



A Life Less Ordinary – Part 1

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St Mark's IF study day

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Overview

- Briefly discuss medical history
- Filmed interview
- Patient's 'tricks of the trade'

- MDT and audience expertise

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Adam

1998

- 18 years old
- 1st year university student
- No past medical history

- Non-smoker
- Avid gym member

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Adam

□ June 1998

■ Emergency admission

- Severe abdomen pain
- Acute abdomen

■ Emergency laparotomy

■ Mesenteric infarct

■ Majority of small bowel and colon resected

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Adam

- First admission
 - ▣ Recurrent episodes of abdominal sepsis
 - ▣ Multiple laparotomies
 - Attempted jej-colon anaestomosis at 2 month
 - ▣ Several ITU admissions
 - ITU discharge summary describes period as 'stormy'
- ▣ Significant pain control issues
- ▣ Psychological/mood instability

Adam

- Unclear diagnosis/prognosis
 - ▣ (Lymphoma)
 - ▣ Thrombophilia
 - ▣ Vasculitis
- Anatomy
 - ▣ End jejunostomy (~65cm from DJ flexure)
 - ▣ Left colon in situ (out of circulation)

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Adam

- In-patient PN requirements
 - ▣ Settled down to 3L/nights
- Short bowel oral intake regime
- Poly-pharmacy

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Adam

- Discharged Feb 1999
- 8 month admission

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A Life Less Ordinary – Part 2

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Overview

- Further case history
- Filmed interview
- MDT and audience interaction

- Summary

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Adam

3 months after discharge:

- Started to leave house independently
- Gaining weight
- Low mood
- Anger management problems

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Adam

6 months after discharge:

- Increased activity
- Benefiting from psychological support
- Jejunocolon anastomosis re-considered
- Unsure about future prospects



Adam

18 months after discharge:

- Elective jej-colonic anastomosis attempt failed
- Advised against further attempts



Adam

2001 – 2013:

- Returned to university and completed degree
- Holidays in the UK
- First job
- Married
- Holidays abroad
 - Dubai
 - USA
 - Mexico
- Further career development

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Adam

During 2013:

- May
 - Lower respiratory tract infection
 - CVC line cultures negative

- June
 - Central venous catheter infection
 - CVC replaced

- July
 - Cuffed tunnelled CVC line displaced
 - Phased return to work

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Summary

- The impacts of a single act of kindness
- Every member of the team can have that impact
- The long journey is made up of many small steps

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Final word...

“Share and
disseminate
knowledge”

“This can lead to
better recovery and
quality of life for
patients”

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