TIA: view from the patient’s chair

In the twinkling of an eye I am changed; from experienced GP into a meek and bleating patient in the queue. “... TIA ran the strapline on the February 2013 issue of the BJGP,”1 to be tossed by the bed as a must-read, promptly forgotten.

The next day, flushed from the February chill, I pulled off my cycling gear and bent down to get something that had fallen onto the floor. As I stood up a butterfly danced across the wintry sky through our bathroom window. Migraine spectra, I wondered? But I don’t get migraines. I held up a finger and could not see it, yes left eye, but now the quivering wing cleanly cut out the lower visual field. At that moment a 3-hour clock began running down. The vision pixelated back to normal and I stood there wondering, “Call the GP out of hours? No, takes too long.”

Munching an aspirin I went down to tell my wife. She pressed ‘Go’ on the blood pressure box as I clamped the phone to my ear:

‘Get me the “Neuromed” Reg on call please.’ Two-hours 55 minutes and falling.

‘I am a GP, but no, I am calling as a patient ...’

‘You did right, its amaurosis,’ replied a brisk far eastern female. ‘But amaurosis from what? That’s the question.’

‘Quite, but how about that ... clot-busting idea?’ Thrombolysis as a word would not come out, had I stroked already? ‘Well its 4 hours nowadays.’

‘141/80,’ intoned my wife.

‘Your ABCD2 score is 0 from the history; we will see you tomorrow 8.30 am ... yes that’s right don’t drive.’

The night held plenty of waking hours to be gloomy: ‘Father dies at 58 — was that common? So melodramatic ...’ Thus the internal debate ran on.

I love hospitals; it’s that thrill of quiet cooperation. Then the nurse knocked the needle out: blood everywhere. A registrar put the ophthalmoscope to my eye and muttered about MRI scans and Doppler’s NOW. The fantastic NHS was in action.

I thought of Dr Christopher Addison the Sheffield Christian doctor whose photograph hung in the medical school downstairs. He saw the poor after World War I and entered parliament arguing everyone needed free care: it was the seed of the NHS.

The day wore on as I sat with the silent patients awaiting news in the TIA clinic. The consultant waved me into the other chair saying, ‘Yes, classic TIA symptoms. But less than 50% narrowing of the left internal carotid; no need for urgent endarterectomy.’

On the way out, surprised to feel rather weary and shaken by a day of reassurance, I drifted through the open door of the hospital chapel and picked up a book:

‘All travellers ... find it necessary to check their course ... We wait until we are sick before we do the commonplace things of getting our bearings.’2

‘Two weeks off work,’ the consultant had answered, with that momentary hesitation we use before plucking a number from our heads. It needed all that — distracted and tired — my patients also needed protection.

Back home I noticed a reluctance to bend for things on the floor; would a spike in blood pressure provoke a hemiplegia? I took to the bent knees, head up approach.

‘Dad, have you seen Roo?’ ‘The floor is lying on the cat,’ — then I laughed nervously at my word jumble — was this it; the stroke arriving?

Inevitably the simvastatin and clopidogrel pills spilled at the side of the bed. Forgetting myself I bent right down and saw a familiar blue and yellow journal cover poking out with the strapline: “... TIA.” — the perfect moment to relax and read it properly.

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REFERENCES


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