

Abdominal wall hernia

D - Come in. Good morning, Aidan, take a seat.

P - Thank you. This is my good lady.

D - Great, lovely, nice to meet you, I'm Dr Birrell.

Partner - Thank you, thank you.

D - Charlotte, lovely to meet you.

P - Well, I've come about a problem that I have, here in this area, the stomach area. I've got, like a lump that comes down, and I do go and have a camera for my bladder and that's due on the, I think it's the eleventh or twelfth of July - but it should have been the second. But this seems to be getting bigger, this lump. I was just wondering if it was my bladder or what.

D - Got you, alright. When did this lump appear?

P - It's been there for a while.

D - And it comes and it goes?

P - No, no, it just sort of gets bigger, it's a bit heavy as well, and I've lost a bit of weight.

D - **[When did you first notice that swelling?]**

P - A few weeks ago. Well, you know, you don't really, you don't notice it until it- and then it felt a bit funny. You know, lumpy.

D - **[Okay, any theories?]**

P - Any theories? No, no, I don't have any theories, no.

D - What do you think?

Partner - Well I just insisted that he made an appointment when he told me. He's very- he doesn't tell you a lot, he's very reticent.

D - Very reticent about things, okay. **[Alright, okay, what's your worst fear, guys - and obviously it was your idea that he came in. What was your worst fear?]**

P - Well, that it shouldn't be there, so, I fear that I'm not sure what it could be, really.

D - **[It's hard to put a name to it - something nasty? Okay, and in reality, what do you think it probably is?]**

P - I think it could be associated with the bladder.

D - Okay, so we want to rule that one out, because we know that you've had this bladder cancer, but that was taken away and you've got another cystoscopy due in July to check that that's okay.

P - Yes, yes

D - **[Your waterworks have been okay?]**

P - Aye, yes

D - **[No blood in your pee at all?]**

P - No, no problems there.

D - **[Okay, apart from this swelling, was there some other issue that you'd like to raise today?]**

P - Well, I've had a cough, and I've been sneezing and coughing for how many weeks- six weeks, four five weeks. I've tried various things to get rid of the cough and cold, but it doesn't seem to go away.

D - Okay, so a cough and a sneeze, and you've mentioned that you've lost weight as well.

P - I've lost a bit of weight, yes.

D - **[How much weight have you lost?]**

P - Maybe half a stone.

D - Half a stone, okay. **[How do you feel in yourself?]**

P - Quite well, actually. A bit tired.

D - **[Breathing's okay?]**

P - Yes, yes.

D - A bit tired.

P - Yes, yes a bit tired, yes.

Partner - When I got him to ring, excuse me, when I got him to ring, it was because I noticed that he wasn't himself and he did feel awfully down, and I felt that he was depressed. I had to force him to tell me what was worrying him.

D - **[Yeah, preoccupied then, worried about this. Are you depressed?]**

P - No, no, no.

D - **[Okay, your relationship's a relatively new one isn't it?]**

P - Oh, yes, yes.

D - **[How long have you been seeing each other?]**

P - Seventh of July we got married.

D - Oh, brilliant, okay. So that's-

Partner - But you haven't mentioned anything...

P - Seventh of July, seventh of April isn't it.

D - Seventh of April, I was going to.... Okay, so it's quite new then, isn't it, and how long have you been seeing each other?

Partner - Well, we've know each other quite a while.

D - **[Good, alright good, and things are going okay between you?]**

P - At the moment, yes, yes; just keep getting a bump now and again but.

Partner - Could I just mention the other problem, he said for him to mention any other problems, so do you mind?

D - **[Yeah please do, we may not get time to deal with everything, but yeah.]**

Partner - His teeth are an awful problem, they do clatter an awful lot.

D - Have you seen your dentist recently?

P - Two or three month ago. I go to the hospital because of these pins that they had to put in.

D - Are your gums okay, not particularly painful?

P - No, no

D - Sounds like you need a little bit of work done at the dentist

Partner - There's something worrying because he doesn't bite, and they do, well it can be a little bit embarrassing.

D - Okay, no ulcers in your mouth at all?

P - No, no.

D - Good, okay right. **[So we're going to have a look at this swelling, we're going to try and figure out between us what this swelling could be - and you've lost about a half a stone of weight. You've also got this problem with your cough as well, and sneezing.] [You don't feel out of breath, no pain in your chest at all?]**

P - No, no, no.

D - **[Okay, and you've never been a smoker at all?]**

P - Oh, that's a long time ago.

D - When did you stop?

P - When I was 26.

D - Oh, that's a long, long time ago. Well that's good news isn't it, **[and you're not a big drinker or anything. Any other habits I need to know about?]**

P - Ah, no.

D - **[Any pain in your tummy at all?]**

P - No, no.

D - **[How are your bowels at the moment?]**

P - Quite well.

D - **[How often do you go to the toilet? With your bowels.]**

P - Twice a day.

D - **[No blood there at all?]**

P - No

D - **[No change in the habit with that at all?]**

P - No, there's nothing there.

D - **[Good, and your waterworks, you've already mentioned are working fine aren't they. Good, so regular medication wise, we've got you on lansoprazole, folic acid and some painkillers.]**

P - Yes.

D - The co-codamol.

P - Yeah.

D - **[Right, let's check your weight, slip your jacket off, check your weight and then let's have a look at his swelling if we can, and then we'll take things from there if that's okay? And that sounds like I might need to listen to your chest as well at some stage. So, 71 kilos, that's lovely.]**

P - That's with the weight, shall I take all my clothes off.

D - [Right, you just slip your trousers down for me. Well some reassuring news for you is that compared to the weight that we had for you a couple of months ago, you've not lost any weight.]

P - That bit just sticks out there.

D - [Yeah, there's a bit of a bulge there, okay.]

P - What do you think that could be? Anything?

D - [Might be a hernia, mightn't it? And it doesn't come down to your scrotum at all?]

P - No, no.

D - [And your testes are fine?]

P - No, no, yeah.

D - [Great. Lie yourself flat on the couch if you wouldn't mind, with your legs up. When you lie down, it goes away, doesn't it?]

P - Yeah, it does. Yes, it sort of goes back.

D - Okay, well that's good news.

P - Is it? Oh, good.

D - [And I can't feel anything when you're lying down, which is wonderful. Turn yourself on to your side, and with your permission, I just want to check your back passage.]

P - Right, okay.

D - [Knees up towards your tummy. Prostate feels fine, great. Pop your trousers and your pants back on, and then I'll need to listen to your chest in a minute if that's okay.]

P - Okay.

D - [Hitch your shirt up, shirt up just at the back and we'll listen in to the back of your chest.] [You've not found any lumps in your neck at all?]

P - No.

D - Breathe away. That's lovely, okay. Your nose not blocked up at all?

P - Ah yes, my nose is always blocked up, yes.

D - And that's normal for you?

P - Yes.

D - Okay, good, I'll take a peek up your nose, just for completeness if that's okay?

P - Yes.

D - That's all right. No, nasal polyps, no bleeding from there. That's fine, that's lovely thanks. Great, put yourself back together.

Partner - That was one of my thoughts; you mentioned a hernia.

D - [Yeah, well I don't think its cancer, but you do have a hernia in your abdominal wall. So what that is, is a weakness in the muscle at the front of the tummy wall which is allowing the guts to protrude a little bit.] [Now, that could be fixed with an operation, but where it is at the moment, it might not be the most urgent thing for you to do.]

P - Yes?

D - Because it's quite a big bulge there isn't it?

P - It is, yes.

D - [Yeah, and those types of bulges don't necessarily cause problems. You've obviously noticed that it's been there for a wee while already, so it might never cause you any problems. But if it does cause problems, sometimes the bowel can get caught when it bulges through, and it can get caught on its own blood supply. That's the danger of it.]

P - Yes.

D - [But the risk of that is probably pretty small in that particular type of hernia. It's not an inguinal hernia, it's not a femoral hernia, it's an abdominal wall hernia and the chances of it causing problems are relatively slim because of that. And surgery can be a bit more complicated because of that, so you'd probably need a special gauze to be put in there, and the surgeon might give you an opinion about that. So think on it - if you want me to refer you for an opinion from a surgeon, but it's not cancer.] Your weight's steady, well the weight according to what I measured is steady, and that's reassuring. Your lungs sound fine, I'm going to suggest because you have that cough for 4 weeks, that we do a chest x-ray just for completeness' sake - phone up and just check that that's okay. If that cough in no better in another two or three weeks, then we'll review about your cough.

P - Yes.

D - Is there anything else that we need to urgently tackle today? I know you had a big agenda.

P - No, no.

D - Is that all right?

P - I think I've got enough as it is.

D - [I think we can reassure you about the cancer.] [Things that would make me think of cancer are continued weight loss, so let me know about that. If you're breathless, I need to know about that too; but if you find that that swelling becomes very painful and you can't open your bowels or pass wind, then we need to know about that straight away. That is a matter of a medical emergency, just in case it gets caught against the blood supply - we need to see you immediately if that happens. But I think it's reasonable to think on whether or not you want to see a surgeon and to decide whether or not you want to think about an operation, but it's reasonable to leave it alone if you want to.]

P - Yes.

D - [Do you want to read anything more about abdominal hernias at all?]

P - Well, it would be helpful.

D - [All right, let's see if you look up hernias - remember this is different from most hernias, okay, but this is an abdominal wall hernia. It's not so dangerous as the other type of hernias that we've talked about. For the most information, patient.info will give you decent information, if it doesn't give you adequate information just to help you decide what to do, then come back to me.]

P - So where could I get that from?

D - Online, on the computer. Are you able to access that?

P - Oh, yes, yes, yes.

D - So, once you've accessed that, if you've got any further questions get back to me and let me know.

P - So that's good then, so it's not what you think.

D - It's not what you thought, it's not cancer.

P - So when I go back to the hospital, on the 11th, I'll mention that.

D - Absolutely, yeah mention that, but we're just keeping an eye on it.

P - It's because they'll be putting the camera up again.

D - Where would you like to go for your x-ray, your chest x-ray? Houghton or Washington?

P - Washington will do.

D - It takes seven days for the result to get back to me; I don't expect to find anything on it, but as I say if that cough is no better in two to three weeks' time, we'll see you again about that.

P - Right so do you make an appointment for me, and I'll get that done.

D - You don't need an appointment, you just need to walk in when it's open.

P - Ah, yes.

D - **[So I don't expect to find anything on this but do keep an eye on your weight, and if you're worried about him losing weight and there's no explanation for that, let me see him again.]**

Partner - I'm pleased you said about that.

D - **[And if that ever causes you a lot of pain, vomiting, can't open your bowels, can't pass wind then we need to see you immediately.]**

P - Right, good.

D - **[If it's out of hours, then you need to see the out of hours doctor straight away. If in doubt, casualty.] [All right?]**

P - All right.

D - **[Good luck, and let me know if you decide that you want to see a surgeon to think about an operation for the hernia, let me know. A telephone call would be fine.]**

P - **[Well if it's not causing any bother...]**

D - Just leave it alone.

Partner - Just leave it alone, yes.

P - Well thank you very much, Dr Birrell

D - Alright it was lovely to meet you. Take care, bye.