

## **Patient Instructions**

**Name of Patient: Edward Alder**

age 75

### **Description of the patient & instructions to simulator:**

Right. Well, first of all I thought it was a very, very minor problem, and I still think it's a very minor problem I have. I haven't got the problem every day, I haven't got it every night – from time to time I have a little bit of seepage during the night, and I've been to the hospital.

I've gone to the hospital, and it seems to have changed from a minor problem into a major problem, which I really don't understand.

And I don't really think it is, but that's - I could be wrong about this. I've had the examinations; one of the first examinations is the same one you did here. All the doctor talked about is cancer, which is pretty frightening, when she had a Macmillan nurse sitting beside her.

So, the next time I went to hospital was for a bone scan, and I had the bone scan at half-past eleven in the morning and I was told after the bone scan to drink as much fluid, preferably water, as possible – which I did. I drank about five pints of water at lunch time, which I would normally not do.

I went back at half-past two for the MRI scan, came out and I was still feeling fine, still feeling well. I go back to hospital for the biopsy and the man who carried it out, Mr Chaudry, very nice man, very good, and seemed to say to me, 'Well, it's not a problem, everything seems to be a little bit troubled, but not too bad', and put my mind to rest. I go back yesterday, sorry Thursday, Wednesday, sorry. And it was totally different, again, back to the-- they told me they'd found a small trace of cancer, low risk of cancer, but I would need an operation using a catheter, etcetera, etcetera... Which I think, at this moment of time, isn't necessary.

So, we agreed after a discussion with Mr Jenkins that we would try medication first, that I would go back in three months' time and they would have a look at me again, and if the situation got worse, then yes, I would probably have the operation, but at this moment in time, I think it's wise to try medication first.

You feel well. "The problems I have are under control, I've lived through them for years, everything else is fine."\_Your weight is steady and you are content apart from this occasional dribbling of urine at night. Your urine flow is good. You don't have to wait for your stream to start and you don't dribble afterwards during the day or have any discomfort passing urine. Nor do you have any pain anywhere.

If the GP suggests it: you are happy to have an ultrasound done. You certainly don't want an operation in the next 3 months unless there is good evidence that this is an emergency to protect your kidneys.

### **PSO**

You're a retired miner.

Me and my wife live together, we've been married for fifty-three years, and we live happily, we're pretty content.

You don't drink very much.

I've never smoked in my life.

No other bad habits.

### **First line and history**

**Ideas** – “I've got a small, low risk prostate cancer. What showed up was that the bladder had fluid in it, but this was because I'd drunk so much water.”

You are pretty insistent that you can normally empty your bladder and you can't see why the doctors keep telling you that they are worried that this might damage your kidneys. You could get angry if the GP is not diplomatic in the way he/she suggests that you need something done to help you to empty your bladder: “But I can empty my bladder...”

**Concerns** – Well I had to weigh up the possible side effects that an operation might not be successful. So, at the end of the day, if I have this operation, and it's not successful, and I'm left with side effects which makes me worse than I am now, it's... I shouldn't have had it, I'm far better going along with what I've got now, which I can manage, it's manageable, rather than take the risk – and it is a risk – of an operation that might not work, and might leave me with side-effects which I would have trouble with.” (If pushed to give more information you admit that your worse fear is of not being able to make love. But also you've read that operations on the prostate can make you lose control of your bladder too.)

**Expectation** – Well, yes, give me medication. I want to start this medication, to try to put this small problem right.

You are most keen to prioritise putting the dribbling right, with medication if possible. “When I had the examination, they said part of my prostate was enlarged, not all of it.

Now, if I got medication from you, would it reduce the size of my prostate, what is enlarged?

Well, that's what I would like to have.”

But you are happy to talk through the options for controlling the prostate cancer if broached sensitively.