

**A
LAYMANS
REVIEW
OF THE
BYPASS
EXPERIENCE**

By George Beare

PATIENT STATS

Location - Cork University Hospital

Patient - George Beare

Date Of Birth - 9th February 1938

Residence - Bandon

Problem - Restricted Blood Circulation

Operation - 18th October 2010

Cardio Thoracic Surgeon - Mr. Tom Aherne

Clinical Nurse Specialist - Margaret Byrne

Discharged - 27th October 2010

Appearance - Almost Normal

Reality - Geriatric

Treatment Recommended - Visit Psychiatrist

Patient Preference - Mediterranean Cruise

UNFORSEEN DIFFICULTIES AND THE ASSESSMENT

The operation was not a sudden decision, even so quite necessary. To give an analogical illustration of life, it could compare with climbing a mountain during those adolescent years from boyhood to man. Maybe no extreme peak is conquered but on average many achieve a satisfying plateau and one can accept this situation with patient resignation.

However the passing years inevitably bring a natural handicap and the ageing process hopefully has a gentle slope, literally earthward. How one has behaved or succumbed to bad habits can have a detrimental affect upon the internal organs. Any deterioration then in health can give the most gifted physician a major challenge.

Positively the daily walk is an excellent exercise to keep the body in shape. Personally, while involved in this pursuit, the initial hint of trouble was the onset of a mild chest pain and a preference to take it easy. So what is there to worry about? After all I had long abandoned butter, salt, chocolate and reduced potato consumption to just one per day.

Better inform the G.P., Dr. Emer Gallagher, about the incident. Instant decision; don't you just love positive action! An appointment was made for a stress test and I was given a leaflet about angina for bedtime reading!

This is carried out in Cork at the University Hospital. It's the moving belt stress test. A gentle pace to start and then speed up to the panting and gasping; connections to the body send information to a monitor which a doctor observes, but very little news shared with me. This visit was on 4th June 2010.

THE INSIDE STORY

THE CORONARY ANGIOGRAPHY Thursday, 5th August 2010

Some weeks later another invitation to the hospital for an angioplasty. The appointment was for 8 a.m., Thursday, 5th August. We were on the road before 7.30 a.m. On arrival I checked in, and after a short wait was called and directed to bed. Half a dozen others were there also. I was soon told to strip off, and put on the “gown”. A young doctor gives me a boring lecture on the procedure and the hazards of what is next. He also took blood samples and attached a connection to my chest. Then two of the staff manoeuvred my bed out of the room and along to a hectic busy area.

The bed comes alongside the “operation” bench where I am assisted with the transfer, then a camera moves above my body. Several members of staff take up action positions. A nurse speaks to me and attaches a blood pressure arm wrap-around. I ask, ‘do you still use the mallet?’ “No” she says, “We stopped that!” My groin is painted yellow and I am given a jab for a local anaesthetic. An incision is made and a tube with a “camera” inserted.

I feel nothing as doctor and I discuss formula 1 racing! A radio provides background music; could be to pacify all concerned. Scenes from my blood vascular system appear on overhead screens for the doctor to examine. I can also see and am informed that all is not quite right. Severe restriction in veins on left side, remedial action is necessary for survival. Enough seen so the camera is withdrawn and the opening sealed.

My bed is moved and I am attached to an automatic blood pressure recorder which puts the squeeze on every fifteen minutes. Regular peeping at body wound by staff and sometime later I am wheeled back to the ward where I have coffee and biscuits and am told not to move for four hours. How about that! I feel comfortable and have no sense of being through a difficult performance. Some food arrives; chicken, potato and vegetables - very acceptable. I have a siesta and then another read.

Sometime during the afternoon, having checked my incision for the 39th time and found it to be in order, the nurse said I could get dressed. The fact I had been given a couple of Valium had made me a touch elated! I walked the ward and Daphne phoned, so I said come on up. The doctor came to see me and gave me a summary of my situation and said an appointment would be arranged with a consultant I was free to depart and off we went.

So the wheels are in motion. The clock is ticking relentlessly onwards towards a momentous day in my life. Though one is well aware of the significance I am mentally resigned and even surprised myself by taking the news in a quite unflappable manner; no instant anxiety.

The next appointment offer came by post. I am to attend the outpatient department of the C.U.H on 1st September. Due to a clerical error I arrive a day too late. However an obliging lady commandeers a replacement for the man I was to meet who is attending a conference in Stockholm. We have a brief chat and he excuses himself. Later he returns to say my case, (I didn't know I had one!) had been discussed at the doctors conference! He takes a few notes and seems satisfied.

Another appointment offer arrived for 27th September to meet the great man himself, Dr. Aherne. We duly attended. That hospital is an intensely busy location. How can there be so many ailments in a community, which ranges from infants to the geriatric vintage? Seats are located in the corridor outside his door, where we sat before entering. I think it was here that I received definite confirmation of the impending bypass operation and the necessary forthcoming confinement; perhaps within the next two months.

I'm still standing (as Elton John sings) and really not feeling poorly. I even feel better with the splendid news that I am an excellent subject as I have a good heart, not over-weight, legs look ok and no dire effects of bad habits. So I ask "what did I do wrong?" He replies, "Probably hereditary." Maybe I could have acquired worse genes, even so it's too late to accuse the long departed.

Well the die is well and truly cast. I regard myself as being most fortunate in having a gifted surgeon willing to tackle my dilemma just twenty minutes from my front door.

The home activity keeps my mind occupied so I don't dwell on the enforced departure. George junior and I had given the partly neglected garden a major face-lift and I set some trees. We had also booked a man to build a mass concrete wall to designate a definite boundary between lower yard and the house surrounds, basically a retaining wall. The days turned a touch inclement as the big digger arrived and prepared for action. All went well, foundation poured and shuttering erected just prior to my withdrawal from the site.

Ms Ann O'Sullivan phoned to announce the crucial date. I felt at ease and even anxious to have the whole job over and done with. Actually there are a few preliminary procedures prior to the day of action. Firstly another trip into the hospital scheduled for Friday, 15th October. I check-in early in the morning and am soon directed to a room for an E.C.G. – Electrocardiogram.

It was here I first met Margaret Byrne, a no-nonsense efficient young lady who collected some data, then an x-ray, front and sideways. Later I am directed to lifts and told proceed along to 3B corridor where I met Margaret again who filled a few little bottles with my blood and we both chatted quite amicably.

Then all who were due for a similar operation gathered in another room for a lecture all about the procedure post operation. Who did you think expounded on the road to recovery? The sure-footed adaptable Margaret!

Two former detainees spoke briefly about their bypass history, one of each gender. They looked reasonably fit so what had we to fear?

The ratio of recipients is about one lady for every five men. One elderly lady there in a wheelchair, and others of various ages, from near and far, including a man from Listowel, Co. Kerry. All present who were due for the operation received an illustrated book, "Take Heart", the contents of which did not impact until later; after all that, one thing did stick, a reference to the mental effect.

No one surely needs reminding we are all human so a monumental and emotional happy event in one's life can have repercussions. Many grown men can cry for various reasons including relief, grief and depression and so if it occurs, that is quite normal.

I met a man from Kinsale whom I knew, who delivered chicken food to us (we used to keep 10,000 laying fowl), and is now retired. We had lunch at the canteen and went home, with a book and tube of cream donated by the hospital.

The following day, Saturday, my wife applied the cream to my chest and then washed the area covered, about 90% successful I guess.

Sunday morning we went to church. While departing I shook the hand of our curate Rev. Damien Keane (mighty impressive preacher and decided to mention my impending departure. He was quite stunned briefly by my casual attitude! I'm amused.

Following dinner we set off for Cork. It was so fine, a late summer's day. The autumnal colour was on the trees. I would hate to leave it; hopefully I'm facing this major undertaking for better and not for worse.

ADMISSION

Not far from inside the main front entrance at the University Hospital is a small office where all entrants check in. Details are requested, d.o.b. etc., and how are you paying? The letters V.H.I. (Voluntary Health Insurance) have great significance and bring excellent service!

We move on to 3B and join a waiting queue. Eventually a bed is secured and I change to pyjamas. My clothes are all put in a case and return home and I'm left to acclimatize. One of the occupants of the six beds in room 6 was very familiar being a neighbour from Bandon, Michael O'Mahony! I had a few words with him. He had been here three weeks and was hoping to return home soon but did not really appear to be fit enough to do so.

Nurse Catherine took charge and had a questionnaire, d.o.b., any allergies, and previous medical history. She saw a touch of rash on my chest where hair had been removed but was not too concerned. Another girl came in who had a little battery-powered shaver and cleared all remaining hair we had missed. Two small bottles of shampoo were delivered, one for a shower tonight and the other for the morning.

A Romanian doctor Tiberiu Somacesew came and talked about bypass surgery and mentioned the success rate, only one per cent fatal, a category I'd prefer to avoid! He asked do I smoke, had I any previous surgery? Then looked at my legs and departed.

Next was another important member of the team, the man to administer the anaesthetic. I do not recollect ever seeing him again so he must have done his duty efficiently.

He did say veins would be taken from my leg and attached in the upper regions. No transplants from donors are done! A fasting notice was posted over my bed – so no tea. It could be worse like ‘please do not feed, dangerous’. Next I had my shower. Sometime later when I was nice and comfortable, the night nurse checked in, Ms. Gladys Clarke.

She said to have another shower so I said call me early and I’ll do it! She recorded my temperature, blood pressure and pulse. I asked, “Are you my final visitor to-night?” and she said, “yes”. I disagreed and was right.

The final consultant was a doctor from the Sudan Hatrui El Basher. He said another doctor told him I had a good sense of humour and also said he was right. By now my medical history must be well documented, even so he wanted the details first hand! Previous medical history? Had I surgery? Was I ever in hospital for any reason? (Appendix removal) a two-week detention in the 1950’s. Had I cholesterol? Had I blood pressure? How long since my chest pain? Had I shortness of breath? Had I water problems? He tuned in with a stethoscope and looked impressed; he said no more visitors tonight!

BYPASS SURGERY

18TH OCTOBER 2010

“THE CUTTING EDGE”

This is a bizarre situation for me. You have got the run up to the significant day and now I cannot say much about the sequence of events that occurred on Monday 18th October. The visible scars remain as evidence of the day’s work.

At 5.30am Gladys was on patrol. I feigned sleep to no avail. She said “George” quietly in my ear. She repeated my name and I said, “I was asleep” – what it is to have the voice of authority! I had my shower, my third in 24 hours and then re-entered the bed to make a few notes. Mentally I’m quite alert and glad the job is going to be done.

Can I assume by now there is a magnificent team of international expertise gathering in a clinical theatre nearby whose skills and proficiency will be utilized to do adjustments to the blood vascular system of my ageing, deteriorating, body. I’m honoured, I’m humbled, and I’m impressed and emotionally moved so many are so willing to assist in my hour of need.

Gladys said take a tablet; I was put on a movable bed and wheeled slowly out of the room. The sleeping pill took effect. My conscious day had ended before 8am; I was well and truly insensible, knocked out, totally oblivious to the surrounding activity.

One can assume the unclothed helpless male o.a.p. is gently laid on the floodlit bench and a solemn atmosphere prevails.

The perception of the scene comes from the gripping T.V. hospital gripping theatre drama that is re-enacted weekly to amuse the laid-back addict. The large group of uniformed people may appear similar to members of an adorned secret society clique in a pre-ritual collective huddle to share interactive support! Whatever scene one may visualize one hopes all are fully intent and occupied in performing the necessary adjustments to the blood circulating life supporting system of the prostrate patient.

The procedure of a bypass operation is basically that a vein is removed usually from a leg and spliced into the system through a chest opening. Both incisions are stitched up and a dressing stuck on; then most of those involved may have a brief adjournment. This is not pseudo T.V.; this is levelheaded C.U.H.

Now return to the conscious world and dear reader you will be glad to hear I survived, body and soul remain intact, you are so lucky otherwise this composition would not have come to pass!

It may have been six hours later I was spoken to and informed the operation was over. I thought what the heck is the guy saying but my memory briefly returned and I tried to check result but soon went to sleep. My dear wife sat by my side for a long period post surgery. Thank you darling.

RECOVERY POST SURGERY

It was the following morning I returned to reality and was aware of different surroundings. I'm in the intensive care ward and lying in the bed opposite is a woman. I remember thinking is this the scene that tabloid newspapers "exposed"? and tried to embarrass our incredible health service.

There were four of us, two of each gender, how equitable can they get? I had a conversation with the lady opposite that is to undergo a similar operation to myself. Isn't it great to have something in common with a fellow inmate?

For this lady and even anyone to be parted from the loved ones and deposited in a strange environment can be quite traumatic. For my own sanity having a mutual natural friendly inclination towards the necessity to converse it is good to be supportive.

She was familiar with her upcoming procedure having studied the Internet. The T.V. hospital drama is of no interest to me as the reality of pain and experience can never be portrayed. My mind is set on recovery and life beyond C.U.H. not that one had plans, that's unreal, but one can dream as having exceeded the three score and ten life expectancy a man can be satisfied with the philosophy and verbal exchange of "Last of the Summer Wine", now that's contentment.

I am just temporarily located in close proximity to the theatre where surveillance by wise experts can plot the progress and recovery during the critical hours of post surgery, of horizontal semi-conscious invalids. Maybe I have joined the improvement category, one hopes, and not for space replacement. I'm being shunted to the semi-intensive care in Room 9 to join a group at various stages of convalescence.

The long tested hospital routine regime is in progress. The morning buzz of the vacuum cleaner, and the purr of the polisher maintain the pristine appearance, followed by the sustaining meals on wheels being served. The doctors entered, rapidly checking and admiring the results of their professional technique and briefly studying the behaviour, condition and sanity of selected patients while mentally planning their future strategy. The occasional visitor to the bed-ridden by a relative or neighbour brings news of the outside world and enjoyment and reminds one of home.

Then of course there are the indispensable ever-present numerous nurses perpetually circulating, doing the persistent monitoring and dispensing pills as they natter and giggle, cajole, debate, change sheets daily, organise and display authority and coolness while caring for the misfortunate / lucky guests. Periodically the odd concerned nurse rushes in with a "who interrupted my tea break facial expression" to answer the individual complaint having been made aware by the press of the beckoning button. They originate from near and far including India and Ireland.

It was evening and I knew my wife was not coming; however she suggested to my brother he could go and he did with a lady friend (a familiar acquaintance). She sat beside me so I offered to shake her hand – suddenly I was hit by a mixture of emotional relief, the enormity of my experience, the realization I survived – I could not let her hand go. It felt like a communication link, which transmitted a power that superseded words. A calmness comes and the wonderful sense of being alive.

The visible exterior physical improvement was but a facade to the frailty of my weary being, the eyes moistened but the years and feeble strength of character-prevented breakdown and I overcame the belt of sensitive stress. Though the foregoing occurs within the body, the mental experience seems to be away from it!

Apparently there were no ill effects from that human susceptibility so normality returned and the pleasure of being with friends. I'm even being given light meals, which hopefully will sustain a modicum of strength and motivate the bodily functions to perform regularly.

Finding comfort is a lifetime requisite for a decent sleep. There are dos and don'ts for a post surgery bypass recipient. Lying on one's back may seem easy but has me dreaming. So I try alternate sides and accept. I'm not in pain; the pills dissipate so I succumb to the sleep deprivation.

Another day and another moving experience without attachments, not emotional but transporting from room 9 to 6 along that well worn track known as Ward 3B to my fifth different bed on consecutive nights! Is this progress? Changing address frequently?

CONVALESCENCE

No 6 is a real hospital ward. There are six of us, just one other with my complaint whose name I dare not omit, Gerard Penkert. Tom has a plumbing problem and the other three had had “accidents”. As I said previously in a brief note of thanks to the great team who cared so well for me, there is a wide assortment of humanity who drift in here. Trevor is the product of a mad youth from a rough neighbourhood. A long history of misdemeanours, drug addiction, interned in various jails and general abuse of his addicted lifestyle.

Aiden was unfortunate and is here with an extremely sore leg. While on his motorbike a car hit him and the healing process was slow and painful. You can imagine his description of the offending motorist, which had some colourful adjectives. Martin is resident here by the grace of God and a badly aimed discharge from a 12 bore shotgun by a drug crazy relative – both legs suffered but he was happy to be on the mend. He was kind enough to remind me I was doing well! The sixth lodger here had lost control of his bicycle on a hill and literally came face to face with mother earth with messy results physically visible to us all!

So room 6 is a multi-purpose bedroom, dining room, sitting room and a reception room for the remaining duration of my recuperation stay. Having a resident P.R.O. Gerry helps greatly with the friendly relationship.

His operation was postponed due to a diabetic problem, which was undergoing correction.

It would be most remiss, even neglectful, of me to act indifferent and omit these characters or combat troops from the narrative. After all who wants a chronological diary of the daily existence?

Eventually I was on my feet and becoming more independent which meant being able to visit the bathroom when necessary. I even felt a shave and wash would be a help towards normality not to mention a necessity.

The refuge of the bed was welcome as I'm physically well aware of my restrictions. My eldest brother Billy paid a brief visit a.m. and my younger daughter called in the afternoon, there is always a deviation to routine. A physiotherapist Damien came and made me walk along the corridor and up a stairs. He said repeat tomorrow.

I am now getting to know Gerry and others so the day passes without boredom. In the evening I had a mask attached through which I breathed in oxygen. This is a nebulizer. Slept fairly well but due to a bit of phlegm it was painful coughing. The relieving remedy is to hold a pillow to ones chest!

Another day – early start. The night shift ladies do the initial recording at 5 am. – Blood pressure, temperature and heart beat. 6 am injection could be to prevent clotting; some thoughtful genius invented a cure to do that most necessary exercise. We had breakfast at 8.30 am.

At 10 am three students came to interview me but were soon interrupted by three doctors – I am not short of ‘visitors’. At 10.30 am I sat on a wheel chair and was taken for an x-ray and back again – hectic busy place. Didn’t hear if any missing instruments showed up!

In the afternoon I had a visit from the curate, Rev Damien Keane, which was very pleasant. I really appreciated it. Later my niece Susan called. This is a great way to meet relatives. In the evening Elaine, our elder daughter, called and I liked that, as we converse very easily.

What would you say to a nurse who woke me at 1.45 am? How could you Linda? She is so caring, conscientious and pleasant so when she said, “sorry for calling” I said ‘I’m glad”. I’d be lonely if she didn’t come’! She did the usual three readings and asked the age-old routine question about the bowels! It must be five days ago so she meant to correct this omission and end the no-go sequence, so passed on two laxative pills, which brought the required results, a great relief!

I was weighed on a simple pragmatic invention; it appears like a garden chair but has a dial. Weight records are important post surgery as an increase could mean trouble, i.e. a build up of fluids, however Linda was determined to counteract any problems and was pleased to record a daily decrease!

Today my modest, superb miraculous doctor, Mr. Aherne, came to see me, I stood up and shook his gifted hand, and simply said thank you.

Two old guys arrived, veterans of the bypass club and invited me to join them for a monthly get together. I had

an exceedingly tasty fish with tarter sauce for lunch. My appetite has improved and so I can enjoy one of the simple pleasures of life.

For any of my fellow inmates who are less mobile than me there comes a time when the ablutions or certain problems that require attention need privacy, and then the curtains are drawn. These are not sound proof so the less than glamorous side to the nurse's occupation can be clearly audible.

I'm annoyed and disgusted such foul language should be directed at them following weeks of hard work and decent care. Though there are hundreds involved in administration and management, I can only report on those whom I bare witness to doing their duty. My memory and experience generates permanent admiration for their daily concern and understanding, which has to be one of the priorities of civilization. May they continue to serve with tolerance patience and devotion and all go on to a happy future and enjoyable life, hear, hear.

During my residence in the C.U.H. some years of hard work building an extension for the Cardiac department came to fruition so the tape cutting ceremony was performed by our Taoiseach (P.M.) who subsequently recorded the lowest popularity poll rating ever as leader.

In the afternoon my brother Bob came again with our cousin Carmel from Cork (mad keen on family history) so we had a good chat. In the evening my neighbour, Mrs Bessie Benn came with junior and my wife so I'm glad I'm as well as I am and I can resume waffling as demonstrated by this dissertation.

Nurse Aideen does not waste time and radiates confidence. She called at 8 am and announced the dressing was to be removed. Chest first as she carefully stripped off the outside of the cross section then gently unstuck the vertical strip and announced “looking good”.

Now the leg; firstly the knee length surgical stocking removed, then I withdrew the severely traumatized limb from the pyjamas and as smooth as one could wish for, she detached the top end and mercifully peeled the full length of the adhesive to expose the surgeon’s cutting edge accomplishment, all two feet which meandered; that is my slowly healing wound. 8.05 am curtains withdrawn and I can record progress and gratification.

Breakfast at 8.30 am and then a call from home; there’s nothing like a few friendly words for peace of mind and to erase the anxiety. One of the highlights of my sojourn here is about to occur as three doctors arrived to inspect the exposed damage.

The oriental man, Alan, was particularly interested and examined quite closely and then pronounced the immortal words, “excellent, I did it myself”!

The one-liners are treasures. I never enquired about vacating the cocoon but he thought optimistically I might depart on Monday? I do not want to leave until I’m pretty independent.

I am about to record a distressing unexpected turn in events, which of course one is not even mentally prepared for, and has me wondering why should I be so psychologically sensitive. The initial feeling seems

innocuous but a nurse is well aware of the symptoms and their effect. Remedial action instantly required. A monitoring hi-tech gizmo is wheeled along side and plastic limpets attached all over my chest with cables transmitting my edifying readings to the machine.

Dr Alan Su arrives with associates to assess the situation and promptly adopts a pacifying manner to reassure the anxious patient that this is normal reaction post withdrawal of certain drugs. Despite the soothing words of wisdom I'm mentally low; coming after several days of satisfying improvement; a setback is a ton of bricks. Nurse brings a pill and I take it instantly.

Even Gerry was concerned later as he noticed my face colour abnormal and buzzed the nurse. A Malaysian lady, Doctor Liz Griffin, punctured a vein in my left arm and promptly attached a connection. Nurse Aideen wheeled in a vertical pole with a hook, which she hung a bottle on, and married the tube to the arm connection.

The bottle emptied in half an hour and was replaced four times. Heartbeat returned to normal but I felt weak. By 5 pm I had regained sanity so with my wife's assistance I disconnected the attachments (by kind permission) and went to the bathroom, had a shave and wash and returned to the bed.

During the night, readings had soared again so another couple of bottles prescribed for my drip feed. By 4 am I fell asleep and at 5.40 Linda arrived. Oh Linda why so early? She did the monitoring; I enquired, "How am I?" This petite young lady I trust and should not doubt her resolute reply, "you're flying it". So reassuring to be given

an authoritative medical opinion! Then I promptly fell asleep.

At 8.30 the cornflakes and tea came followed by Dr. Alan who strolled in wearing his gardening uniform; jeans and black shirt. Do I detect the influence of an American T.V. hospital drama? “Doctor” I said, “I was in the depths of despair”. “Quite normal, you may be departing Tuesday!” I hoped he might prescribe a visit by an artist from the local jazz festival to beat the blues; dream on and take your pills!

And did I dream? Apparently it is a normal post bypass experience to have an hallucinatory vision. Mine was pretty mundane as I visualised the ward being so dull not having been redecorated since the eighties, and promptly decided it required redecoration and a few works of art to counteract the dreary scene displayed.

At 10 am my top was stuck to my back, I was sweating; a nurse dried my back with a towel even so I changed to a clean dry top. 11.20 another doctor came, felt my pulse – gone in 30 seconds! The hospital Chaplain, Rev. Paula Geary, came at 11.30 and served communion; very much appreciated and appropriate. At 12.30 I was much improved and had pork and cauliflower cheese, then a short nap before my very welcome wife arrived.

We went for a walk along the corridor (about the most romantic thing to do here) as I’m determined to comply with the rulebook “take Heart” and enjoy the outdoor stroll when I return to the pleasant climate of West Cork. We visited the ladies ward where we met some patients with similar problems and naturally feel an affinity. A hospital can be a lonely depressing place but a few words

from a friend or stranger greatly help to cope with one's predicament.

For the evening meal I had a chicken sandwich and a pot of tea. The bicycle lad went off to the theatre and returned some hours later looking very much improved, fantastic repair job.

Daphne and I had another corridor walk before I settled down in the bed, which she adjusted to a more comfortable pitch. I felt in pretty good form all day so now looking forward to returning home.

I slept reasonably well but would prefer if it was less broken. Linda said her night duty had ended so she has a break at home and we said good-bye to each other. Thank you Linda I know you really cared.

Elaine phoned to check on things. Doctors stopped by, including Alan who said, "I'm nearly there" and enquired who would be at home when I'm discharged? I suggested one of the nurses should come with me as we have plenty spare beds – very amusing. At noon I had a shave and a good wash and then a walk. The 'bicycle' lad departed and was replaced by an injured youth who got hurt playing football. Bed occupancy is continuous.

In the afternoon my younger son Ronald came with wife and son Eli. We had a short walk before he departed. We had tea at 5.30 and later my wife and other son came from Bandon. I saw another Bandon man and discovered his wife was also here for a bypass.

I'm especially glad to report there were lighter moments when banter, joking and even cruel ridicule was exchanged between fellow inmates. Some night nurses were aware of the "3 am club" and gladly co-operated in its custom. The perpetrator of this ritual was the most convivial and jovial of characters that one would wish to accompany one in a convalescing ward. Gerry was M.C., PRO, and chief adviser to all who entered. You were a friend in need only momentarily when you occupied a vacant bed. Nightly at the weirdest hours, tea was ordered and delivered by the night staff. Two or three of us joined Gerry for the repast, as he is entertaining while reminiscing. The verbal agenda traversed various topics from hopes and fears, merits of open-heart surgery, football, a lady doctor's eccentric walk due to the inappropriate wearing of high-heeled shoes and the financial state of the country. We also discussed the variable rate of recovery by certain individuals.

The rate of an individual's recovery and a unanimous condemnation for the unnecessary embarrassing expletives aimed at 'our' nurses who endured an unpleasant side to their duty with exemplary fortitude which included exposing the hazards of dealing with grumpy old men.

Just prior to breakfast I donated a blood sample, following which I'm transported by wheelchair for an x-ray (has the re-assembly been a success?) and returned in half an hour. Gerry is a bit discombobulated. The surgeon informed him his operation is in two days.

He is well aware of possible problems – overweight and diabetic so is reconciled to be half as good as me! If his temperament remains upbeat he should over come the

setbacks and fully recover. Concern nags but hope is not abandoned.

Our family friend Stella suddenly appeared, her presence is always uplifting. Before lunch I walked several corridors. I was just back when Physio arrived and said go again. I protested but reluctantly went and was pretty shook when I returned. My dear wife came in the afternoon and assisted with my refreshing shower. My elder daughter visited too so my day was busy.

DISCHARGE

27TH OCTOBER 2010

Ten nights resident and I was free to depart; just a lecture (words of wisdom and advice) from Margaret that most versatile and vigilant member of staff, also some dos and don'ts from a healthy looking dietician and occupational therapist. I was given a letter for my doctor; prescription for tablets. It's shake hands with those still unfit to depart who must remain a little longer, and then I am brought to the front door by wheel chair. Sat into our car and was driven off by my wife to join the west bound commuters, free at last to continue my restoration and recovery at home!

REFLECTION

Gerry talked a lot. He enjoyed conversation and his presence brought a pleasing atmosphere. I lay on my bed opposite him for six days and delighted in his company. It was therapy and eased the anxiety, which greatly helped me to cope with the post surgery recovery period. I liked Gerry as he had simple attributes, humorous and supportive. I was recovering and he was facing the bypass operation.

He envied my improvement and wished his would be even half as good. We did not dwell on detail but agreed to meet in a few months. I departed the day prior to his surgery but some days later my wife and I visited him. He was that kind of guy, you wanted to be with him in his hour of need, and was most appreciative of our meeting.

The mobile phone rang. A strange voice, "I'm Gerry's son". He said, "I thought I better let you know, Gerry died last night". It was shocking news; only two days previously I had spoken to him on the phone. I choked; it was so sad and such a vicious blow. Each day I thought of him and now he is gone, it is so darn final. I had written a thank you note to the nurses in which I added a piece about Gerry and sent it to him. His son found it and was moved. It's odd how a simple thing can have an effect. Choosing the right words is always important.

My deepest sympathy to his family. Gerry is not just laid to rest in Clonmel; Gerry is in our minds; a happy memory; a man who touched all who knew him.

Goodbye Gerry, I'm glad I knew you.