

\*SURGICAL MANAGEMENT PREFERENCES STUDY: Interview (Patient)  
\*VENUE: High MR unit  
\*DATE:  
\*ID: Patient30  
\*INTERVIEWER: DJW

INT: FIRST OF ALL THANK YOU VERY MUCH FOR AGREEING TO BE INTERVIEWED, IT'S OBVIOUSLY YOUR OWN TIME THAT WE'RE USING HERE SO WE DO APPRECIATE IT. I'D LIKE TO START WITH QUESTION ONE HERE WHICH IS CAN YOU TELL ME A LITTLE BIT ABOUT WHAT YOU KNEW OR UNDERSTOOD ABOUT BREAST CANCER BEFORE YOU REALISED SOMETHING WAS WRONG WITH YOUR BREAST?

Patient: Well really only what I'd heard in the media or read in the sort of media or heard on television or read in magazines and also from people that have been involved with anything to do with breast cancer.

INT: SUCH AS?

Patient: Pardon?

INT: SUCH AS ...?

Patient: Well, sort of probably friends or people that knew of people, that sort of thing, but nothing, nothing else really, just what I'd read, what I'd heard - mostly what I'd read because there seems to be much more about it in magazines and things these days and papers. So really that's about all I knew about it.

INT: AND IS, DOES YOUR FAMILY HAVE ANY HISTORY OF BREAST CANCER?

Patient: No, nothing at all.

INT: NOTHING AT ALL, YEAH.

Patient: No.

INT: AND IS THIS THE FIRST TIME YOU'VE HAD BREAST CANCER YOURSELF?

Patient: It is.

INT: YES, OK. AND SO IN TERMS OF YOU, DID YOU GET PICKED UP ON SCREENING? IS THAT RIGHT, OR DID YOU ...?

Patient: I got picked up by a three-year mammogram.

INT: THREE-YEAR MAMMOGRAM.

Patient: Yeah, which obviously, erm, I'm very thankful for.

INT: RIGHT, OK. SO.

Patient: And I've always attended every mammogram. Three years ago apparently there was nothing there and this time there was.

INT: SO WHAT, WHEN YOU WENT THERE AND YOU REALISED THERE WAS SOMETHING WRONG, WHAT SORT OF WENT THROUGH YOUR MIND THEN?

Patient: No, I didn't know there was anything wrong when I went for the mammogram obviously.

INT: OH, RIGHT, OK.

Patient: Then I got called back.

INT: OH, I SEE, RIGHT, SO IT WASN'T A ONE-STOP CLINIC.

Patient: Yeah, so it wasn't instant.

INT: AH RIGHT, YEAH, BECAUSE I KNOW THEY DO SOME ONE-STOP CLINICS SOMETIMES, DON'T THEY?

Patient: No, it was just a normal, and I just went for my normal mammogram, wasn't called back in or anything like that like you are sometimes, you've got to wait and sometimes you have to go back in. Nothing like that so obviously I never thought twice about it, came home and then about 10 days later I got a letter asking me to return.

INT: MM, RIGHT, OK. AND WHAT DID YOU THINK WHEN YOU GOT THAT LETTER?

Patient: Panicked.

INT: REALLY?

Patient: Mm, because I knew obviously that there was maybe something wrong and I'd had breast problems before but not cancer.

INT: NOT CANCER.

Patient: No. But I knew there was no lumps there because I'd checked. But I had a little bit of, I'm not sure if you'd call it pain, but a little bit of discomfort in the breast so I thought maybe I was having another cyst which I'd had before, so I'd checked myself very thoroughly for lumps but there was nothing there so obviously I was a little bit panicky. Mm.

INT: YEAH, A BIT WORRIED, MM, I'M SURE YOU WERE. SO CAN YOU PLEASE TELL ME ABOUT THE TIME FROM WHEN YOU FIRST REALISED, WELL FROM WHEN YOU GOT THIS LETTER I SHOULD SAY TO THE TIME YOU WENT TO HEAR ABOUT YOUR RESULTS? CAN YOU TELL ME ABOUT THAT TIME?

Patient: Well then I had, I went back after, when I got this letter after 10 days, and I went back for, they asked me to come back for ultrasound and some more mammograms, but they didn't tell me there

would be a core biopsy, but there obviously was, that wasn't mentioned on the letter, just ultrasound and perhaps more mammograms. But when I went there obviously, erm, there were some little white spots in the milk ducts and they showed it to me on the screen, they showed me my last mammogram three years ago, then they showed me this one and there was these little white spots and they said that they wanted to investigate them and they were going to do a core biopsy, which they did, which was very uncomfortable for me because I'd had problems with that breast and it was always very sore.

INT: RIGHT, OK.

Patient: And they hit a blood vessel and they had to apply pressure which was quite painful, in that that was more painful I think than what I've been through now. And that was the first I realised that I'd got spots and there was obviously something wrong. And then I had to wait a week for the results, which ...

INT: YEAH, MM. WHEN YOU SAW THE SPOTS ...

Patient: Well I knew that there was something, yeah, but they weren't sure whether they were, erm, benign or cancerous obviously, but they had to, that's why they did the biopsy. And obviously I had a week to wait. But ...

INT: SO YOU WENT FOR YOUR MAMMOGRAM THEN TEN DAYS LATER, YOU GOT A LETTER A COUPLE OF DAYS LATER ...

Patient: Ten days later I got called for, erm, more mammograms, ultrasound and the core biopsy, and then I had to wait one week.

INT: OK, SO THAT'S LIKE, WHAT ...

Patient: To know the result?

INT: ALMOST THREE WEEKS SORT OF FROM WHEN YOU WENT FOR THE MAMMOGRAM TO HEARING YOUR RESULTS ...

Patient: That's right, almost three weeks.

INT: YEAH. AND OBVIOUSLY YOU MENTIONED, YOU KNOW, YOU SUSPECTED AT THE BEGINNING THERE COULD BE SOMETHING AMISS. DID YOU ACTUALLY, DID YOU HAVE ANY, DID YOU TALK OVER YOUR INITIAL THOUGHTS ABOUT WHAT IT MIGHT BE ...

Patient: With whom?

INT: WITH ANYBODY?

Patient: Erm, only my husband and friends and family, but not anyone ... outside.

INT: ANYONE BEYOND THAT, NO.

Patient: No.

INT: NO, OK. AND HOW DID YOUR HUSBAND TAKE THAT THEN?

Patient: Well my husband, wait and see, you know, that attitude, it may not be what you think. Erm, and I mean what could I do? I'd just got to wait and see obviously. That was probably the worst part, waiting to know. Everyone says that, it's the not knowing and having to wait a week to know, mm.

INT: SO, THEN AFTER YOU'VE HAD THESE EXTRA TESTS YOU WAIT A WEEK, YOU'VE GOT YOUR RESULTS, CAN YOU TELL ME WHAT HAPPENED THEN WHEN YOU WENT FOR YOUR RESULTS?

Patient: Yes, erm, I was, went back and ... my husband went with me and I went in, erm, the nurse called me in to see a doctor, Mr Holliday, in Derby, who is one of the consultants, and I sort of sat down and he said to me 'Your test is positive and you have breast cancer ...' sort of thing. And I can't say I was overly shocked because as I say I'd perhaps prepared myself for it, and he said that I had it in the milk ducts and it was non-invasive, which I was very grateful for, but he suggested that I had a mastectomy and he said that I could also have a reconstruction if I wanted because he thought that I may not have to have any other treatment.

INT: RIGHT, OK.

Patient: Right? But he said I could come back in six months, a year, so many years, whenever I felt up to it and have this reconstruction, and I said that if he thought there was going to be no more treatment I would prefer to have the reconstruction at the same time.

INT: AH RIGHT, OK.

Patient: Right? Although I'm coming up to, I'm 62 coming up 63, I asked him whether he thought I was too old to have a reconstruction because he did point out that it was what they call a double major - I don't know if that's right - double major operation, taking away the breast first and then having a plastic surgeon ...

INT: I HAVEN'T HEARD THE TERM DOUBLE MAJOR TO BE HONEST

Patient: Well I don't know,

INT: BUT I DO KNOW [???

Patient: But I think I remember him saying that it was quite a big operation and quite a long operation. And I said did he think I was too old and he, I got the impression that he would prefer me just to have a mastectomy. But he said that I could think about and discuss with the breast screen nurse, and that was it really. It was quite a short, just to, he told me I'd got breast cancer and that was it. And that I would have to have an operation. If I wanted to have a mastectomy he could do it fairly quickly but if I wanted to have a mastectomy with a reconstruction it would take a bit longer to organise because there would be two surgeons involved. But as it happened I only had one in the end, I didn't have Mr Holliday to do it in the end, the surgeon I originally saw, he didn't do it.

INT: WHO WAS IT, WAS IT ...?

Patient: Mr Sibbering.

INT: SIBBERING, YEAH, [???

Patient: He did the lot because they were going, they arranged for me to see a Mr Daly from Nottingham who's the plastic surgeon: we went to visit him, or not visit him, but we went to see him for a consultation the week after, but he didn't turn up, he'd got problems at home, so that fell through. And then the next thing I knew Mr Sibbering took over.

INT: SO, JUST GOING BACK A LITTLE BIT NOW, ERM, WHEN YOU STARTED TO SUSPECT THERE MIGHT BE SOMETHING LIKE BREAST CANCER, DID YOU HAVE ANY THOUGHTS INITIALLY ABOUT WHAT YOU MIGHT DO ABOUT IT IF IT WAS?

Patient: What I might do about it?

INT: YEAH, IN TERMS OF TREATMENT.

Patient: What do you mean, before I'd actually been told?

INT: MM, YEAH, DID YOU HAVE ANY ...?

Patient: Well I assumed I'd have to be guided by, erm, the surgeons, but I suspected I had to have a mastectomy, yes,

INT: RIGHT, OK.

Patient: If it was spots, yeah.

INT: AND WHEN YOU WENT TO THE CLINIC YOU SAID YOUR HUSBAND WITH YOU IN THE ACTUAL CONSULTATION?

Patient: Well, no, I went in first to see Mr Holliday for him to give me the results and when he told me I'd got breast cancer I said to the nurse, 'Would you ask my husband to come in so that we can, he can hear what's being said?'

INT: SO WHO ELSE WAS IN THE ROOM AT THE TIME?

Patient: Just a nurse.

INT: A CLINIC NURSE?

Patient: Clinic nurse I think.

INT: IT WASN'T ONE OF THE BREAST CARE NURSES?

Patient: No.

INT: OK. AND YOU MENTIONED ABOUT YOUR DIAGNOSIS, IT WAS MR HOLLIDAY THAT BROKE THE NEWS TO YOU, DID HE USE ANYTHING LIKE ANY AIDS OR TOOLS FOR INSTANCE, LIKE, YOU OBVOIUSLY SAW YOUR TWO MAMMOGRAMS ...

Patient: No, not then he didn't, no, that was before, that was before the core biopsy they showed me that.

INT: AH RIGHT, OK. OK. SO IN THE ACTUAL CONSULTATION WHERE HE TOLD YOU YOUR DIAGNOSIS DID HE USE ANYTHING LIKE MAMMOGRAMS, PICTURES ...

Patient: Nothing.

INT: DID HE DRAW ANY DIAGRAMS?

Patient: No.

INT: NO? OK, HE JUST ...

Patient: He was very, just to the point, nothing else. Not a very what I'd call bedside manner, but these surgeons aren't. I'm not criticising him.

INT: OH, NO, NO, NO.

Patient: But he was just to the point, and that was it.

INT: HE'S, I'VE INTERVIEWED HIM, I'VE INTERVIEWED ALL THE STAFF AT DERBY AND HIS WAS THE SHORTEST INTERVIEW, NOT SURPRISINGLY [CHUCKLES]

Patient: Yeah, that's how it was. He said when I walked in, 'Your tests are positive, you've got breast cancer and I suggest you have a mastectomy,' and that was it more or less. And then I went on about the reconstruction and, as I say, I got the impression he didn't want me to have it but - well I'm not saying he didn't want me to have it, he perhaps advised me that it was perhaps better to have it afterwards.

INT: YES, BUT NOT AT THE SAME TIME?

Patient: But not at the same time. But that was my first reaction I think, yeah, having known someone who'd had the reconstruction and knowing that, hopefully, I didn't have to have any more treatment. Mm. I think if I'd thought I'd got to have chemotherapy or radiotherapy, obviously I wouldn't have been able to consider it and I don't think they do it, I'm not sure, I'm not obviously aware of that.

INT: YEAH, MM.

Patient: But he was just to the point, which I expected really, you know.

INT: HAD YOU MET HIM BEFORE?

Patient: No. I don't want any criticism of him.

INT: OH, NO, NO, NO, NO I UNDERSTAND.

Patient: you know, because this is being recorded ...

INT: OH YES, YOU WOULDN'T WANT ...

Patient: It was no criticism, it was just to the point.

INT: YEAH. OH THIS IS COMPLETELY CONFIDENTIAL THE PEOPLE AT DERBY NEVER GET TO FIND OUT WHAT YOU SAID.

Patient: Right, OK.

INT: BUT, NO, NO, I'M JUST MAKING SURE THAT ...

Patient: That's what I was just saying that he was ... yeah.

INT: THIS IS THE [???] SO, YEAH, I SUPPOSE ...

Patient: And then he, he suggested I spoke to the breast screen nurse.

INT: SO UPON THAT INITIAL HEARING, THAT CONFIRMATION THERE THAT YOU'D ACTUALLY GOT CANCER, WHAT WERE YOUR FEELINGS AT THAT POINT?

Patient: Well, although I'd perhaps thought there was something wrong, it's always a shock to hear it spelt out, like anything is, you know. Erm, so it was a shock. I think angry is my word for it, I felt angry I'd got it. I didn't how I'd got, you know, why do we get these things, and I've always thought that we, you know, we sort of ate well [chuckles] and ate the right things, we don't eat rubbishy stuff, I don't smoke, I do drink but not drink-drink, I just have a drink.

INT: MM, SOCIAL DRINKING, MM.

Patient: So, you know, it's not that you abuse yourself in any way and you wonder where it comes from. So I think angry was my first reaction, mm. It sounds funny but that was my first reaction.

INT: NO, IT'S A VERY COMMON REACTION.

Patient: Oh, is it?

INT: IT'S A VERY, VERY COMMON REACTION AMONG A LOT OF BREAST PATIENTS.

Patient: I don't know why you feel angry but you do, yeah.

INT: YEAH, I THINK IT'S [???] I THINK THERE'S MANY DIFFERENT REASONS WHY PEOPLE FEEL ANGRY: SOME FEEL JUST AS YOURSELF, WELL I HAVEN'T DONE ANYTHING WRONG ...

Patient: No, to abuse myself.

INT: TO ABUSE YOURSELF ... [???]

Patient: Yeah, I mean I know I'm getting older and one has to expect to get things but, erm, I don't, didn't ever think I'd have that. Although I've not had any children and I think maybe, I don't know whether that's anything to do with it.

INT: SOMEBODY ELSE SAID THAT TO ME, I'M NOT SURE [???

Patient: I think, going back, I mean I don't know if you want me to tell you this now or later, but I had trouble when I was 19 with a breast but it was a benign tumour.

INT: OH RIGHT, OK.

Patient: Yeah, which was removed when I was 19 years old, it was called a fibroid adenoma, and I think I was told then I could have problems later in life with the milk ducts ...

INT: OH RIGHT, OK.

Patient: Which was, seems very odd, I don't think I imagined that, I think that was a fact, and, erm, but I never thought that I'd have it really because you don't think these things happen to you, do you?

INT: WELL NO.

Patient: It's always someone else but not you, if you see what I mean? And I'd always been fairly healthy, I've never really had, I've never had an operation even.

INT: WELL MY DAD NEVER DID, I MEAN ...

Patient: So I mean, you know.

INT: MY DAD WAS ALWAYS LIKE THAT, HE WAS ALWAYS VERY, VERY HEALTHY AND I'VE NEVER KNOWN HIM HAVE A, WELL HE HAD A COLD ONCE OR TWICE AND HE HAD A BACK, HE HAD A SLIPPED DISC.

Patient: Yeah, I had a bad back.

INT: HE NEVER HAD A MAJOR ILLNESS.

Patient: I've got disc trouble but not major illness.

INT: AND WHEN HE WAS DIAGNOSED WITH BOWEL CANCER, I MEAN, IT CAME AS A MASSIVE SHOCK.

Patient: It's a big shock, yeah.

INT: YEAH, I MEAN, I WAS IN THE CONSULTATION WITH HIM BECAUSE MY MAM WAS POORLY AT THE TIME, AND I JUST SAW HIS FACE AND HE JUST WAS LOOKING AT THE FLOOR, AND I'D NEVER SEEN HIM LIKE THAT BEFORE. HE'D ALWAYS BEEN A VERY, VERY STRONG PERSON, YOU KNOW, VERY STRONG AND QUIET.

Patient: I didn't, I didn't break down or anything like that.

INT: OH NO, NO.

Patient: I didn't have any emotions like that, I just sort of felt, mm, angry, and sort of shocked really.

INT: MM, AND YOUR HUSBAND, HOW DID HE TAKE IT?

Patient: Well I think he was shocked, obviously, erm, worried, you know, about me, but I don't know really, I didn't really ask him how he felt, because we were ushered into another room.

INT: YEAH, THAT WAS THE NEXT QUESTION, YOU WERE ...

Patient: Quickly ushered in somewhere to see a breast screen nurses, and introduced, introduced to a breast screen nurse and she said that she'd been, she said, 'I'm your breast screen nurse and, you know, I'll be sort of, erm, helping you or anything you want to know I'm sort of here for you,' and we went into another room, which was, with coffee and settees and that, very comfortable, and she came in and she sort of talked to me about it and asked me, erm, you know, what I wanted to do, whether I wanted to have reconstruction, and she explained to me about prostheses and showed them to me. She gave me a lot of literature, erm, and she really just generally talked me through about having an operation, when it would be likely to be, possibly in two or three weeks' time and that sort of thing. And how long I'd be in hospital, how long I'd be afterwards and all the rest of it, the exercises that they wanted me to do. She just generally went through the whole thing: she was very good, very helpful.

INT: HOW LONG WERE YOU IN THERE THEN?

Patient: Sorry?

INT: HOW LONG WERE YOU IN THERE DO YOU THINK?

Patient: Oh, I don't know, perhaps 20 minutes, half an hour. And then someone else came who was in charge as well, erm, and I think because I said right away that I would like to have reconstruction, I think her superior came and sort of gave me an idea about this reconstruction business which isn't easy, and talked to me about that. And then they said, 'Look, you know, don't make a decision now, we want you to go home and think about it for a couple of days and see what you think,' and also they very kindly put me in touch with a couple of people that had had mastectomies and also had reconstructions, so I was able to come home and for a couple of days think about it and talk to people who'd had it, which was very helpful.

INT: DID YOU ACTUALLY, YOU SPOKE TO THEM, DID YOU?

Patient: Yeah, I spoke to, they put me onto somebody that had had it in there, and, erm, then I spoke to a friend and she knew someone who'd had it and she rang me and they talked me through it and by this time I thought it wasn't going to be easy so I decided I wasn't going to have a reconstruction, I'd just go back and have the mastectomy. Erm, but my first reaction was when the, Mr Holliday told me was, when I asked him about my age, having it at my age, erm, that was my first thought, that I really wanted reconstruction right away because I felt with being older I wouldn't want to go back in later and have it: it was either then, now or never. I can't see myself coming home, getting over it, and then

wanting to go back in for reconstruction. So, erm, I was still quite keen, but then when I heard about what you've got to go through and what was involves, I sort of had second thoughts.

INT: WAS THIS FROM THE PEOPLE YOU SPOKE TO.

Patient: Yeah, yeah. Erm, so then I think I had to go back in to meet Mr Daly, this plastic surgeon, he wanted to talk me through it anyway, but he, we went back for half past eight one morning but he didn't come, so that all fell through. And then the next thing I heard was that Mr Sibbering wanted to see me, this was after.

INT: AFTER THE CONSULTATION?

Patient: After the consultation with the breast screen nurses and having come home for a few days, got a telephone call to ask me to come in and see Mr Sibbering, erm, and I went in to see Mr Sibbering - is that, do you want me to go on?

INT: ERM, JUST WILL YOU STOP THERE FOR A SECOND AND JUST GO OVER SOME POINTS THAT I PICKED UP ON. WHEN YOU WERE ACTUALLY TALKING WITH MR HOLLIDAY AND THE BREAST CARE NURSES, WAS THERE ANYTHING, ANY INFORMATION YOU DIDN'T UNDERSTAND? WAS THERE ANYTHING YOU WEREN'T SURE OF?

Patient: I wasn't told at that stage, erm, much about the actual cancer: they did say it was non-invasive and that they thought it wasn't in the lymph glands and they thought that I wouldn't have to have any other treatment because it was very localised, just in this one spot.

INT: RIGHT, OK.

Patient: And they didn't, they couldn't see anything else further back into the breast, so they thought that hopefully it was just in that one spot. But obviously they couldn't be 100 per cent sure, but I think they'd got a pretty good idea. Erm, but when I went back to see Mr Daly that morning, first of all, and he didn't come, the breast screen nurse was there again, Jill, and she took me into the room again and explained that they were very sorry they'd brought me in but Mr Daly had a personal problem, and I said, 'Well fair enough,' and they couldn't let me know because it was half past eight in the morning the appointment, he wanted to see me before surgery I think. And, erm, they were sorry about it and I sort of said, well, I did want to know a bit more about the type of cancer I had and they did bring me out a big sheet called ductal carcinoma which was what I'd got.

INT: YEAH, DCIS IT'S CALLED, DUCTAL CARCINOMA IN SITU, IS THE FULL TITLE OF IT.

Patient: Yeah, which I'm very lucky to have, because I mean I think they said it was one of the least aggressive cancers, you know, meaning to say that it was non-invasive and it wouldn't spread over my body hopefully.

[Speaking together] INT: IT'S QUITE CONTAINED WITHIN THE DUCTS ...

Patient: Pardon?

INT: IT'S QUITE CONTAINED IN THE DUCT, ISN'T IT?

Patient: That's right, yeah.

INT: IT DOESN'T GO OUT IN THE REST OF THE BREAST SO ...

Patient: That's why they, you know, sort of said that they didn't think I'd have any more treatment, need any more treatment. And they brought me a sheet of paper with all the ductal carcinoma details, er, and talked to me again about the reconstruction and I said well I'd almost, although I was seeing Mr Daly, the plastic surgeon, I'd almost decided I wasn't going to go on with it but, I mean, I'd obviously had come to hear what he'd got to say. And they encouraged me to go for it.

INT: OH, RIGHT.

Patient: They encouraged me because they, as they pointed out, with not having any more, having had, hopefully having any more treatment, erm, she said, 'What was your first reaction when you first knew?' and I said reconstruction, and she said, 'Well, there you are then, that's what you wanted and that's what you should go for,' because at this stage I couldn't make up my mind what I wanted, to be quite honest with you. I think it was the shock and I'd got, I seemed to have terrible headaches with the pressure of trying to decide what to do. And whether I was prepared to go through it, because they did say that possibly it would be from beginning to end nearly six months, four, five, six months, because it's quite a long process. Erm, but they did encourage me. And then of course I was backwards and forwards changing my mind. ... So then I came home again and thought about it. So when I went back to see Mr Sibbering I'd almost decided then that I'd go for it, I'd got nothing to lose really.

INT: MM, THIS WAS AN IMMEDIATE RECONSTRUCTION?

Patient: Yes.

INT: YEAH, YEAH, SO YOU WENT [???

Patient: Mastectomy and, no, I didn't want [???

INT: MASTECTOMY AND THEN GO FOR THE IMMEDIATE RECON-, YEAH.

Patient: ... because I didn't think I'd, knowing myself and having gone through the operation of mastectomy, I didn't think I'd ever want to go back and have to go through it all again. Well, not go mastectomy but sort of go for another operation.

INT: SO FROM DIAGNOSIS NOW TO SEEING MR DALY, HOW LONG WAS THAT?

Patient: Well I was ... think, erm, I started, I first, I think I had my mammogram on the 19th January and I had my operation on 27th February.

INT: RIGHT OK, SO IT WAS ...

Patient: So it was quite, it was about three weeks waiting to go in to have the operation, I think, nearly three weeks would it be?

INT: YEAH, SOMETHING LIKE THAT.

Patient: Something like that, which seemed a long time at the time, waiting.

INT: AND DID YOU HAVE ANY OTHER CONTACT WITH THE BREAST CARE NURSE APART FROM THOSE TWO TIMES?

Patient: Erm, I think I rang her once to ask her something but I can't remember what it was now. Erm ... but she was there at the end of the line if I wanted her. I could ring. I think I rang once and she wasn't there but she immediately rang me back. They were very good, no complaints at all. And as I say they were there, she said, 'You can ring me any time: if you want me, I'm here.' But obviously, I mean, I had, I knew, I was just making up my mind really at what I was ... my problem was making up my mind what to do.

INT: SO HOW ...

Patient: Not because I didn't want a mastectomy, I mean I knew that was on the cards, but what I meant was I couldn't decide whether to have both, that was my problem.

INT: YEAH. AND WHEN YOU WENT TO SEE MR SIBBERING, WHAT HAPPENED THEN?

Patient: Well, Mr Sibbering, I went to see Mr Sibbering and he said that he, when I went in, again I asked if my husband could come in because he wanted to ask a few questions and, I can't remember what they were now, but, erm, and I said that I was considering having the reconstruction and he pointed out to me that it was quite a big operation, again, quite a long operation, but because there was problems with Mr Daly, I think, coming over here, he only comes certain Fridays or something, erm, he was going to do the whole operation for me, which was quite a surprise, but I didn't mind. And he explained, I think he drew a diagram and showed me that they put in what they call a tissue expander, which you obviously know all about it, do you?

INT: NO, I'M NOT A SURGEON, NO.

Patient: Oh, you don't.

INT: I'VE HEARD OF THEM BUT ...

Patient: Well, what they do is they take the breast away and then they put in a tissue expander behind the muscle and they put a little drop of saline in the tissue expander. They save as much skin of you that they can and then, erm, there's a valve in the side of me here, and then they, every fortnight or when they're ready, they start putting in saline and they stretch the breast, the skin stretches over the water. So when your breast is very big, when your breast is one and a half times the size of your other one, stretched by this skin with this water in, they then, I go back in for another operation, they take the water out and put the silicone in.

INT: OH RIGHT.

Patient: And you have a false breast - not like Jordan's, but [chuckles].

INT: I NEVER, I DIDN'T, I DIN'T KNOW THAT. I'VE HEARD OF THE TISSUE EXPANDER BUT NO-ONE'S EXPLAINED THE PROCESS QUOTIE AS CONCISELY AS YOURSELF. THAT'S VERY ...

Patient: Well obviously I didn't know what, anything much about it myself, this was ... but when I knew what ...

INT: [???

Patient: But it's not very pleasant ...

INT: NO, NO?

Patient: ... because the skin stretches and you're all ... but I've only had one treatment so far.

INT: OH, WE'LL COME BACK TO THAT THEN. LET'S JUST STICK WITH THE CONSULTATION.

Patient: So he showed me diagrams, explained to me what I'd have to go through and he said it wasn't an easy process. Erm, he said it was a long process, not an easy process, and, you know, he didn't actually say you'd be in pain, but he said it was quite painful, or discomfort, more discomfort than pain. And I said, well, I'd go ahead because I knew I'd never go back in, in my own mind.

INT: AND THEN HOW LONG AFTER THAT DID YOU HAVE THE ACTUAL OPERATION?

Patient: So then I had ... I don't know, I think it might have been, I don't know if it was two or three weeks, I don't know, I can't remember all the actual dates, unless I look at the calendar for you.

INT: BUT ABOUT TWO OR THREE WEEKS, MM, OK. AND THE OPERATION, HOW DID THAT GO? WAS IT OK?

Patient: Yeah, [chuckles] as operation's go. Oh he explained I'd have three drains and that, erm, he told me about the operation, he said it was long, and I'd have three drains when I came around: two drains could be taken out in the hospital and I could come home with one drain, and then the district nurse would come in and attend to me, but as it so happened the district nurses don't remove the drains now apparently, it's something they don't like doing, so you have to go back in the hospital. But in actual fact I had, he said some people drain for perhaps two or three days and some people drain longer, well I drained for the whole of the seven days. So I didn't come out, I stayed in the hospital because I was draining a lot and I was still draining when they had to take the drain out because after seven days they have to remove it, you know, the drain, because it can't stay in any longer. But I was still draining then, I don't know why, but 'Some people drain,' he said, 'and some people don't.' I don't understand that. So, erm, but there was no problem, no. It was, you know, I can't remember much about the first day or two anyway.

INT: NO, OF COURSE.

Patient: It's just as well.

INT: SO HOW DO YOU FEEL, YOU KNOW, YOU SAW TWO CONSULTANTS AND THE BREAST CARE NURSE, HOW DID YOU GET ON WITH THE TEAM THERE, MR HOLLIDAY AND MR SIBBERING AND GILL, THE NURSE, HOW DID YOU GET ON WITH THEM?

Patient: The breast screen nurse was lovely, very helpful, as I say, if I wanted to know I'm sure she would have spent more time with me but ... once I know the fact I can't see in any point in keep

bothering her, you know. I've rung her, she's rung me since, you know, I've been home. Erm ... no Mr, they were to the point, I mean they told me what they were going to do, erm, how long I'd be in hospital, how they expected, how long they expected me to be there. They didn't see that there'd be any problems and again Mr Sibbering said that he didn't think I'd need any other treatment but, until they'd, the breast had been to the path lab they can't give 100 per cent assurance, but he didn't think there would be any other problems because, as you pointed out, it was in situ, or he thought it was.

INT: AND WHEN YOU WERE TALKING WITH THE DOCTORS, DID YOU FEEL THAT THEY LISTENED TO YOU, DID THEY [???

Patient: I don't think they'd got time to [???] I think they're too busy.

INT: OK.

Patient: Yeah, but I mean if I'd wanted ...

INT: DO YOU THINK THEY UNDERSTOOD ...

Patient: If I wanted, he said, 'Do you want to ask me anything?' you know and, er, you know, I mean, he pointed out it wasn't an easy thing for me to go through, erm, and that was to the point really. And he showed me, we just didn't have anything else to ask him.

INT: AND THE NURSES?

Patient: I mean, they don't, the nurses are there for you to sit down and sort of say, 'Oh, you know, I'm sort of frightened about the operation,' and all that, but I mean you don't say that to the doctor, do you? He hasn't got time for that sort of thing.

INT: AND YOU FELT THAT THE NURSES UNDERSTOOD YOUR NEEDS AND CONCERNS?

Patient: Yes, mm, I'm sure they did, mm.

INT: DID THEY, DID YOU SAY YOU GOT SOME INFORMATION? DID YOU GET A PACK OR SOMETHING?

Patient: A big, big pack, yeah ...

INT: AND DID YOU READ ALL THAT?

Patient: ... showing the booklets, erm, what exercises you're expected to do, erm, very good, very good indeed. Very sort of ...

INT: AND DID YOU READ IT, DID YOU?

Patient: Yeah.

INT: AND DID YOU TICK YOUR BOXES FOR THE EXERCISE? [chuckles]

Patient: Yes, I read it, yes, read it very thoroughly.

INT: AND HOW USEFUL DID YOU FIND THAT INFORMATION?

Patient: Very, very useful, mm. Very helpful.

INT: SO, WHEN YOU WERE THINKING ABOUT YOUR RECONSTRUCTION, ERM, FROM WHEN YOU WERE ACTUALLY, YOU FIRST SPOKE ABOUT IT WITH MR HOLLIDAY, TO THE ACTUAL POINT WHERE YOU DECIDED, YES, YOU WERE GOING TO HAVE IT, HOW LONG DO YOU THINK THAT WAS ROUGHLY?

Patient: Not long, no, possibly a week, if that. I think I only had, originally I only had three or four days before I was going to see Mr Daly, so that would have been probably from about the Tuesday to the Friday, but because Mr Daly wasn't there I obviously had a bit longer because I had to, till I saw Mr Sibbering, but I only really had a very short period to decide, because they had to arrange the operation if it was going to be two surgeons. Mm. That was going to be the problem I think, but then Mr Sibbering took over and obviously did the lot.

INT: AND IN THAT TIME DID YOU, YOU KNOW YOU HAD THE INFORMATION FROM THE BREAST CARE NURSE, THE PACK, DID YOU LOOK FOR ANY MORE INFORMATION FROM ANYWHERE ELSE?

Patient: Yes, as I say, I was put onto people ...

INT: OH YES, Yeah.

Patient: ... who'd had operations and I also contacted friends of friends rang me who'd had operations, similar. Yes, I did. I spoke to, spoke to other people about it. Several people in fact.

INT: SO, THINKING ABOUT ALL OF THAT AND THE RECONSTRUCTION, WHAT DO YOU THINK WAS THE MOST IMPORTANT THING THAT YOU HEARD OR WERE TOLD, THAT YOU RAD, THAT HELPED YOU MAKE THE DECISION TO GO FOR THE RECONSTRUCTION?

Patient: Possibly talking to people that had actually been through the operation I think, and the breast screen nurse's help, yeah, I think. I think one girl particularly who'd had it like me and had the mastectomy and the reconstruction talked me right through it, right through the whole thing, she spent about an hour on the phone telling me exactly the process, what she'd gone through, and I think in the end, I think that decided me.

INT: OH, OK.

Patient: Mm, because she said that, if she had it in the other breast, she'd be prepared to go through it again she was so pleased with her results, with the result of the silicone breast. She said she'd been out and bought a bikini it was that good.

INT: OH, RIGHT.

Patient: So that kind of decided me I think. I thought, well, if she can go through it I can.

INT: I WAS JUST TRYING TO THINK WHAT I WAS GOING TO SAY. I HAD THIS QUESTION IN MIND, OH YEAH, THAT WAS IT ... SO YOU HAD YOUR OPERATION AND THEN WHAT HAPPENED AFTER THAT UNTIL NOW? HAVE YOU HAD ANY OTHER TREATMENTS?

Patient: No.

INT: JUST TELL ME WHAT'S HAPPENED ...

Patient: Well I was in hospital seven days which was rather a long time. I could have come out after five but I had a little bit of problem when I was in there with one of the drains which was, I had to have an injection one night because I thought it was the drain but in actual fact it could have been the valve inside me, there was something kind of, I got into bed one night and something, like twisted inside me and I was in quite a lot of pain, and they gave me an injection. And that made me nervous because I thought it was the drain but thinking back I think it was more likely to have been the valve, I don't know, inside me, because I've got this valve here. But anyway I had this sort of little 'do', I suppose you'd call it, one night and I was due to come out next day with one drain and Mr Sibbering came to see me that morning and I'd, he said, 'I understand you've had a bit of a problem,' and I said, yes, I'd had this awful sort of pain last night and they gave me an injection, and I said it's made me nervous about going home with the drain. So he said, 'You can stay here if you want or you can go home,' and I said, 'I think I'd prefer to stay ...' I said, 'How long much longer do you think I'll be draining?' and he said, 'Well it's got to come out on Friday anyway,' because my operation was one Friday and apparently after seven days it's got to come out. So I said, well I would prefer to stay put, because I didn't want to come home, have problems again and be in agony or something and my husband panicking and having to take me back. So I thought for an extra day or two I'd perhaps be better to come home with no drains at all. And I did feel a little bit, erm, I suppose shaky, so I thought, well perhaps I'd be better to stay put, which I did. So I came home after they took the drain out on the Friday after, the following Friday, and dressed it and I came home that morning, right away, I was able to come out. And, erm, I've been very lucky because my husband's been very supportive and doesn't let me do very much. He looks after me, so I mean I've been lucky to have someone to take care of me really. And after a couple of days I think the breast screen nurse contacted me for a chat, see if I was all right, and the district nurse came in. I came home on the Friday and the district nurse came in on the Monday and she took all the dressing off that was there, checked everything was all right, and she thought there was lumps of something. Well it says in the book that if you get what they call, oh I've forgotten the name of it now, some sort of swelling, I can't think of the name of it ..

INT: CORDING.

Patient: Pardon?

INT: IS IT CORDING?

Patient: No, not cording.

INT: LYMPHOEDEMA?

Patient: No, no, it's blood, blood clots sort of thing forming. I can't think of the word.

INT: DOES IT BEGIN WITH S?

Patient: Eh?

INT: S, DOES IT BEGIN WITH S?

Patient: Yes, it does. I can go and get the ...

INT: SEROMA.

Patient: Seroma. And I, she thought there was a seroma there, would I contact, if you get something like that you have to contact them, so I had to ring this number and they said don't worry about it if it's only small, it usually disperses. But next morning I had several and it was quite a lot, lumpy and swollen, she took, because she'd taken off all the strips that were here. And I rang the district nurse to check again and she said she was too busy to come but could I come to the surgery to see one of the nurse, practice nurses, and they'd have a look, because I didn't want to ring Derby again if there was nothing serious. I went to the surgery but the practice nurse knew nothing about it. She said she didn't even know, but she thought if I saw my doctor, who was there, he'd have a look and he did and he said there were lumps. So I rang the Derby again and they asked me to come in the next morning because apparently they remove them, aspirate them. But when I went in and they knew I'd got a tissue expander they wouldn't touch me, and Mr Sibbering said on no account, when I saw him [???] after, no account was anyone to ever come near me with a needle because they would puncture it, you see, they might puncture the tissue expander.

INT: OH RIGHT.

Patient: So he said, 'Don't you let anyone come near you with a needle.' And I had all that coming home the first week, but then I had to go back the following ... I came out on the Friday, the following Thursday week, I think it was, I don't think it was the same week, or Tuesday, I had to go back in for my results, my [???] from the path lab, and also to see the physiotherapy.

INT: SO HOW DID THAT GO?

Patient: Oh, I did see a physiotherapist as well before I went in hospital who demonstrated the exercises and pointed out to me how important they were for the arm. I forgot that bit. She was very good as well.

INT: AND WHEN YOU WNET BACK FOR YOUR RSULTS THIS TIME, WHEN WAS THAT?

Patient: That was about ten days after I came home.

INT: RIGHT, OK. AND HOW DID THAT GO?

Patient: Well I had to see physiotherapy first and demonstrate that I could do the exercises, and she said I was quite good and they didn't want to see me again, so I was released from there. And then I had another appointment an hour later to see Mr Sibbering and he told me that I had to have nothing else at all, nothing, no other treatment, which I was very grateful for, very pleased.

INT: I BET YOU WERE, YEAH.

Patient: Yeah, nothing at all, no drugs or anything.

INT: OH, THAT'S GOOD.

Patient: He said it wasn't hormonal, erm, and that he thought it would be a 99 per cent success having the breast off, and that was it.

INT: OH THAT'S GOOD, YEAH.

Patient: Yeah. And then he suggested that, because I was healing quite well, erm, that I came in the following week to have some water put in right away, they put so much [???] ...

INT: OH, THE TISSUE EXPANDER, YEAH.

Patient: ... so I went back last, about ten days ago I think it was, and I had my first 130ml put in [chuckles] [???] up, you know.

INT: SO HOW LONG WILL THAT TISSUE EXPANDER BE IN THERE FOR THEN?

Patient: Well I asked him and he said, I said, they, he didn't sort of say a lot, but he said that he'd put 100ml in when he did the operation, so when I woke up I wasn't completely flat like you would be with a mastectomy, I'd got a little shape of a breast, and he'd put 100ml right away; and then last week he put 130 in, so that's 230 I assume, and I asked him how much I had to have in and he said up to about 900. So I'm gonna be quite big, I think, for a while. But apparently it comes up in, you know, quite, stretches quite a lot, and you've got it up in your, here and everything I think, so I would imagine it's gets very uncomfortable towards the end. But this Wednesday I go again so ... the day after, a couple of days after it's quite a lot of discomfort.

INT: YEAH IT WILL BE IF IT'S STRETCHING THE SKIN ALL THE TIME, MM.

Patient: I should imagine it would get worse as it gets bigger.

INT: MM. SO, LOOKING BACK FROM WHEN YOU WERE FIRST DIAGNOSED, WELL A BIT FURTHER THAN THAT, SO TO WHEN YOU HAD YOUR FIRST MAMMOGRAM AND THEY CALLED YOU BACK, UNTIL NOW, HOW, WHAT DO YOU FEEL ABOUT THE CARE YOU'VE RECEIVED?

Patient: Very good.

INT: YEAH?

Patient: Mm.

INT: DO YOU THINK IT'S MET YOUR EXPECTATIONS? DID YOU HAVE ANY EXPECTATIONS AND IF SO WHAT WERE THEY?

Patient: I think it's, no I didn't have any expectations. I didn't realise that, erm, there was somebody like a breast screen nurse that would be there, available to you if you needed someone to call upon. I'm sure some people, erm, need that because I think some people are very emotional about it, I've spoken to people in the hospital, girls there, but, erm, and I think they probably need that support. But, as I say, I'm very lucky with my husband and also I didn't get ... I didn't find it emotionally disturbing to

feel that I was having a breast off. I mean I think it's every woman's nightmare, that she feels that she's going to lose her breast, nobody wants to lose a breast, but I didn't get, erm, as I say I think perhaps because I'm older... perhaps if I'd have been younger, in my 30s and 40s I would have been very upset, but I sort of accepted it. So, although the breast screen nurse was there, she was very helpful and she was there at the end of the line if I needed her, I, you know, I really didn't need a lot of support I don't think, I was able to handle it myself. Mm. But they were very, very ... yes, I've got no complaints at all.

INT: OK. AND NOW YOU'VE BEEN THROUGH THIS EXPERIENCE WHAT DO YOU THINK IS THE MOST IMPORTANT THING SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT FIRST OF ALL THEIR DIAGNOSIS?

Patient: Yes, I do think they need to know their diagnosis.

INT: WHAT DO YOU THINK'S THE MOST IKMPORTANT THEY NEED TO BE TOLD ABOUT THEIR DIAGNOSIS, DO YOU THINK?

Patient: What type of cancer you have, because obviously, I didn't know this but there's obviously different forms. Erm, whether it's, as I say, non-invasive or whether it's into the lymph glands: I think you should have all the information, I think although it may be not nice to know from the point of view of the diagnosis, but I still think people would want to know what's happening to their bodies. Erm, and what their chances are; whether it's likely to be in another part of the body. That is my chief thing, I think well if it was there it could be somewhere else, which is perhaps a bit stupid but ...

INT: [???

Patient: ... I think it could be somewhere else in the body because you think of secondaries and things like that.

INT: YEAH, EXACTLY, I THINK THAT'S ONE OF THE THING WITH CANCER, A LOT OF PEOPLE DO WORRY ABOUT [???

Patient: Yeah, so have I got it anywhere else?

INT: YEAH, EXACTLY, [???] SPREAD SOMEWHERE.

Patient: Mm, but with it being non-invasive ...

INT: YEAH, THEY DID SAY IT WAS ...

Patient: ... I got that feeling that perhaps it wasn't.

INT: RIGHT.

Patient: But, er, yeah I think that you would want to know everything about your diagnosis.

INT: AND WHAT ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT THE OPERATIONS THEY CAN HAVE?

Patient: Yes I think they should need fully to know that.

INT: ANYTHING IN PARTICULAR THAT YOU THINK YOU'D REALLY NEED TO KNOW ABOUT THE OPERATIONS?

Patient: Erm, well I think, I did ask about the pain because I expected it to be excruciating pain, but I think these days, I think surgery's obviously improving all the time and I can honestly say that I didn't think there was so much pain as I thought there was going to be. It was more a discomfort and soreness and - I'm not saying it was easy, not by any matter of means, but I expected to be in more pain. I think, I also, I was quite surprised at the amount they take away. I didn't they'd, although you feel your breast, you don't realise that you're, when you first see yourself, you realise that it's really like it's mutilation really, because they do take an awful lot away, seem to do, I seem to be a lot of, like concave here. Now whether that's going to fill out with the water I don't know. But in my case I was quite surprised how ... yeah, how much is taken, how it affects under, towards your arm, and I should imagine that if you have lymph glands, I don't know whether, how that affects you, but obviously they did take one or two of mine, or one or two to diagnose.

INT: YEAH, JUST TO MAKE SURE.

Patient: Yeah, but there obviously is nothing there. So obviously I'm very lucky and I, as I said, Mr Sibbering, I'm very grateful, although I've had a mastectomy, I feel that I'm one of the lucky ones because I was quite devastated with the young people that were in the hospital with me who'd got far worse than I had, and they were only in their 30s and 40s, and I felt very sorry for them, to be quite honest with you. I mean I was nearly double their age.

INT: YEAH. AND JUST IN TERMS OF HOW YOU FEEL NOW WITH YOUR, AFTER HAVING THE OPERATION [???] THE EXERCISES, ARM MOVEMENTS, HOW IS ALL THAT THEN?

Patient: Yes, it's very good. Mm. I think it's doing all right. I've quite a bit of pain, erm, well, not pain. I've got a lot of problems with my back, I've got a lot of fluid and swelling, I don't know why, I did mention it but apparently this is a normal thing I think, people do get back trouble with it. When I say back trouble it's up here, it's not disc problems.

INT: SORT OF IN BETWEEN THE SHOULDER BLADES?

Patient: It's all down the side actually. As soon as I came round I had trouble on this side, [chuckles] I wonder what they do to you, and I've got problems in the rib area as well, here, really quite pain still, but I don't know whether it's early days for that, it's only four weeks.

INT: OH OK. I'M NOT SURE.

Patient: And don't forget I've got a valve inside me here.

INT: AH, THAT MIGHT BE.

Patient: I mean, I don't know. But, yeah, but, erm, you know, I'm coping and I'm off pain killers or anything now, I just take them if I need, if it get bad or anything, but, er, yes I feel as if I'm doing all right. I don't expect anything too quick, you know. Six to eight weeks they said. And it could be longer for me, you see, because I can't drive for several months because of this reconstruction.

INT: OF COURSE, YEAH. BECAUSE OF THE SEATBELT.

Patient: Yeah, I have to put a cushion there anyway, but I think it'll be a while I think before I finish all this. I was trying to work out, if I go every fortnight, you know, but there again he may not put so much in because I think it's how much you can stand as you go on.

INT: YEAH, OF COURSE, MM.

Patient: So it could be three or four months, which is not very nice to think about, but hopefully at the end it'll be worth it.

INT: LOOKING BACK OVER ALL OF THIS EXPERIENCE, IF YOU WERE ...

[Interruption in recording]

INT: YEAH, THINKING BACK OVER ALL THIS EXPERIENCE, IF YOU WERE TOLD YOU HAD THE POWER AND MONEY TO CHANGE ONE THING ABOUT THE SERVICE AT DERBY THAT YOU WENT THROUGH, WHAT WOULD IT BE?

Patient: Say that again, sorry.

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

Patient: I think the actual service I had from, erm, from the breast screen nurses and from the Derby breast place altogether was very good. I thought the physios were good and everything, everybody had time for you. The only think I would criticise is that, after the operation, I thought there was no nursing care.

INT: NO AFTER CARE, YEAH.

Patient: No, no nursing ...

[Interruption]

Patient: There was, the hospital, yeah, they didn't let you suffer any pain, erm, but there was no nursing care, if you had to get up in the night after you'd had the operation, or you had to get up in the morning, and nobody helped you wash or anything, you just had to get on with it.

INT: THIS IS ON THE WARDS, YEAH?

Patient: Yeah, I'm talking about the hospital really, not the breast screen place. So I'm really just criticise - not criticising, I don't think they've got time. There was no help in the hospital. I mean you just had to get out in the night and get to the bathroom right away, and get up in the morning, wash yourself, there was nobody there if you felt, you know, go with your drains into the bathroom and just look after yourself really. I was quite surprised there was no nursing care any more.

INT: SO YOU WERE FEELING A BIT SORT OF VULNERABLE?

Patient: Nobody told you, if you'd laid in bed all day, nobody told you to get out, nobody told you to walk because you might have thrombosis or ... nothing at all. No, you were on your own sort of thing. But ... they didn't let you, you know, there was tablets there or injections there if you felt sick, you know, they didn't let you suffer. But there was no nursing care and I think I would have just preferred someone to be a bit more sympathetic for the first day or two, to help me a bit. That was all I can say, but other than that I think the breast screen place in Derby is very good, I've got no criticism.

INT: MM, I LIKE THEM, THEY'VE BEEN VERY HELPFUL TO ME, THEY'VE BEEN A GOOD UNIT REALLY.

Patient: They are, yeah, I've got no criticism.

INT: FINAL QUESTION, IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD TO WHAT WE'VE BEEN TALKING ABOUT TODAY, ANYTHING YOU THINK WE'VE MISSED?

Patient: I think that possibly when you go to get your diagnosis, that could be handled a little bit, erm, more subtly from the surgeons. But I don't think they've got the time, really. They give you the results and ... erm, that's the only thing I can say, that perhaps that is a bit to the point when you're very - I mean I wasn't emotional but I'm sure a lot of people are. I'm sure a lot of people break down. But the breast screen nurse is there I suppose to take over, which is what she's for really, isn't it?

INT: YEAH, YEAGH.

Patient: To comfort and give sympathy and help you. But I mean I didn't have a problem like that, you know, I'm quite strong really I suppose like that, I haven't really broken down about it.

INT: RIGHT, MM.

Patient: I might before I'm through with all this but [chuckles]

INT: I HOPE NOT. IT'S NOT OUR INTENTION TO UPSET ANYBODY.

Patient: I mean I don't know whether I'm right in having this, but I can't tell you 'til the end.

INT: YOU MEAN THE RECONSTRUCTION?

Patient: Yeah, I mean I shan't know that until ...

INT: MM, WHEN YOU SEE THE FINAL SORT OF RESULTS REALLY, YEAH.

Patient: Yeah, I mean, I can't say until I've got that silicone breast whether it was worth going through it, because I don't think it's going to be easy as time goes on. I mean it's not easy now, but I'm sure it's going to get worse, and I can only say whether it would be worth it when I've finished ...

INT: WHEN YOU SEE THE FINAL SORT OF COSMETIC ... EFFECT

Patient: ... Whether I'd go through it again, whether I'd be prepared to go through it again if I had problems with the other breast, I don't know. And then if I lose that one and I've got a silicone I'm going to look silly, aren't I? [chuckles]

INT: LET'S NOT THINK LIKE THAT. OK

Patient: I don't know if I've been any help, but

INT: ABSOLUTELY, YEAH.

Patient: I didn't, I haven't told you that I did have, I've had problems with that breast for quite a few years, I've had cysts aspirated and I had ...

INT: JUST THE ONE BREAST?

Patient: ... I had a benign tumour, and it was all the same breast, yeah, so in some ways I was glad to get rid of it because it was always very painful from when I was young. So I wasn't surprised unduly, you know, to have problems there, and I was lucky to go as I can, you know, have, I think.

INT: OK.

Patient: I don't know whether these cysts and these things make an affect on the cancers, have you any theory?

INT: MM, I DON'T, I'M NOT SURE ABOUT THAT TO BE HONEST. I'VE NEVER HEARD OF THAT.

Patient: I've heard lots of people have cysts aspirated. But whether that's tied up with breast cancer I don't know.

INT: I'M NOT SURE ABOUT THAT.

Patient: Because the actual, erm, tumour, benign tumour I had removed, I had the cyst forming in the same place, so maybe there's always been something wrong there.

INT: IT MIGHT BE WORTH ASKING AT THE ACTUAL HOSPITAL UNIT ITSELF, AS A QUESTION.

Patient: Well it doesn't matter to me now because it's gone, but I'm just pointing it out to you.

INT: YEAH, OH YEAH.

Patient: You know, whether there is a tie-up in any of it.

INT: WELL IT MIGHT JUST SATISFY YOUR CURIOSITY THOUGH TO ASK THAT BECAUSE I'M NOT REALLY SURE. I MEAN MY BACKGROUND IS SORT OF PSYCHOLOGY AND STUFF SO I'M NOT AU FAIT WITH ...

Patient: You're not into the surgery side ...

INT: NO, NO, NO. IT'S A SURGEON WHO'S LEADING ...

Patient: ... or medical thing?

INT: IT'S A SURGEON WHO'S LEADING THIS, LISA, ERM, BUT SHE'S BEEN ON MATERNITY LEAVE AT THE MOMENT. BUT, YEAH, SO ...

Patient: How do you, how do you find, I'm probably still on this ...

INT: ACTUALLY I'LL TURN THIS OFF NOW ...

[End of interview]