# 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 so that the bags dangled just 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 non-extendable section of the rolling stand.

She 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 she could easily access them. She grabbed one of the lines just above its bung and then; rotating it so that it stood upright proceeded to wipe 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, and then proceeding 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 not one of these blue alcohol only swabs,’ and she held up the packaged swab that shouldn’t be used.

Connected the end of each tube

Kavitha stays over

Off coffee

Vomiting – getting rid of the toxins

Truth about father– knowledge of Peter death – Sam (all I had known as a father)

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.