



End of year view and Specialisation

Alick Dowling
Retired General Practitioner, Bristol

END OF YEAR VIEW

Looking at the last 9 months of my medical history (easier with hindsight): last April I was taken to the BRI after collapsing on my way home from a Bristol Music Club concert. I was accompanied by my son Timothy who was able to call an ambulance. I recovered consciousness quite quickly while getting in to the ambulance. Their equipment, however, showed an abnormal ECG, so I was taken to BRI casualty rather than home. It was several hours before I was seen. A heart attack was suspected, despite no history of pain, and I was admitted. I can think of a more likely explanation of my collapse: exposure to a cold wind after being in a hot atmosphere for a couple of hours without nourishment, the lack of any chest or arm pain, quick recovery of consciousness – all point to a vaso-vagal episode.

Next morning ultrasound scan diagnosed severe aortic stenosis. This called for more investigations; it was simpler for these to be done from the ward with priority over out-patients. Though I was over 92 the stenosis was believed to be treatable, as long I was not demented and could appreciate a favourable result. Brain scan and a memory test proved positive, and these would be repeated after the procedure.

Ethical doubts about doing anything at 92: if nothing was done I would become more breathless, bed-bound and need oxygen cylinders. Madeline's experience of open-heart surgery was not encouraging, but this was not being offered; instead, a new procedure was available with the snappy title of TAVI (Transcatheter Aortic Valve Implantation) - passing a new valve up through the femoral artery to the aorta. Cardiac surgery is done by surgeons who do heart replacements; TAVI is classified as a 'procedure' performed by interventional cardiologists.

While on the waiting list further tests were needed to calculate the dimensions of the new valve, but not all could be completed. In particular, one involved

swallowing a 'camera' to take views from the oesophagus. It failed. The anaesthetist told me later I could never have swallowed it because of a kink in my gullet. Other scans provided the information needed to calculate the dimensions.

By mid-August I was offered a date. The 'procedure' was performed on Wed 11/9/13. I was not the oldest to have it done. Patients are usually discharged in 3 or 4 days, but I was an in-patient for 5 days; the delay was to ensure all bleeding points, mainly in the groin, had settled. Haemoglobin level was not as good as hoped. A positive report from the ultrasound expert, (replacing X-rays) meant I could come home. I was well supported by Caroline and the family here. At a checkup with my GP I was able to walk with my three-wheeler for balance and was no longer breathless. The 3 month OP check in December showed the new valve working well. At the 6 month checkup, in March 2014, it is hoped drugs given to prevent clotting will be dropped.

SPECIALISATION

Specialised disciplines lead increasingly to narrow professional perspectives, to clinical tunnel vision. In the present case a new heart valve was the sole concern. Any other condition, Bile Acid Diarrhoea for example, evoked a total lack of interest. Eyes glazed. Other symptoms must be dealt with by other experts. The same unimaginative tendency is invading General Practice – GPs who will only deal with one complaint per consultation; another appointment is needed for other queries.

Bile Acid Diarrhoea responds to colestyramine, the drug of choice according to Dr James le Fanu, medical correspondent of the Daily Telegraph. I was so horrified by the leaflet that was so unhelpful for patients (and prescribing doctors) that I wrote a fuller one. This was very useful when I was an in-patient as it eliminated the need to explain afresh to each pharmacist as drugs were administered.

James le Fanu approved my new leaflet on colestyramine and mentioned it in his column. He came to visit me at Stafford House at the end of November to celebrate my recovery with a drink and chat. The advice to combine colestyramine with Movicol, is explained in the leaflet. I asked James if no one else had thought of this simple idea. Apparently no one had. To have a new idea for an improvement in managing a treatment at the age of 93 is a welcome surprise!

Alick Dowling 31 December 2013

Editor's note

Alick is a retired GP and author of the excellent book: *Enjoy Eating Less, Letters to a Grandchild*

