# Chapter 2: Round One

## I

It was Friday evening when Alison, the on-duty chemo nurse, arrived to begin my first arm of treatment. She went to the far corner, collected the drip stand and rolled it across the room, the four plastic castors creaking and groaning until the stand reached its resting place on the left side of where I lay. Alison then walked to the door where she had left her chemo trolley and moved it to the bottom of my bed. She proceeded to dress into a poly-coated protective gown, safety glasses and dark purple gloves, all the necessary precautions for handling chemotherapy, and then hung two IV bags on the fastening arms (or hooks) at the top of the drip stand’s stainless steel pole. She extended the height of the adjustable pole until bags dangled above her head and ran the plastic tubing, attached to the bottom of both IV bags, through either side of the blue Alaris 7231 double IV pump which had been left, attached to the stand.

Alison asked me to raise my shirt and extracted the two tubes at the bottom of my Hickman’s line, placing them neatly on my side where they were easily accessible. She grabbed one of the lines; rotating it so that it stood upright and started wiping the bung with a chlorhexidine alcohol swab. ‘It is really important that everyone who handles your Hickman’s line follows this process,’ she said and began counting allowed to thirty, offering enough time for the alcohol to dry. She then proceeded to clean the bung again with a second swab. ‘We clean the bungs thoroughly with two swabs,’ she continued. ‘The Hickman’s line dumps drugs directly into your heart. Failure to clean it properly can lead to infectious bacteria entering your blood stream, something you particularly want to avoid as you enter a period of neutropenia. It can make you very sick. It is important that you watch everyone who accesses your line and make sure that they clean it twice. Also, they should use a red chlorhexidine swab and not one of these blue alcohol only swabs,’ and she held up the packaged swab that shouldn’t be used.

Alison connected the IV tubing to the bung that she had just cleaned and then repeated the entire process, this time connecting my remaining bung to the second IV bag. She pressed a few buttons on the Alaris, two mechanical arms massaged the IV tubes, a light pumping noise echoed in the room and we were off and running.

## II

My first day of chemo was an anticlimax. Chemo was ingested continuously by my blood system for more than 24 hours with few side effects. The only noticeable affects an increased sensitivity to smell, particularly to food and an unusual taste in my mouth. In fact it was Saturday morning when this became noticeable for the first time. Kavitha brought me my morning espresso, only for us to discover that I could tolerate neither the smell nor the taste. It was apparent that my fears about being allowed to take coffee were ill founded for I had already experienced my last sip of palate–cleansing acidic full-bodied brew. Actually, I would not touch another coffee for more than seven months. I was only capable of enjoying a coffees aroma and flavor when my HyperCVAD was well and truly completed and my taste buds had resumed their rightful place on the surface of my tongue.

Late on Saturday evening the chemo kicked in, I became nauseous and I began vomiting for the first time. I continued to heave the contents of my stomach; over and over again; until there was nothing left inside and I started dry reaching, my body contorting to painful stomach muscle contractions as it desperately searched for more fluid to expel. My only comfort, the cool feeling of a wet towel regularly wiped over my face by Kavitha, who had chosen to stay with me in the hospital. We went through many sick bags that evening, the onslaught waning only once my antiemetics were modified and my body became more tolerant to the cytotoxic drugs. Eventually, I managed to fall asleep and rest.

## III

The likelihood of either my sister or mother being found suitable for bone marrow transplant was small. My mother was unlikely because she was only responsible for half my genetic makeup, the remainder of course coming from my father. Typically, the best chance of finding a family donor comes from full siblings that share both parents. Since my sister and I were birth products of different fathers the chances of her suitability were also small. Nevertheless, both had given blood samples and we were anxiously awaiting news of the tissue typing. We were however, well grounded by Deidre, who had explained that we needed to be realistic. Consequently we had begun discussing an extended family search, cousin’s, auntie’s etcetera, in the hope that someone else might be miraculously found suitable.

The chemotherapy continued into Sunday. My mother and wife exchanged shifts, Kavitha going home to spend time with Rathiga and rest, and Mum sitting by my side in hospital. I drifted in and out of sleep as the pharmaceuticals negatively impacted my energy. Mum waited for a lucid moment of consciousness and mentioned that she had something important to tell me. She continued, explaining that Peter, the man I knew as my father and whose life had been dramatically cut-short, was in fact not my biological father at all. My true father a ‘charismatic Italian gentleman’ with whom she had a short relationship before meeting Peter.

Naturally, this was a complete shock to me. I had absolutely no idea. A large portion of my life, previously shrouded in lies, now revealed in unvarnished truth, the ‘great conspiracy’ unveiled. Flabbergasted by this revelation, I couldn’t help but feel that the world as I knew it was collapsing around me. I reflected upon the week that lay behind me. First, I discovered that I have a rare and difficult to treat form of Leukaemia, now I learn that my father is out there somewhere, probably alive. Perhaps I have other siblings. Perhaps Rathiga has cousins. Perhaps I should be able to speak Italian. Perhaps, …perhaps, …perhaps! All those years lost!

It was explained that Peter had begged my mother to withhold this news from me. That he, a man rendered infertile by his own medical treatment, desperately desired a child. That upon meeting my mother, he found not only love but an opportunity for fatherhood. I didn’t remember him well but I knew Peter as a good man and none of this had changed. I just couldn’t help but feel cheated, masqueraded by my own family who had kept this secret from me, camouflaging the veracity of my lineage.

Despite the discovery that Peter was not my father, the parallels between our lives were uncanny. Here I was, hospitalised and receiving treatment for a life-threatening illness in my early thirties. Peter, of course succumbing to his medical issues at a similar age. Now, I discovered that he was infertile, a reality that soon faced me due to the highly toxic nature of my chemotherapy.

I spent the afternoon thinking about my fathers. Peter the ill-fated sick man that I could hardly remember, who desperately wanted a child but was not graced with the good fortune of raising one. Giuseppe (Joe) the charismatically charmed Italian, who procreated some thirty-one years earlier, and with whom I had not had the fortune of knowing at all. Then there was Sam, my stepfather of twenty-four years whom I recognised most of all as my Dad. It was Sam who fed me, not only bread, but the nourishment of a value system which now ascends all that I am. It was he who had sacrificed years of his life towards my betterment and wellbeing and it was he who I felt the most love.

## IV

Another day dawned and the latest revelation about my pedigree remained fresh in my mind. Most of all it made me more determined to be a good father to the angelic Rathiga. Not because any of my fathers had been bad, but simply because that was an opportunity that I myself yearned for. I knew and accepted that this desire would only be fulfilled if I could cling to good health and remain actively involved in Rathiga’s upbringing.

The doctors began the week with Monday morning rounds. Emma explained that my IV chemotherapy would finish later that evening and that she would like to do my first lumbar puncture in the afternoon. I discussed my new discovery with her and acknowledged that it no longer made any sense to undertake typing with my cousins on Peter’s side. Instead, we agreed it more logical to track down my biological father to see if he, or anyone else on his side would agree to testing. Upon reaching a conclusion, Emma left my room to resume her rounds, returning several hours later for my spinal tap.

Once again I found myself lying side-on in a foetal position. Emma prepared my back with antiseptic solution and then another of those sharp stings as she injected local into my lower back and along the intended path to my subarachnoid space. She inserted the spinal needle and attempted to guide it towards the fluid filled cavity surrounding my spinal chord. After several attempts, and much discomfort for the patient, I heard Emma speak, ‘this is proving difficult David. It looks like there may be some scar tissue that is preventing me from getting the needle into the right area. It is rare, but this happens with some patients. Perhaps a previous back injury has lead to the development of some scaring tissue. I am to book you into radiology. They will give it a shot under the guidance of imaging. Hopefully, they can do it without too many problems.’ Emma and the assisting nurse cleaned up their paraphernalia and I began tracing my history to identify potential causes of this, the latest difficulty.

The most likely candidates for spinal injury, one of a number of falls, sustained as a rock-climbing junkie in my undergraduate years. I recollected on those years, paying particular attention to the three falls, any one of which could have lead to some internal spinal damage. The purpose of this line of thought, one of remembering happier times, rather than one offering any hope of easing the lumbar puncture process. I thought about the mistake by my belayer, who after fumbling with his Petzyl Grigi, failed to arrest the rope as I fell from the final move of a …m route in Nowra, a favoured sport climbing region one and a half hours south of Sydney. I recalled dropping to the ground, hitting the earth ass first in a dramatic thud that attracted great enthralls of laughter from other crag dwellers and left me bruised and battered for many days.

I couldn’t face the other two potential candidates with the same guilt free consciousness as the Nowra fall because both were clearly products of my own erroneous judgment. The first of these, a nasty …..m fall on the flat faced …… wall of Moonarie, or ‘Moon’ as locals affectionately know it, a remote traditional sandstone climbing mecca on the Southeastern wall of Wilpena Pound in South Australia’s gorgeous Flinders Ranges. …traverse ….popped piece …2nd pitch?...... smashed my ankle …… had to walk long walk down….

Kachoong

Arguably Australia’s most internationally acclaimed route.

Appreciated by avid climber and layman alike.

Accessed from top … so you start …m above the deck … overlooking the open plane wheat fields of Victoria’s ….. district.

Lumbar puncture – climbing falls (Nowra and Moonarie)

Blood transfusions - platelets

Alexey visits

Home for Christmas – OOS nurse visits - back in hospital boxing day.

Hydration , urine Ph, urine volume etc. etc.

Constipation – Fissure – hemroid – Nepal

Eating difficulties – weight up and down.

Bone Marrow typing – genetic match – Mother and sister both half matches

Making Friends – first didn’t want it – then Peter and Mark…

Migraines – morphine – unexpected stay in hospital

Tracking down my father – Yvonne – bakery

No match in international database – same day Mark hears of delay in transplant

Plans for extended chemotherapy and stem cell transplant

Visit to transplant physician Westmead – Ian Kerridge – 21%

Father doesn’t match –I have a brother (also doesn’t match) – get Dr address

Stem cell collection – fails – in-between chemo rounds.

Typical check-in dilemma (temp treatment) – chemo dropped – misses Rathiga

Mark gets infection – very sick – close call but improves – then sudden death

Psychological effects of Mark’s death – treatment a relief - can’t get to his funeral

My treatment rounds continue - Days into weeks into months

Peter get’s infection in his last round of treatment – recovers

Peter goes to transplant

I get one-month rest – more chemo + stem cell collection – also fails.

Tired – slowly regain strength – return to work.