

## The Dilemma of the Double Hernia — Life on the other side of the knife — Dr Saville Furman



**Dr Saville Furman**

MBChB MFGP (SA)  
302 Centrepoint  
Loxton Road  
Milnerton  
7441

### Curriculum vitae

Saville Furman graduated at UCT in 1973 and has been in active general practice for the last 18 years. He obtained his MFGP (SA) in 1977. He has a wide field of interest in Family Medicine, the main being the 'Doctor-Patient Relationship'. He is on the Executive Committee of the Council of the Academy of Family Practice/Primary Care and serves as the Chairman of the Research Committee. He is President of the SA Balint Society, part-time lecturer in the Departments of Community Medicine and Paediatrics (UCT) and is very active on the Editorial Board of *SA Family Practice*.

### Summary

*After a recent experience of being a patient, there is no doubt in my mind that "sick doctors" engender anxiety in their health-care professionals. Despite researching, lecturing and writing on the health care of doctors, I found it hard to practice what I preach. Maybe I was a difficult patient, or tried too hard to be compliant, or perhaps my expectations of my caregivers were unrealistic.*

*S Afr Fam Pract 1993; 14: 354-7*

### KEYWORDS: Physicians; Case Report.

Trying to practice what one preaches can indeed be very difficult as I found out when I tried very hard to be a compliant patient. I attempted to listen to the wise words of Samuel Freedman, who urged doctors when confronted by the panicking possibility of an illness to try and restrain the urge to fantasize on all the dire diseases that lurk in the corners of our imaginations. He further adds that we should turn the problem over to someone else, who by definition is better able to attack it properly. "Physician, don't heal thyself!"<sup>1</sup>

The problem started with a LBAUO (Lower back-ache of unknown origin!!). My various primary health care workers advised me to give up running, take up swimming, start cycling and walking as alternate means of exercise. I tried a ring cushion, lumbar corset and a special lumbar cushion and various other

aids recommended for my aching back.

One day whilst walking on the Waterfront, I felt a pain in my right groin radiating into my scrotum. This was not my usual backache. I put my hand in my pocket pretending to feel for loose change, gave a cough, felt a slight bulge and a thrill!! The doctor with a symptom has the choice of dealing with it himself, ignoring it, applying self-treatment, or seeking the advice of a colleague.<sup>2</sup>

Not wishing to self-diagnose, I made an appointment to see my GP. (I'm one of the 29,4% of Academy members who have a GP for themselves and their family).<sup>3</sup> He confirmed the diagnosis. We discussed surgeons and hospitals and I decided that I did not wish to go to a hospital within my practice area, as I needed to get away "from it all". I chose a quiet nursing home where mainly orthopaedic surgeons, plastic surgeons and psychiatrists worked, so if a second opinion was needed, it would be readily available!

Finally, D-day dawned and my wife took me to the nursing home where we were shown to a seat. When the clerk was ready I was called to the admission desk. She asked me my surname which she filled in and next to it she wrote "Mr". (Ah-ha, already I've been promoted to surgeon!) Next, followed routine questions, date of birth, home address, etc and then she asked who my employee was. I replied that I was self-employed. Raised eyebrows! (as if to say, "How can he afford a private ward?"). The telephone on the desk rang and suddenly her whole attitude changed, the "M" was changed to a "D" and she appeared visibly more anxious than she previously had been.

... Dilemma of the Double Hernia

"Oh, *doctor*, please take a seat, they will call for you when they are ready." Five minutes later a nurse arrived, took one look at me and said, "I remember you from the Military Hospital." Gone was my anonymity. On the other hand I was pleased that someone could still recognise me from my Intern year, nineteen years previously. I was shown to my suite and the nurse said, "Do you mind if I

Turn the problem over to someone else

weigh you? If you know your weight, I really do not have to weigh you." I then asked, "Do you weigh all patients?" She said, "Yes", I said, "Well fine, it is no extra problem for me to get on the scale." She then asked if I "minded" if she took my observations which consisted of pulse, blood pressure and temperature. I said, "No, I certainly do not mind." She then held the urine glass out to me and now seemed more embarrassed. She then started to blush and said, "I have got bad news for you." "Oh", I said, "Lets hear it." "Oh, well, you know, you have to be shaved." I said, "So?" She said, "I will check with the theatre sister, maybe you do not have to be shaved." She telephoned the theatre and I thought this is really wonderful, doctors do not have to be shaved like ordinary patients. "Oh, it is not too bad, you only need a half shave on the one side." (As if this was the good news!) I said, "Actually, my surgeon does not yet know it, but I felt pain on the left side in the last week and I think he probably will have to repair both sides." "Well, you can shave yourself," she said. "Oh,

would you not like to help me?" I said. "Well, do you really need help?" she replied. "Look, I will try myself first and then let you know." I went through to my private bathroom and was surprised as to how well I managed to shave myself. I then put on the hospital gown, climbed into bed and continued to read my book. Ten minutes later, a knock on the door. The catering manageress came to ask me what I would like for supper. "Oh, wonderful", I said, "Doctors are allowed to eat just before and after surgery." "Oh dear, well let us see if we can work out your breakfast menu and tomorrow we will work out the rest of your food requirements."

One hour before "cutting" time, the nurse returned with a little glass and a yellow gelatin capsule saying, "The anaesthetist said you are going to give me uphill but insists that you take it." "Really, if he wants me to take it, I

Only 29,4% of Academy members have a GP to look after themselves and their families

will take it with pleasure", I said and I duly swallowed my pre-med and continued to read for another half an hour before feeling somewhat drowsy. Then another two sisters came in about fifteen minutes before I was due to go to surgery and apologised for having to check that I had done a "good job" shaving. They seemed satisfied. The rest is all a blur. I remember being wheeled into the lift and then the theatre, greeting the anaesthetist and assistant, reminding them that I had capped teeth and

that I previously became aggressive, post-operatively and tended to be easily nauseous. That's all I remember until waking up and being offered a pethidine injection.

Next morning, at some unearthly hour, I was woken up to be washed. When it came to the genitals, I was given the face-cloth to do the honours. "Are doctors *that* different from other mortals?"

One of the privileges of being in a private ward is that you have a telephone. I had come to get away

I definitely couldn't do the things that I used to do

from telephones and asked for it to be removed. Unfortunately, this was not possible, but I was promised that no calls would be put through, no matter who was on the line. Needless to say, later in the morning when my surgeon came to examine me, the telephone starting ringing continuously. I had instructed that no calls should be put through to my room. He examined me and started drawing my inguinal region and explained how "vrot" it was. Most of the muscle had been replaced with fatty tissue which he told me was the legacy of my mother's chopped liver, meat pies and kneidelach! He also said that technically, things were difficult, as wherever he attempted to cut through any tissue, I tended to bleed. "Have you been on aspirins or any anti-inflammatories?" he asked me. "No, not at all, I only take what my doctors prescribe," I said and then suddenly remembered when I had been for my last few annual check-ups, my blood count had



... Dilemma of the Double Hernia

always shown a low platelet count. (This I had been reassured by the haematologist was not significant, as I didn't bruise or bleed easily). "Thanks for telling me now!" he said. Throughout the rest of the day, I remember being offered Pethidine, which I refused, and took what John Straughan would call "poly-cocktail analgaesic" capsules instead, which aggravated my constipation. Later in the day my first "wind" arrived. What a relief!

I had prepared myself with reading material and also some CDs that I could listen to with headphones on

my "Discman". The only recollection of the first two post-operative days in my twilight state, was music and being visited by my rabbi, colleagues and family. My first walk was sheer hell. On the first night I was brought a fist-full of tablets consisting of two anti-inflammatories, two pain-killers and a sleeping pill which I submitted to without any argument as I knew that when I went home I would once again be "in charge" of my own body.

On the third post-operative day, my wife came to fetch me and I was taken to Onrus where we had hired a

cottage so I could recuperate away from the stresses of home and the practice. I felt every bump in the road on the 125 km journey. Progress was very slow and on day five or six I became very depressed and actually cried from sheer frustration, (post-op blues?) as I felt I wasn't making rapid enough progress. I telephoned my surgeon who advised me to lie in the sun with my wound exposed. He said the knots of the sutures could only be cut on day 10. (I had requested subcuticular dissolving sutures so I wouldn't have to go back on day 10 to have them out). I went to the local pharmacist to look for some kind



Medical Sex Journal Subscription

Please complete this form and return immediately

1.  I would like to receive the Medical Sex Journal in 1993
2.  Please remove my name from the Medical Sex Journal mailing list
3. Comment/Kommentaar \_\_\_\_\_

Please make cheque payable to:  
SA Family Practice, (Medical Sex Journal), PO Box 3172, Cramerview 2060

*Please print/Drukletters asseblief*

Title/Titel: \_\_\_\_\_

Address/Adres: \_\_\_\_\_

\_\_\_\_\_

Postal Code/Poskode: \_\_\_\_\_ Telephone/Telefoon: \_\_\_\_\_

Field of Practice/Praktiseergebied: \_\_\_\_\_

Subscription/Inskrywing R25,00

*Free to Academy Members*

... Dilemma of the Double Hernia

of comfortable padding and ended up buying panty-liners and disposable undergarments called "Be-Sure" which had the following on the label: "Allows you to do the things you used to do". At this stage, I definitely couldn't do the things that I used to do!

Until this stage, I had been managing to have a shower every day after wrapping the lower part of my trunk in jiffy wrap. It is amazing with what one can improvise.

Day 10 arrived and I was very excited as at last the sutures ends could be cut. However, I woke up with a pain in my right calf and naturally, first thing that came to mind was a DVT. I checked myself for Homans sign, which was negative; there was no oedema, so I felt a little comforted. (I had thoughts of having to have a venogramme.) Now I was feeling very frustrated and was walking around as if I had a pineapple in my groin.

I remembered once reading that Terence Millard used to walk his horses with leg problems in the Atlantic Ocean and that tended to heal them quicker. So, I did likewise

In the meantime I was still walking like Charlie Chaplin

and started each day by going for a walk in the ocean. Somehow, this didn't seem to have the desired effect as it had on race-horses, (maybe because it was the Indian Ocean) and in the meantime I was still walking like Charlie Chaplin. By day 12, I had convinced myself that I was developing a stitch abscess and

starting palpating myself every hour to feel if the "mass" had gone bigger. I was now trying very hard not to take any form of medication as it had played havoc with my GIT system. From being a regular early morning, once a day person, it now became every second day. I took lactulose, but must have overdosed, as I then developed diarrhoea. When I saw the mucous and what looked like blood, I was convinced I was developing

Doctors are too aware of all the things that can go wrong...

dysentery or pseudo-membranous colitis. The trip back to Cape Town was even more uncomfortable, as I now wasn't under the influence of the "polycocktail analgaesics" and was conscious of my wife's driving. My sleeping pattern was completely haywire and I tried desperately to reset my biological clock. I started to despair, would I ever return to normality?

As time drew nearer to my return to work, I began to feel anxious and despondency set in. I thought maybe going back to work would be therapeutic. Three weeks post-operatively, I returned to work. For the first week I did no house calls, rested for an hour on my examining bed at lunch time, and went home every evening at 6 pm and lay with my legs up. It took almost six weeks to the day to "heal" completely.

In retrospect, although I tried hard to be a "good" patient, the words of Osmund and Siegler best sums it up: "Doctors are too aware of all things that can go wrong in medicine to

accept patienthood with trustful equanimity."<sup>4</sup>

Acknowledgements

I would like to thank Linda Jonker for patiently typing and retyping this article. I would like to thank my family, colleagues and friends for their care and concern during my "illness".

References

1. Freedman, Samuel MD. Treat Yourself, Right? JAMA, 1984; 252 (18): 2 541.
2. Cohen Alex. Care of the Caregivers. World Health Forum, 1985; 6: 146-9.
3. Furman S. Caring for Ourselves - a study of Doctors' Health Seeking Behaviour: S Afr Fam Pract 1992; 13: 92-7.
4. Osmund H, Siegler M. Doctors as patients. The Practitioner. 1977; 218: 834-9.