

Ethel - 6.9.18

D - Good morning.

P - Morning.

D - Good to see you.

P - Thank you. I was here a month ago and I saw, I think a Dr Walker.

D - Okay.

P - She sent me for an x-ray because I still had that cough.

D - Yeah.

P - And she sent me - I had to come back and have some tests done on my legs and then she sent me to the clinic at Sunderland, and I'm still waiting for word back. I had some kind of - with the gel on?

D - Oh, an ultrasound scan, okay.

P - Yeah.

D - Yeah, okay. Okay.

P - But I never rang in about my x-ray, because I thought you would have got in touch if there was anything...

D - Probably. Okay, alright. So, you're here to check on the results of your chest x-ray?

P - Yes.

D - How are you doing?

P - My cough is a lot better, just you know, like, odd times now. But she did increase my lansoprazole, because she thought it might have been acid coming up.

D - Ah, okay.

P - And as I say, it did improve after that.

D - Okay. So, with coming back today, what were the main things you wanted me to help you with, today.

P - My back.

D - Your back, okay, tell me a bit more.

P - It doesn't matter what I do, if I'm not sitting or lying it's aching, and then when I get up to do something it really starts to niggle, and then gets worse, and then I have to go and sit down.

D - Okay. So, it's stopping you from doing things, from the sound of things.

P - Yeah.

D - How long's all that been going on for now?

P - Well that was one of the things Dr El told Dr Walker about.

D - Well it was actually Dr El Hatib that you saw.

P - Was it? Oh, sorry.

D - But, yes, okay. So, and how far did you get with exploring that problem?

P - She said she was going to wait to see what the results were with my legs.

D - Okay, so that ultrasound of your legs was reassuring from the point of view of a clot, was it? (Dr Birrell was not aware, at this point, that Dr Walker was suspecting peripheral vascular disease. He should really have read the last consultation before Ethel came in!)

P - Yeah, I think so. Something - she said she couldn't get nothing in my left foot.

D - Ah, so your circulation's poor there, is it?

P - Yeah.

D - Okay. Did she send the results through to me, so I could have a look?

P - I've no idea.

D - Okay. So just did both legs or just one?

P - She did both legs, right from the top to the bottom. Everything else she was alright with, except she said the left leg.

D - And that was done at the hospital, was it?

P - Yeah, that's right.

D - Okay. So, this back pain and the leg investigation, and did you have anything else done apart from the x-ray of your chest?

P - No.

D - No. Just that? So, this trouble with both of your legs has been going on for how long in total?

P - Quite a while, my legs.

D - Months, weeks, years?

P - Yeah. No, not years. Months.

D - Okay.

P - Been a bit better this last few weeks, simply that I haven't been going out as much, I've been really...

D - Yeah, but it's been cramping your style, hasn't it?

P - Mhmm it's been stopping me going out, really.

D - What was your worst fear with all of this?

P - That I wouldn't get back.

D - Okay.

P - You know, you get so far, and it's alright if there's somebody there, but if you were, like...

D - How far can you get on the flat, at the moment?

P - Erm, I can walk to the bottom of our street and then the pains start - well, the ache.

D - So about 400 yards, is it?

P - Something like that.

D - Yeah, okay, and when you stop it improves, does it?

P - Yeah.

D - Ah.

P - If I sit, stand beside the wall, it'll ease off a bit and I'll go the rest of the way.

D - Okay, going along with that, we know that you've got diabetes.

P - Yeah.

D - You've had no chest pain, no angina, never had a heart attack or anything like that?

P - No, no.

D - Okay, and your kidneys have been okay, haven't they?

P - Yeah.

D - Yeah, okay. So, we're not aware of any angina, we're not aware of you previously having had problems with the circulation in your legs, but it sounds like you're getting low back pain and leg pain when you walk, yeah?

P - Yeah. That's right.

D - So that makes the pain worse in your back?

P - Yeah.

D - You're sleeping okay?

P - Yes, I'm sleeping okay,

D - Your weight's okay? Your diabetes is alright at the moment, is it?

P - Yes, at the moment, I'm not too bad at all. I haven't had any hypos for - since the last time I was at the hospital.

D - And it's Type 1 diabetes that you've got and no hypos at the moment?

P - No.

D - Your blood sugars are doing okay?

P - Yeah.

D - Okay, all right. So mostly exploring probably your circulation at the moment, aren't we?

P - Yeah.

D - Shall we just see if we've got anything from that investigation. Alright, so you were seen by the vascular nurse because of your circulation, and she does feel that you've got a problem with your circulation in your legs, and that she's like to help you with that, and explore that with you further. Well, that's really helpful to understand a bit more.

P - Yeah. Yeah.

D - Your blood pressure at the time was a little bit above where it would ideally have been, but the circulation in your legs is not perfect and there seems to be a bit of a narrowing there. Okay, well let's explore that a little bit further if that's okay. Can I just check - you've got no ulcers on your feet?

P - No. She said about the either fluid or swollen ankles, that's the only thing she really said to me.

D - And that's normal for you, is it?

P - It has been for the last few years, but I've...

D - And that hasn't changed recently at all?

P - No.

D - Okay, that's helpful. You shouldn't be using support stockings without specialist support, so sometimes we recommend for people that have got problems with their veins support stockings, but if we give you support stockings that are too tight, they'll stop the arteries from working.

P - Yeah, well I think that last time - oh, it's a while back, you gave me some stockings because of the swelling and I couldn't wear them.

D - Couldn't tolerate them? Well that's interesting isn't it.

P - Where they stopped there...

D - How long ago was that?

P - Oh it'll be two or three year ago.

D - Yeah.

P - It seemed to stop my circulation.

D - Can I ask you...

P - And when I took them off, the mark went - didn't go, should I say.

D - Took a while, yeah.

P - Took a few hours to go.

D - So you've got slightly dodgy veins as well and the circulation back from your legs is not great. Had we done a special blood pressure test comparing your arms and your legs at the time? We usually do that.

P - I think she did that when, where she had them on there and both on there and I had them done here by one of your nurses.

D - Yeah. Exactly. So, that's the important thing, and usually we don't give people support stockings unless we can either feel their pulses in their feet really strongly or we've done that special blood pressure test to make sure that it's safe for you to use them, okay, that's really helpful. Okay, so I think we've probably got a diagnosis here in terms of the cause of the symptoms - the question is what you're happy and comfortable to be doing. I gather that the vascular team, the blood vessel team, are going to be seeing you again?

P - Yeah. I think.

D - Alright, well I tell you what I'll help you with today if that's okay with you. Did you have any particular things that you wanted me to do for you today, related to that?

P - It was mainly my back, and to ask you about the tablets she put.

D - Okay.

P - Have I to stay on the two instead of one? If so, I need some.

D - Okay so just remind me on which tablets that she...

P - Lansoprazole.

D - Lansoprazole?

P - Yeah.

D - Okay so you're on—you've now increased that to 30 a day.

P - Two a day.

D - Two of the fifteens?

P - Yeah.

D - So you can either take 15 twice a day or you could take 30 once a day, which would you prefer?

P - Well, I'd prefer the one, really.

D - Yeah, okay. And you're getting your prescriptions for what, two months at a time, usually?

P - Yeah, usually.

D - Okay, even though you're on lots of medication?

P - Yeah. I think you can take the nose sprays off.

D - Yeah, okay. Is there anything else that we need to take off from your repeat prescription?

P - You've got two lots of needles - one's a four and one's a—

D - Which one do you want me to take off?

P - I get the four. I think the six, you can take that one off.

D - Take the sixes off. How about if you're having problems or have been having problems with heartburn that we think about lifting the head of your bed?

P - Mm.

D - To mean that you're going to be slightly propped up at night.

P - Yeah.

D - You might need a couple of bricks underneath each bed post to lift that up, and that might help, as well as the lansoprazole.

P - Right.

D - So I've increased the lansoprazole. We need to think about your future risk of blood vessel problems, generally, if that's okay with you.

P - You know the machines you see advertised?

D - Yep.

P - Where you put your feet on and it's supposed to help? Does that help?

D - Activity will help, exercise will help.

P - Yeah.

D - Doing things with your muscles will help - if it encourages your legs to work more than they would work otherwise, then I'm all for them, but otherwise it depends on what the machine does.

P - Mhmm.

D - If you've got a leaflet about it, then you could put it in for me and I can have a look at it and give you an opinion, if that would be helpful to you.

P - Right, yeah.

D - Okay.

P - I meant to bring it actually haha.

D - Okay. So, what do you already know about this blood vessel problem?

P - Not a lot.

D - Not a lot, okay.

P - No, no.

D - So, you've got a problem called peripheral vascular disease.

P - Mhmm.

D - And the bottom line of it is linked with furring of arteries, those furring of arteries are dangerous for you because it increases your risk of strokes and heart attacks.

P - Yeah.

D - But it also can be linked with other problems too, and it's clearly causing you - it's restricting how far you can walk before you have to stop and rest.

P - Yeah.

D - So, in the first instance I recommend that we make sure that you're—that you're on a blood thinner like aspirin.

P - Yeah, I am.

D - I know you're on aspirin at the moment, but it might be worth swapping you over to a tablet called clopidogrel, which works very much like aspirin, but it might be slightly better at protecting you from strokes and heart attacks.

P - Right.

D - So, we'll probably put you on that, if that's okay?

P - Yeah.

D - You've not tried that before?

P - No.

D - That's one thing. And the other thing is about your statin - you're on a statin called simvastatin at the moment.

P - Yeah.

D - And we might think about putting you on a slightly more potent statin, a slightly more strong statin that doesn't interact with the rest of your medication, called atorvastatin.

P - Right.

D - Which might be slightly better for you, to protect you against strokes and heart attacks, and help you avoid too much furring of your arteries.

P - Right.

D - But to be perfectly honest with you, neither of these is actually going to change your symptoms at the moment, and the only things that might potentially change your symptoms is a tablet that might open up your blood vessels a little bit. But that tablet doesn't have any influence on your risk of heart attacks and strokes, so you might not want to prioritise that in the first instance.

P - Right.

D - So, exercise is good for you, keep on doing it - stop, start, stop, start - that's really worthwhile. It's really worthwhile knowing how to watch out for heart attacks and strokes. So, if you did have a heart attack or a stroke, if you've got crushing pain in your chest, particularly

with nausea, particularly with cold sweats; 999 if you're in any doubt, just in case it's a heart attack. Or if you had a stroke - couldn't move the side of your face, can't speak, can't move your arm or your leg; 999 just in case that would be a stroke. That's worthwhile knowing about in the long-term future.

P - In the long-term future, yeah. Right.

D - In terms of blood vessel problems to your legs, the chances of you losing a leg are remote in the extreme, but it's worthwhile knowing if you're finding that your foot is really painful and cold - we've got to see you straight away.

P - Right.

D - Just to make sure the circulation hasn't blocked further, alright?

P - Yeah.

D - And if you're getting ulcers in your feet or if a toe's going a funny colour, we need to see you urgently about those sorts of things too.

P - Right.

D - They're unlikely to happen, to be fair. Alright?

P - Right.

D - And they can sometimes be problems with kidneys that are related to this, and it's worthwhile just doing a blood test on a regular basis, just to keep an eye on your kidneys.

P - Alright.

D - That's a bit of information for you. Do you want any more information today?

P - No, not really haha.

D - Haha, is it worthwhile me giving you the name of this problem, so that you can read a bit more about it yourself?

P - Yeah.

D - It's called peripheral vascular disease. What are things that you're going to be watching out for in the future, then?

P - Just, as you say, if my feet are funny - which sometimes they are, as though they're a bit dead.

D - Yeah. If they're very painful and cold and pale, let's see you straight away. If you're getting ulcers on your feet we need to see those urgently as well.

P - Right, right.

D - Alright, and you know how to look out for strokes and heart attacks.

P - Yeah.

D - So, the important decisions that you - we've got to take in the next couple of weeks, really, or in the next month or so, is do we change your medication in terms of trying to protect you from heart attacks and strokes.

P - Right.

D - What do you think?

P - Yeah.

D - So, let's do that easy change, which is swapping aspirin to clopidogrel.

P - Yeah.

D - Take them after food once a day. They do slightly increase the risk of you bleeding from your stomach, so if you're getting persistent upper tummy pain or black, tar-y poo, then I need to know about that sort of thing.

P - Right.

D - And if you're having an operation you need to let the surgeon know that you're on something, okay. They'll know anyway, don't fret about this, haha.

P - Haha.

D - And what shall we do about the statin? I'm always a bit reluctant to change two things at the same time, but what you might want to do is to give me a call in a couple of weeks' time and say, look, I've been happy with this change, let's go ahead with the next change.

P - Right.

D - Does that make sense?

P - Okay, yeah.

D - This is a long-term treatment to prevent strokes, and we're going to review the statin when we speak on the phone in a couple of weeks' time.

P - Right.

D - If you're finding that this problem's getting progressive, and it's stopping you from even walking to the end of the street and you want to consider medication to open up your blood vessels, we can do that, so just give me a telephone call.

P - Right, okay.

D - But you might want to consider other options with the vascular team as to do we investigate this any further.

P - Right, well I'm waiting to hear from them.

D - Great. Anything that you want clearing up?

P - No, I think that's...

D - Clear as mud?

P - Yeah, yeah.

D - Alright, okay. So, Tim's got prescriptions next door for you.

P - Right.

D - For the lansoprazole at the higher dose, the 30, and to replace your aspirin you're going to take clopidogrel - take that after food, and you're going to give me a call in a couple of weeks' time to let me know how you're getting on.

P - Right, two weeks. Put two weeks on there.

D - And we'll explore the statin. So, two weeks for the phone call. Two weeks, Dr Birrell on the phone.

P - Right.

D - Monday through Thursday, I'll call you back.

P - Right, thank you.

D - Great.