

Carla - 20.9.18

D - Come in.

P - Hiya.

D - Good to see you, Carla.

P - Hiya.

D - What would you like to talk about today?

P - So, for a couple of weeks - well a few weeks - I feel as though I've got, like, a lump constantly in my throat.

D - Hm?

P - Like, on a night time when I go to bed, I get quite a bit of - I don't know, well it feels -if I take a Rennie, it feels as though if I take a Rennie, it sort of dissipates it a little bit.

D - Yep, got you.

P - Erm, so that's one thing, and the other thing's my foot.

D - Okay. What's the priority?

P - Well, they're both the same, really.

D - Both as important as each other.

P - I'd like them both to been seen to today, or for you to have a look at today, yeah.

D - Sure, sure, okay. What do you think this one is?

P - I don't know. Googled it.

D - Yeah?

P - One says something could be to do with the menopause.

D - Ah. Okay.

P - I said to the girls at work, I said I don't know, it just feels like - like there's something stuck there?

D - Yeah.

P - That's all I can describe it as.

D - A sensation of something being stuck?

P - Yeah, yeah, like there.

D - Okay.

P - Yeah, just there.

D - So, we're talking about potentially two problems: the throat and the foot?

P - Mhmm.

D - Okay. Was there some other issue that you were planning to raise today?

P - Just my foot.

D - Just your foot, alright. And what did you think might be going on with your foot?

P - On the 5<sup>th</sup> of September, I walked into a door.

D - Oh dear.

P - And so, and since then, more recently, I've been getting pains up the top of it and I just want to know if it's connected, if you wanted - if you had a feel of it and just thought it was okay, that's all I wanted to know.

D - Sure, we'll take a peek at that for you as well.

P - Yes.

D - Okay. Sounds like this one could be more of a priority, but okay, let me check a little bit more about it if that's okay? So, you've googled this, and what's the worst you came up with on google?

P - It says something to do with the menopause, which...

D - Ah, okay, so tell me a bit more about why it might be linked with the menopause?

P - I don't know, I just skimmed - you know, I haven't googled it for hours, I just, like, googled lumps in the throat.

D - Okay, so there was no logical connection there, it was just something that came up?

P - No.

D - Okay, so we can address that as well, can't we?

P - Yeah.

D - When was your last period?

P - I take that Cerelle tablet, so I don't have one.

D - Okay, so you're not having a period because you're regularly on Cerelle?

P - Yes.

D - And I'm assuming that you're not missing pills and you've got no symptoms of pregnancy?

P - No.

D - So, we're not thinking that at all, okay, good. But you still don't want to conceive?

P - No.

D - Have you got symptoms that make you think you're going through the change?

P - Don't think so, no.

D - No flushes, no dryness, no vaginal dryness?

P - No.

D - No skin changes, no weight changes?

P - No.

D - No, okay, so there's nothing pointing in that direction. So, we're not thinking that's relevant, but we can maybe come back to that if that's a concern to you.

P - I mean, I've been hot over the summer.

D - Yeah.

P - Like, you know, all the girls at work were saying, 'Oh, it's not that hot', but it has been hot this summer.

D - Of course. You're quite happy to carry on taking the Cerelle for at least another year until we think about what do we do next.

P - Yeah.

D - Yeah, alright.

P - I want to keep on taking that because I've got a problem with a front and a back prolapse.

D - Got you.

P - And every time I was using something, it kept sort of, coming - heading back out.

D - Okay, okay. The prolapse is not the issue today?

P - No, no, no.

D - Okay, and your waterworks are okay?

P - Yes.

D - Not having any stinging when you pass urine, you've got no fever? Okay. We're mostly concentrating on this throat-y issue.

P - Yep.

D -- Because google didn't come up with any definite suggestions, was there anything else that you were thinking might be going on yourself, that you came up with after speaking to other people or your imagination came up with?

P - No.

D - Nothing really? Okay. But you mentioned that Rennies help a bit?

P - Mhmm.

D - And it tends to happen on a night-time.

P - Well, no, I've got the - I've constantly got the feeling there, but I've noticed quite a bit on a night-time, like, I'll wake up during the night and... like with a mouthful of sick, or as if I'm going to be sick.

D - Ah, okay. So, you think there could be a link there?

P - I don't know.

D - And when you do that, does - and you take Rennies, does that help?

P - It seems to - well, yeah.

D - It seems to settle it a little bit?

P - Yeah, so I don't know if it's something to do... that it's all connected or not, I don't know.

D - That's helpful, yeah. Okay. Erm, any particular thoughts apart from me checking out your foot and making sure that we don't need to do anything about the foot - any things that you wanted me to do for you today?

P - No.

D - Apart from give you a diagnosis?

P - Yeah.

D - And hopefully cure it?

P - Well, no, I just - you know, see what it is.

D - In what way is this affecting your life, apart from making you wake up in the middle of the night, and being sick?

P - Well, it's not hugely, but I just wanted to know what it is.

D - Yeah, okay.

P - Yeah.

D - Okay. Erm, work-wise, what do you do these days?

P - Work at a primary school, at the office.

D - Okay. And your work's okay?

P - Mhmm.

D - Yeah?

P - Yeah.

D - And you're able to carry on at work with all of this?

P - Yeah, yeah.

D - And the foot's not stopping you from being able to get about and do your activities, work-wise?

P - No, I mean, I've - as you know, I've had problems with both of my feet before, and I've had - this foot seemed to get sorted when I had injections in my back.

D - Okay.

P - Because I had a bad back, and as soon as I had the injections, this foot was like, disappeared, so I don't know how that worked.

D - Yeah. Okay.

P - So now I've got that one.

D - And home-wise, who's still at home?

P - My two kids and my husband.

D - And how old are the kids?

P - Ten and fifteen.

D - Okay. If I can just make sure that there's nothing else that you do that's going to make you prone to this problem. You're not a smoker?

P - No.

D - Drinking-wise, alcohol-wise?

P - Maybe on a weekend, I'll have a - like, a bottle of wine over the two nights, or...

D - Okay. And there doesn't seem to be a link with this, at all?

P - No.

D - Has your weight changed at all?

P - I don't think so. It's still steady.

D - Steady, okay. Have you been troubled by heart - with heartburn in the past? That you've been aware of?

P - Not really.

D - Not really?

P - No.

D - So, this has really been a relatively new problem.

P - Yeah.

D - And it's been going on for a few....

P - Months.

D - Months, yeah, okay. Have you talked about it with your husband?

P - Well, I kept saying to him, I said, 'Do you ever get a feeling, you know, like a lump there' and he was like 'No, go to the doctor'.

D - Okay. Fine, okay. And when you exert yourself, you're getting no chest pain, and you're not breathless or anything like that?

P - No.

D - Not really?

P - No.

D - Okay. Let's have a look at that foot and it would be helpful for me to check your weight as well, if that's okay. And you're up to date with keeping your thyroid blood test done, aren't you?

P - I think so.

D - Yeah. And we did your average blood sugar quite recently to check you don't have diabetes, and that was reassuring and normal.

P - Yeah.

D - So this sounds, the foot problem sounds...

P - Sorry, I've had my shoes on all day.

D - That's alright. This sounds as if it all came on after you injured your foot, and what we want to make sure is..

P - That's the foot I did have the stress fracture on, though.

D - Ah, okay.

P - And I had a...

D - Got you. Not painful when I press across those bones?

P - No.

D - And I'm just going to press on your metatarsals. You're not a footballer?

P - No.

D - Habits and hobbies - are there any activities that you're engaged in usually; this is not stopping you from going to the gym or anything like that? Gym's not your thing?

P - Haha I wish I had the time!

D - Okay. You don't have time with having a husband and two kids, then?

P - Yes.

D - Alright.

P - Too tired on a night.

D - Good, okay. Stable ankle, healthy looking foot in itself.

P - Oh, that hurts.

D - That was a bit sore?

P - That's... yes.

D - Just doing that was sore?

P - Like on that part there.

D - So, you're a bit tender there?

P - And the shooting pain's been, like, going down there.

D - Got you. Alright, with the mechanism of the injury - was it an injury like that or was it...

P - Straight into the door.

D - Straight into the door, okay, and that's where you got the bruising from?

P - Mhmm.

D - Okay. So, pressing on the bones itself is not provoking things?

P - There.

D - But you do have some have some bruising still in the foot there, don't you.

P - Oh, do I, right.

D - Yeah. I think it's unlikely that you fractured anything but it's taking a while to mend, isn't it, and it is a bit tender there. You've got a choice with the foot, I guess, is that it's not going to change with treatment very much, it's probably just going to carry on getting better slowly.

P - Ah, right.

D - But we could do an x-ray if it's not improving within the next fortnight. Just give me a call and let me know if you want to x-ray the foot.

P - Right. Because it's still fatter than the rest of the toes.

D - So, there's still a bit of bruising left there, isn't there.

P - Right. Okay.

D - So, if we can get you a bit more active that would help.

P - Yeah, because I...

D - Is it alright if we check your weight, if we stand you on the scales?

P - Yeah.

D - Okay, so 115, that's lovely. You're quite tall, aren't you, how tall are you?

P - Err, 6 foot 1.

D - If you just lie on the couch I'll just have a wee feel of your tummy if that's okay to make sure that we aren't missing anything. Come and sit down again and I'll have a quick look at your throat. No nasal symptoms, no nasal blockage?

P - No.

D - Open your mouth, breathe in. Perfect, okay, good. Throat looks okay, nasal passage is okay, no blockage there, that's good. I think you pretty much made your own diagnosis haven't you, when it comes to your throat? You haven't quite vocalised it, you haven't quite put your finger on it.

P - Well.

D - So, it seems to be related to something coming up from your stomach, doesn't it?

P - Right, right.

D - So you're getting an irritation of your throat, at certain times of the day, it's worse on a night.

P - Yeah.

D - And, erm, this is caused by regurgitation.

P - Right.

D - Other people might call it heartburn.

P - So you would have this - the feeling there all the time, would you?

D - Oftentimes that will stem from this problem. So, you'll find that, at night—at times, you're regurgitating, but it's irritating the throat and leaving that sensation there.

P - Right.

D - Yeah. And—

P - Because, I mean, I've got that sensation there now.

D - Yeah. When I feel your throat, there's no lumps or bumps there; when I look at your throat, there's nothing worrying going on there, but I think that probably, we will get a vast improvement with very simple treatment for you. You've already found that Rennies work quite well.

P - Yeah.

D - There is a treatment that could work even better, quite quickly, but it's a tablet that you'd have to take by mouth, that suppresses acid production.

P - Right.

D - But the problem is that it doesn't get rid of food going up the way, it doesn't stop the regurgitation, it just stops the acid going up.

P - Right.

D - So you might prefer, instead of using that, to actually prop up your bed.

P - Alright, right.

D - So, if you prop your bed up so that it's on a couple of bricks.

P - Yeah.

D - At the headboard end, so that your bed is raised by fifteen centimetres.

P - Right.

D - You're going to have to negotiate this with your husband as well. But usually it's really well tolerated by both sleeping partners.

P - We don't sleep in the same room anyway, we haven't done for about fifteen years.

D - Okay, okay, well that's not a bother in that case. So, propping up your bed would be a very simple measure of doing it.

P - Yeah, okay.

D - You might temporarily also want to take these acid tablets as well, because that can actually quite quickly make you feel better.

P - Right, okay.

D - But, the trouble with these tablets in the long term is that they do have some small risks.

P - Right.

D - They slightly increase the risk of you getting a nasty type of diarrhoea, they slightly increase the risk of you having thinner bones, and they can make you prone to some infections.

P - Right.

D - But, to be fair, they're pretty safe, and they're very widely used.

P - Right, okay.

D - But they can cause some side effects, so if you do it the kind of organic way, if you like, that might be even better.

P - Yeah, try that first.

D - It's worthwhile talking a little bit about your weight, because your weight's likely to be linked with this, too, and you're going to be more prone to this because of your weight. So, if you wanted help with your weight, that perhaps could be something that we could focus on next time.

P - I think when I was here the last time, the lady gave me a program or something.

D - Yeah, great, great, okay. And the other thing that you can think about doing, as well as the program and the support from our nursing team, is maybe going online, on our website and listening to me talk to somebody about the options that might work for weight.

P - Right.

D - And we can maybe talk about that another time, if you wanted to. So, heartburn. So, there's some weight loss options for you there.

P - Yeah.

D - This is the organic way to deal with heartburn.

P - Okay.

D - Without necessarily taking any medication - but you'll find that things like Rennie's and antacids like Gaviscon or Peptac can be really helpful to control those symptoms when they happen but propping your bed might be an even better way. If you've got any weaknesses like - you're not a smoker, so that's good news, but chocolates and mints can open up your gullet and make you more prone to this problem, too.

P - Right, right.



D - Having big meals towards bed-time is not a good idea, too, because that tends to slosh up the way, so that might be worthwhile thinking about, as well.

P - Yeah.

D - What do you think; what should we do?

P - Well, we'll try that and if I still feel as though I've got the problem in a few weeks' time, I'll make another appointment.

D - Well I really think that probably, if we're right about this, that your symptoms will vastly improve within the course of a couple of weeks.

P - Okay.

D - So, prop your bed up, take these tablets until the symptoms are much improved, and then when you've had no symptoms for a week or two, then just take them as and when you need to. Take the antacids when you need to as well, and if we're not right about this, then we probably ought to be seeing you again within two to four weeks. Does that all make sense?

P - Yeah.

D - Was there anything else that I've not covered adequately, or anything else that you want to check up on beyond that?

P - No, that's fine.

D - Is that alright?

P - Yeah.

D - Medication-wise, on your repeat prescription, I'm just going to do your medication review. You're not using amitriptyline anymore?

P - No.

D - Not needing it?

P - No.

D - Happy to do without it - shall we take that off your repeat prescription in that case?

P - Yeah.

D - Great. So, we'll add this medication. There's a choice between lansoprazole, which can sometimes make looser, and omeprazole.

P - I've got some of them in the house already, off I think when I got the amitriptyline, they gave me them.

D - Yeah, oh okay, okay. Have you tried any of them recently?

P - I haven't.

D - No?

P - Because I thought you only had to take them if you were taking tablets.

D - We usually - we often recommend them if you're taking non-steroidal anti-inflammatories like aspirin or ibuprofen.

P - Right.

D - To protect your stomach, but the lansoprazole can sometimes make you a bit looser.

P - Right.

D - You've never tried them yet, but if you've already got some in the house then probably they would be a good thing to try.

P - Right. So just take them anyway?

D - Yeah. You're not prone to getting diarrhoea, generally? Okay. So, why not try them out?

P - Might help with the weight loss haha.

D - Possibly. I wouldn't recommend that way of dealing with things though, okay, but try - how many have you got? A months' worth or so?

P - I think I've got a box, I don't know how many you get in them.

D - Okay, great, well take them on a daily basis, see how you get on with them.

P - Yeah. Just once a day?

D - Just once a day, yeah, certainly. And you're probably going to notice an improvement within a couple of weeks.

P - Right.

D - And then if you're wanting to put them on as a repeat prescription and take them as and when you need to, then give us a telephone call to discuss that. If you've not improved at all in a couple of weeks, we'll probably need to be talking about it again.

P - Okay. Right.

D - Does that make sense?

P - Yeah.

D - Okay. But there's your homework, if that's all right.

P - Thank you. So, if my foot doesn't feel any better in a few weeks...?

D - And then we can do an x-ray, yeah.

P - Yeah, great. Thank you.

D - Okay, you're welcome.