO YOU FEEL THAT THE DOCTOR WAS LISTENING TO YOU, THAT THEY UNDERSTOOD YOUR NEEDS AND YOUR CONCERNS AND THINGS?

Patient: Yes.

INT: YEAH? MM? AND YOU SAID EARLIER, DO YOU THINK THAT PERHAPS THE DOCTOR HAD A PARTICULAR, WASN'T A PARTICULAR TREATMENT IN MIND, BUT THEY SORT OF, YOU SAID THAT THEY DIDN'T, YOU FELT, YOU GOT THE IMPRESSION THAT THEY DIDN'T DO A CERTAIN TREATMENT UNLESS IT WAS NECESSARY - IS THAT RIGHT? IS THAT WHAT YOU SAID?

Patient: Yes, that, that, they, taking the breast off completely, yeah, which, like I say, you know, me personally I just wanted - and I'm sure a lot of women go through it at the time they're told they've got cancer - you just say, 'Oh, take the breast off, I want rid of it,' you know, 'I don't want this spreading throughout my body.' But, erm, she just sort of explained and that's when she did the diagrams and explained ...

INT: AH RIGHT, YEAH, MM. AND WHEN YOU WERE TALKING WITH KAREN, THE NURSE, DO YOU FEEL THAT SHE UNDERSTOOD YOUR NEEDS AND YOUR CONCERN, THAT SHE WAS LISTENING TO YOU?

Patient: Yes, yes.

INT: OK. THEY GAVE YOU SOME INFORMATION, A PACK, DIDN'T THEY? IS THAT RIGHT, YEAH?

Patient: Yes.

INT: AND DID YOU LOOK THROUGH THAT PACK? DID YOU READ IT?

Patient: Yes, I did.

INT: AND DID YOU, HOW USEFUL DID YOU FIND THAT INFORMATION?

Patient: I found it very useful. Yes, and my husband, as I say, he read everything to understand what was happening. Yeah.

INT: SO FROM WHEN YOU WERE DIAGNOSED TO ACTUAL OPERATION, HOW LONG WAS THAT THEN? ROUGHLY ABOUT A WEEK, TWO WEEKS?

Patient: It was a week.

INT: A WEEK, YEAH. AND MR SIBBERING DID THE OPERATION, YEAH?

Patient: He did it, yes.

INT: SO WHAT HAPPENED ON THE DAY WHEN YOU WENT THERE THEN, TO DO THE OPERATION?

Patient: Seven o'clock in the morning you go in ... nice time isn't it? And they, you have to fill all the consent forms in; they come round and talk to you and what-have-you, then I had to go down for a needle marker ... yes, the needle marker, that's not very pleasant. [chuckles]

INT: IS IT UNCOMFORTABLE, I KNOW, I'VE NEVER SEEN IT DONE BEFORE SO ...

Patient: Yes, yeah. It's ...

INT: IT'S KIND OF, THEY PUT SOMETHING IN HERE, I THINK, IS THAT RIGHT?

Patient: Yes ...

INT: AND IT SORT OF GUIDES THEM IN ..

Patient: ... and it guides them in.

INT: GOT YOU.

Patient: But it's a bit like the biopsy, you sort of cling, you're sort of clamped into a machine and, dear God, you're clamped into the machine, you know, while they're performing all this, so it's really [chuckles]...

INT: [???

Patient: ... uncomfortable. Yes, you're clamped into that while, you know, while they're sort of putting it in because they're watching it on a screen where it's going, you know. And I know they had a lot of, it was quite difficult and, erm, I think that's why they must have missed it the first time so that's why I had to go in for a second operation.

INT: OH YOU WENT FOR A SECOND, DID YOU?

Patient: Yeah.

INT: RIGHT OK. SO TELL ME ABOUT THE FIRST TIME YOU WENT IN THEN, SO YOU GOT YOUR NEEDLE MARKER ...

Patient: Got the needle marker, they wheeled you back onto the ward and they were waiting to take me straight down so I was lucky, you know. I thought, 'Oh, yes, please just let me go down first?' you know, get it over and done with. And, yeah, went down, erm, saw the anaesthetist. I have an allergy to some of it, it makes me violently sick, so I had to tell him about that. And, yeah, in for the operation, I just remember coming in the recovery room, them sort of telling me to open my eyes, you know what-have-you, and back onto the ward. And, yeah, it was over and done with, fine, yeah.

INT: AND DID MR SIBBERING COME AND SEE YOU AFTERWARDS?

Patient: Yes, he did. He came, in the morning he comes round and talks to you before he operates on you, tells you what he's going to do etc, and then he came the following day in the morning to see me, and then ... he came again because I wasn't too well on the Thursday, I think it was. I think I wasn't very well or something and he came round to see me again. But that, yeah, and he sort of talks, reassures you, you know, and talks to you and what-have-you. Tells you the operation went well and [chuckles] the usual.

INT: DURING THIS TIME WHEN YOU'D BEEN TOLD ABOUT YOUR DIAGNOSIS UP TO YOUR FIRST OPERATION, DID YOU TALK WITH YOUR FAMILY AND FRIENDS, YOUR HUSBAND, ABOUT YOUR DIAGNOSIS? BECAUSE YOUR HUSBAND WASN'T THERE, WAS HE? HE WAS, WHEN YOU RECEIVED YOUR DIAGNOSIS. I BET THAT WAS A BIT OF A SHOCK TO HIM AS WELL, WAS IT?

Patient: It was because, erm, I can remember just driving myself home and getting in and thinking, 'Oh God, I wish he'd just come home so I can ...' you know, and I was in the house on my own and, er, he came back and I can remember just being in the kitchen and he just looked at my face and he just said, 'Oh no...' and I can remember him just saying, 'Oh no ... Oh no' and he sort of knew, you know, by the, I think, the shocked, the look on my face, you know, and I'd sort of been crying and what-have-you. Erm, I think because it's such a shock and you just think the worst, you think, you know, what goes through your mind is all the people that I knew that have died of breast cancer.

INT: YEAH, OF COURSE.

Patient: You know, you don't think of the ones that are till here you know, which there's lots of them.

INT: IT IS SUCH A STRONG CONNOTATION I THINK?

Patient: Yeah, yeah.

INT: PEOPLE DO REMEMBER THE PAST AN AWFUL LOT AND IT'S ONLY, ONLY ADVANCED PERHAPS IN THE LAST TWENTY-ODD YEARS THAT HAVE REALLY CHANGED THINGS.

Patient: That's right, that's right, yeah. Yes, so, yes he was really shocked, and my family was. As I say, they all came ... came over that evening and they'd printed everything, like I say, I went, 'Oh, my goodness,' and I mean I know I couldn't read it, I couldn't read anything for a couple of days, I didn't want to know, I didn't want to read it. I just says, 'No, I'll go in and have the operation and that's it, I don't want to read about anything.' But my husband read everything, I think he sat up till two in the morning reading. All this stuff, you know [chuckles] various literature that they'd printed off about cancer and about the treatments and the success rate.

INT: DID HE DISCUSS ANY OF THIS WITH YOU?

Patient: Yes, he said, you know, he was sort of saying, 'Oh well, you know, it's, you know, what you're having done, it's wonderful, you know, it's ... it's, you know, there's no worry of anything else ...' and all this, and I think he was sort of comforting himself really, you know. He was trying to comfort me but really, you know, he'd lost his Mum, like I say it was his Mum that had died of breast cancer, you know, and er ... so ... yeah, that was ... But when I did read the literature, as I say, the pack that they gave you, I thought it was very, very helpful.

INT: SO, YOU HAD ONE OPERATION, CAME ROUND, AND SO CAN YOU TELL ME WHAT SORT OF HAPPENED, YOU KNOW, ONCE THEY'D DONE THE FIRST OPERATION AND YOU WERE BACK ON THE WARD, WHAT HAPPENED AFTER THAT THEN?

Patient: Yeah, I can just remember I got this drain in, you'd got a little, nice little gift bag with your bottles in and drains in, and you just sort of sit looking around at everybody in the same boat. [chuckles]

INT: THEY PUT THEM IN CHRISTMAS BAGS AT CHRISTMAS.

Patient: Yeah, yeah, Christmas gift bags, yeah. Which is ...

INT: I BET [???

Patient: ... wonderful, wonderful idea, you know. Brilliant. Because when, at previous years when I've had operations and you've had bottles to carry around and what-have-you, you sort of just, you sort of try to carry them around with you but I thought what a brilliant idea that is, you know. So good, you all went waltzing around with your little handbag, you know, dance round my handbag at the disco.

INT: [???

Patient: Yeah, it was, it was good, yeah. And, like I say, the staff are marvellous, absolutely marvellous. They're there all the time, just checking you're OK, you know, looking after you. That is one thing I can say about cancer, the care is wonderful, it really is.

INT: AND THEN YOU SAID, YOU OBVOIUSLY YOU'VE, YOU'VE BEEN THROUGH, YOU'VE HAD A SECOND AS WELL, IS THAT RIGHT, YEAH?

Patient: Yes, er, you know you're supposed to go back, erm, when you come home you go back the following week, and I can remember going back and they said, 'Oh ...' you know, Mr Sibbering said, 'I haven't had the results back. I'm sorry to say, you know, that they haven't come back from the pathologist lab ...' can you come back the following week. And the following week, erm, I was phoned up, they phoned me up and said, 'Can you make it the next week?' and then the next week I can remember we were in town shopping, we'd gone into town and then we were gonna go for my results, and I got a call on my mobile to say that they hadn't got my results back, there's a problem with them ...' just to say that, you know, 'I didn't want you to have a wasted journey coming to the hospital, but if you do want to come in because you want to speak to one of us ...' which was the cancer nurse, you know, '... you can come in.'

INT: SO WHAT WAS GOING THROUGH YOUR MIND AT THAT POINT THEN?

Patient: I just felt sick. My stomach sort of was churning because I was think, 'Dear God, what's happened?' you know. Why? Everybody else that I'd been in hospital with had all got their results and what-have-you. And I can remember meeting my husband for coffee and he just said, 'That's it, we're going to the hospital. We can't go on like this. Why is it? What's happening?' you know. You know, my family kept phone up, 'Oh ...' you know, 'Is everything OK Mum?' you know, 'Have you been today?' 'Oh no, you know, they haven't got them back.' And ... I went to see, the following week, Mr Sibbering, and he said to me that, erm ...

INT: SO DID YOU GO THAT SAME DAY, DID YOU?

Patient: No. We didn't, we didn't.

INT: RIGHT, OK. SO YOU JUST WENT THE FOLLOWING WEEK.

Patient: I went the following week and ...

INT: DID YOU CALL THE BREAST CARE NURSES OR ANYTHING [???

Patient: We, I called in, I called at the hospital myself the following day. I drove down because it's only five minutes drive down from here, and that's when I just went in and just said, 'Could I speak to somebody?' and ...

INT: WHO WAS IT YOU SPOKE TO?

Patient: And I spoke, Karen ... was there, and I spoke to Karen, and she says, 'Just a minute, let me go out,' and I could hear her saying outside that she was trying to get hold of Mr Sibbering, and she came back in and she says, 'Right, we'll go down and we'll see Mr Sibbering, he'll see you ...' you know, '... now.' And we went down and what he said was, erm, 'We'll leave it for the timebeing ...' this was October, I had this operation, the first one. He said, 'We'll leave you now till after Christmas,' he said, 'and then what I'd like to do is have another mammogram.' Obviously he couldn't do a mammogram because of being stitched and it was, couldn't have it on a wound. So he said, 'And I'll send for you and we'll do another mammogram.'

INT: RIGHT, OK.

Patient: And ... so that was nice, that I'd got Christmas all, with no treatment or anything, you know, [chuckles] that was lovely, I'd got all of that.

INT: SO FROM YOUR FIRST OPERATION YOU DIDN'T HAVE ANY SORT OF TREATMENT AFTER YOU'D HAD, YOUR RADIOTHERAPY OR ANYTHING?

Patient: I had nothing, he didn't want to do anything. He explained that, he said 'I'm not giving you any treatment whatsoever. I just ...' you know, '...I want to see you for another mammogram.' And I had this other mammogram and I went on 19th January for another operation, and I think what it was, which I kept, I thought all along, that they'd missed it. They, with the needle marker, is supposedly to pinpoint it, and I can remember when they were doing this needle marker they were having problems getting the needle marker, and obviously they don't, medical people don't sort of say, 'Oops-a-daisy, we've missed it. We've got to do another operation,' [chuckles] you know. Over the years I've been in and out of hospital, you get to know that they don't [???] you know, if there's been a bit of a hiccup. That's a no-no, you don't go into that. Erm, and the needle marker the second time I had Mrs ... is it Turnbull? Or Dr Turnbull?

INT: I'VE HEARD THE NAME I THINK.

Patient: She's the senior one there. She actually came in and she was with them, the other two nurses, while they were putting the needle marker in, and she said, 'We're gonna go in from the top with a needle marker and we're gonna go in from the side, so that we get it spot-on this time,' so I really knew then that, because, and she sort of, I said, 'Oh they missed it obviously the last time.' She said, 'Well what happens with the needle marker is, once you've lay down ...' because you're sat up and you're clamped in this thing while they're doing all this, then once they release you out the clamp and obviously you lay down, the breast tissue will move and the needle marker, like she explained, could have moved slightly. So, er, she was there, there was, which she sort of was there while everything was happening, and they got it spot-on with one from the top and one from the side, the second time. And ... yeah, they got it.

INT: SO, WHEN YOU HAD A SECOND, THE CONSULTATION, YOU HAD THE MAMMOGRAM AFTER CHRISTMAS?

Patient: Yes.

INT: YOU'RE OBVIOUSLY GOING BACK FOR THE RESULTS AGAIN, DID YOU?

Patient: Erm, yes. I had the mammogram and then I went back the week later.

INT: AHA, FOR THE RESULTS OF THAT.

Patient: For the results of ... that.

INT: AND WHO DID YOU SEE THEN, MR SIBBERING?

Patient: And that was Mr Sibbering ...

INT: SO WHAT HAPPENED DURING THAT CONSULTATION?

Patient: ... and he just said, erm, 'I need to, unfortunately I've got to operate again,' he said, 'Wee sort of kept examining this piece,' he said, 'and we couldn't understand why we couldn't find anything in,' and that's when he explained to me. So he did explain it to me, you know, he said, 'We kept examining, examining ...' he says, and he said, 'We were going over and over and over it, you know, and we couldn't find anything,' he says, 'but we'll have you in again and I'll do it again,' and that was January 19th I went in and had it all over again.

INT: SO DID HE DISCUSS, DID HE DISCUSS WITH YOU WHAT TREATMENT YOU WERE GONNA GO THROUGH AT THAT POINT AGAIN?

Patient: Erm, no, the treatment that was with, initially with, you know when you go for your pre-med ...?

INT: YEAH.

Patient: The first time I went for my pre-med, that's when this nurse said to me, 'Oh, and you'll be having radiotherapy and ...' and I went, 'Oh, will I?' you know and she said, yes, and I thought, 'Oh ...' erm ... and getting back to the second operation, after I went back, after I'd had the operation, you're your results and Mr Sibbering said, 'Yes, we've got it this time, we've got a clear margin,' erm, 'But I'm referring you to Dr Woods for radiotherapy and you will be taking Tamoxafen for the next five years.' And he said, 'I've made an appointment for you to see Dr Woods' and Karen, the cancer nurse, then came and took me into another room and she said, 'Now Dr Woods will sort of explain to you about the radiotherapy and you'll be on the Tamoxafen, how do you feel about this?' and I just said, 'I don't care, they can just give me whatever they want to give me as long as it gets rid of everything,' you know. I said, 'I'm fine by it.' And, yeah, and then I went to see Dr Woods at the DRI and they mark you up - she explained to me and I just said, 'Yes,' you know, I said, you know, 'Give me anything and everything,' you know, 'to kill anything off that's there' or whatever.

INT: SO WHEN DID, WHEN DID YOU GET THE PACK FOR THIS STUDY, YOU KNOW, WHEN DID THEY GIVE YOU THE INFORMATION PACK?

Patient: Right, that was, erm, after my second operation, they came round and, Karen came round actually, the cancer nurse herself, and said 'There's this study that we do,' you know, 'We'd like to sort of read through it and,' you know, 'if you'd like to take part, ...' and I said, 'Yeah, that's fine, I'll take part, yes, anything to help.' You know.

INT: AND YOU ALSO MENTIONED THAT SORT OF, YOU KNOW, BEFORE YOUR FIRST OPERATION, THAT YOUR FAMILY HAD FOUND A LOT OF INFORMATION ON THE INTERNET AND STUFF LIKE THAT ...

Patient: Yeah, yes.

INT: WAS IT, DID YOU LOOK ANYWHERE ELSE FOR ANY KIND OF INFORMATION, OR DID ANYBODY SEND YOU, FRIENDS OR FAMILY OR ANYTHING LIKE THAT?

Patient: Er, well no, obviously the friend that was in at that particular moment of time, that, erm, she was sort of telling me, you know, I was asking her questions and, er, and I can, stupid as it sounds, I

can remember she was in this, there was ward 2 and ward 7 at the City - nothing to what you were asking me - but this is how stupid it is and how important it is to women, you know, where you go to have your operation, and I can remember getting this letter and saying that, because I knew the cancer wards over previous years, I knew that ward 7 was better than ward 2 ...

INT: IN WHAT WAY?

Patient: Because ward ... because I used to go and, I used to have to take a friend for treatment every so often to the cancer ward, and ward 2 was a very old-fashioned, horrible ward ...

INT: OH RIGHT, OK.

Patient: ... and ward 7 was a much smaller, nicer wards.[chuckles] And I can remember getting, I can remember going to see my friend and she was in ward 2 and I thought, 'Oh I don't want to be in ward 2.' Well, City's being altered, isn't it?

INT: OH YES, THAT'S RIGHT.

Patient: So of course they were in like, erm, these lovely new rooms. And I thought, 'Oh, crikey, yeah, I'd like to be in here, this is nice,' you know, and when my letter came I was in ward 7 and I thought, 'Oh, no!' [chuckles] But, yeah, that's going off the subject but that, but I'm glad I was because it was the original sort of breast cancer ward, so to speak, and the nurses up there, it was wonderful, but ... yes, I think because I'm pretty much a private person, you know, and I said to Karen, the cancer nurse, I said, 'Oh ...' you know, 'I've been down to ward 2 and they're just small rooms,' I said, 'I'd like,' you know, I said, 'I've always been lucky over the years when I've had to go in and have operations or been in hospital,' I said, 'I've always been lucky and they've given me my own room,' you know. I said, 'Because I just like to keep myself to myself, you know.' And she said, 'No, we don't do that on breast cancer wards [chuckles] and I went, 'Oh ...' you know, she said, 'I'll take you onto the ward anyway, so I looked down at the corner at the far end and I knew my friend used to go into this end bed which was really nice, I said, 'I want that bed, right at the far end,' you know. Yes, so she said, 'Yeah, OK, we'll make sure you get that.' But, yeah, I suppose, everybody's different. Some women like to sort of be there and gabbling and telling everybody everything, you know. I just like to sort of be tucked away, just get on with it and ... you know.

INT: AND, SO YOU'VE HAD YOUR SECOND OPERATION AND YOU'RE IN RADIOTHERAPY NOW, IS THAT RIGHT?

Patient: I've had my radiotherapy, I've finished that ...

INT: OH YOU'VE FINISHED IT ...

Patient: I finished that just before Christmas.

INT: AND HOW DID THAT GO?

Patient: That went fine, yeah. It was just the inconvenience of going every day, because it wasn't as if it was the City which is five minutes drive, it's in, across the other side of Derby, and the DRI's horrendous for parking. So that was the biggest pain. But, yeah, that went OK. Just, you just feel very, very tired, I can't explain.

INT: YEAH, AND WHEN DID THAT FINISH?

Patient: Erm, just before Easter.

INT: OH RIGHT, YEAH.

Patient: Yeah, but ... yeah, it just, and I don't know whether it's the drug or what, but I just feel very sickly and when you eat anything you immediately feel full and sickly feeling. And I've put on weight, over a stone, which ... I read that 'You can gain weight.' I thought, oh yeah, that's me, I'll gain it because I don't want to. But, yeah, yeah. Just very, just very tired, and I was very badly burnt obviously, the skin all came off and that was sore and painful, but that's clearing up now.

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

Patient: Wonderful.

INT: YEAH? DO YOU THINK IT'S MET YOUR EXPECTATIONS?

Patient: Oh, and more, yeah, yeah.

INT: AND IF YOU WERE TOLD THAT YOU HAD THE POWER AND MONEY TO CHANGE ONE THING ABOUT THE SERVICE AT THE CITY, YOU KNOW THE BREAST SERVICE YOU WENT TO, WHAT WOULD THAT BE?

Patient: Erm, I think ... to give, to give them more equipment, to get the equipment. I mean there is a new piece which we've been doing this Magic Million, everybody's been raising funds, you know, and they've bought a piece of equipment which I was lucky enough to go on, but just, you know, that's so desperately needed, the equipment that they need, you know. And I think that would be it, you know. It's the most sort of up-to-date piece of equipment that is needed, it would be that. I, erm, I intend to try and raise funds - we've been doing it in the village for cancer and what-have-you, but I paint, that's one of my, I'm not very good, I've only just started but ... but I've done quite a lot and when we have the well-dressings I want to sell some of them so that the proceeds can go to breast cancer, to help.

INT: THAT'S A GOOD IDEA. DID YOU START LEARNING FROM SCRATCH? IS IT SOMETHING YOU'VE JUST LEARNED OR ...?

Patient: Yeah. I've always, well, as kids ...

INT: I THINK THAT'S GOOD, TO BE HONEST, I COULDN'T DO ANYTHING LIKE THAT.

Patient: Yeah, yeah.

INT: I'M HOPEFULL AT ART.

Patient: yeah, I loved ...

INT: I CAN'T DRAW AND I CAN'T PAINT.

Patient: ... I loved it at school, I really loved it.

INT: MM, I CAN'T DO IT AT ALL ME, NEVER BE ABLE TO DO IT.

Patient: And, yeah, so ... and I bought loads of these big teddies, Boots were selling them off after Christmas and I bought about six and my husband was, 'What on earth are you buying all them for?' I said, 'Because ...' I said, 'When we've got the well-dressings ...' which is next month round here, 'one of the wells is across the road, there's a lot of wells in this village, and lots of people come over the three days, loads of visitors from all over and I said, 'If it's fine we can have the garage up and I can do some of my paintings there and raffle these big teddies off and ...'

INT: SO IS THAT A BIG THING THAT HAPPENS ROUND HERE, THIS WELL-DRESSING?

Patient: A well-dressing, yes.

INT: AND WHAT'S ENTAILED THERE? IT'S GOT NOTHING TO DO WITH THE INTERVIEW THIS ...

Patient: No, no. Er, haven't you ever seen them? They, there's these like big pictures but all made of petals of flowers?

INT: NO, [???

Patient: And it's, it sort of dates way back to when the wells were in the villages and, erm, and it's like the blessings of the wells, they get blessed and everybody sort of takes part. Because these huge boards, they can be as big as that rug, and it's covered in clay and then they mark out with coffee beans, you know, a design, and each well, it's, the Brownies can do one or the Scouts, the Guides or the Cubs'll do one, and there'll be a theme. The Women's Institute, what-have-you, and it'll, they're marvellous, beautiful picture will suddenly appear with all petals of flowers, you know ...

INT: AND IS THERE ANY EVENTS ON THAT WEEKEND OR SOMETHING?

Patient: Yes, there's all the morris dancing and there's bands and there's a pram race through the village and [chuckles] ...

INT: OH I MIGHT BRING MY GIRLFRIEND DOWN BECAUSE SHE'S FROM ARGENTINA ...

Patient: Is she?

INT: ... SO SHE KNOWS NOTHING ABOUT THIS.

Patient: Oh. Well last year was a bit of a wash because the weather wasn't good, the year before was wonderful, but, yes, and they sort of do teas outside and there's like crafts in the scout hut across the road there. And everybody just walks all round the village, like I ay, and there's, you know, there's sort of things going on down there. Yeah, it's just, if you've never seen a well-dressing it's a nice village to see it in.

INT: YES, IT LOOKS A PRETTY VILLAGE, WHEN I WAS DRIVING THROUGH. ANYHOW, LET'S GET BACK TO .... TO MY DATA. LAST TWO QUESTIONS. NOW YOU'VE BEEN THROUGH THIS EXPERINCE, WHAT DO YOU THINK ARE THE MOT IMPORTANT THINGS SOMEONE NEEDS, WITH BREAST CANCER, NEEDS TO KNOW FIRT OF ALL ABOUT THEIR DIAGNOSIS?

Patient: ... in what way do you mean?

INT: JUST WHAT DO YOU THINK IS THE MOST, WHEN SOMEONE'S HEARING ABOUT THEIR DIAGNOSIS, WHAT DO YOU THINK'S THE MOST IMPORTANT THING THEY'D WANT TO HEAR?

Patient: Obviously that they're going to, to be OK, you know, to be reassured that the operation, if they've got to have an operation, that it's going to be taken away, and the treatment, erm, will be successful. But obviously there's other poor people that, you know, it's caught too late, which I've got a friend at the minute and she hasn't been given six months to live even.

INT: OH, NO.

Patient: You know ... er, yeah, so ... and people think it's pretty blunt the way they tell you these things, but I think, to be honest, it's a good thing to know and to be told the truth.

INT: YES, ABSOLUTLEY I KNOW AT DERBY, AND NEARLY ALL THE CLINICS YOU GO TO NOWADAYS, A LOT OF THEM DO HAVE A PHILOSOPHY OF SAYING, 'WE TEND TO USE THE WORD CANCER' RATHER THAN ANYTHING ELSE BECAUSE ANYTHING ELSE CAN BE A BIT MISLEADING.

Patient: That's right.

INT: SO PEOPLE ARE REALLY INTO WHAT THEY SAY.

Patient: That's right, yes, yes.

INT: WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT THE OPERATION, OR OPERATIONS THEY CAN HAVE?

Patient: ... well to be ... if they've got to have the breast taken away, that they can have the reconstruction, I think that's, I think that's a wonderful thing, you know, especially the younger, young women. That they've got the choice if having that done there and then or at a later date. And I think that's a good thing now, instead of, like I say, years ago and then your friends just have their breasts taken off, and that was it. Or ... erm, not just taking the breast off as they use to for no reason and it wasn't necessary ...

INT: YEAH, OF COURSE.

Patient: ... which in my case I understand now, you know. When I, my first initial reaction was, 'Take the breast away,' you know, erm, and now I'm glad that, you know, they said, 'Woah, woah, woah, you know, that's not necessary at this ...'

INT: AT THIS STAGE, YEAH.

Patient '... at this stage, yeah.'

INT: RIGHT, YEAH. THIS IS THE LAST QUESTION, IS THERE ANYTHING ELSE YOU'D LIKE TO ADD TO WHAT WE'VE BEEN TALKING ABOUT TODAY? ANYTHING YOU THINK IS IMPORTANT THAT I'VE MISSED OUT OR THAT I HAVN'T ASKED YOU, OR ANYTHING?

Patient: No, I don't so. I think we've covered about everything. I think the only thing that I would, I can remember, you know, when you come home and you sort of come out on the Friday, they seem to kick you all out on a Friday ...

INT: HOME FOR THE WEEKEND.

Patient: Yes [chuckles] yeah. And the nurse comes out on the Saturday to see you, not the cancer nurse, this is the nurse to, erm, to see to your dressing, whatever, and I thought that maybe they could probably do with coming out more than just that once after. I think that would be the only thing, because also I've got three other friends - it sounds terrible, doesn't it? - because suddenly there was eight of us with breast cancer when I was in, friends. And one particular lady, she was an elderly lady on her own, and, erm, yes she's got me, she's got another friend of ours to talk to, but I just feel that maybe the nurses could come out a couple times more. That would be the only thing I think.

INT: TO VISIT IN THE HOME, DO YOU MEAN?

Patient: Yes, yeah, yeah. Not the cancer nurse, this is the nurse ...

INT: THE DISTRICT NURSE.

Patient: The district nurse.

INT: RIGHT, GOT YOU.

Patient: Yeah. That, she comes out that once and, yes, they do give you a phone number, you know, that you can call should anything happen, but if they're like me you don't tend to call anybody, you just, you know, unless they call you, I don't bother anybody.

INT: BECAUSE THEY'RE BUSY.

Patient: Because they're busy, that's right. But I think maybe, you know, two home visits from them, because you do feel frightened, you are sort of wary of any pain and swelling and ... and it wasn't till I went back to Mr Sibbering and, you know, and I said to him, 'You know, it's pretty painful under my arm and what-have-you,' and he drained a load of fluid off there and then, which eased it straight away, you know. And ... and that's what I think that the district nurse maybe could call out, just to check that, because if you're not a person that wants to bother, you know, the medical profession, the district nurse could call out maybe just, even if it's just twice, not just the once. And that, that would be the only thing I think.

INT: RIGHT, OK.

Patient: Yes, they're all there on the end of a phone but I think that's it, when you come home you're, you know, it's sort of, you're in for your operation and out very quickly I think with breast cancer, and it's when you get home that you sort of could do with that support more. Like I say, it's very good that you've got the cancer nurses, they're there any time of the day and night you can call them, and they will come out to you, you know. But I think just, I think for a district nurse maybe to make just two calls instead of just the one on the Saturday when you come out on the Friday, she comes on a Saturday, and that's it. And I think maybe if she came on the Saturday morning and maybe call the following week, you know, that would be the only thing. I can remember thinking that at the time, that, you know, you could just do with them, you know, rather than you bother them, that they sort of said, 'Right, we're gonna call next week to see you at this, on this particular day ...' that would be, yeah, that would be it.

INT: OK. ERM, IF THERE'S NOTHING ELSE I'LL SWITCH OFF.

[End of interview]