

Surgery happens when you were planning to do something else.

While this may fall short of a truth universally acknowledged, it is nevertheless a truth commonly observed. So it was for me last week.

Tuesday morning. After breakfast. A cramping pain across my lower stomach. I mention it to my dear wife of 34 years. Ever helpful, she suggests menstrual cramps. I go ahead and drive the last teenager to school and return home more discomforted.

As Mrs Hunt leaves for work with a worried look, I wave her off with a constipatory glance and fall on the bed. I moan there for the rest of the day.

Just before our GP's rooms close for the day my wife returns and I groan, "Take me to the doctor's." My tummy hurts like hell, my head feels like my brains fell out and by the time I get to the carport, the world has visibly altered its spin.

I lie elegantly on the patio, noting how refreshingly cool the concrete is while Mrs Hunt says "Don't lie there!"—which, because I have lived with her for more than three decades I understand not to be a rebuke for the indecorum of lying on the ground in full view of the neighbours, but a concern for my evident lack of well-being.

She calls the doctor and returns to tell me his advice is to call an ambulance. We've lived for over a century (between us) and never called an ambulance so this feels like a bridge too far, but I'm on the ground and slowly turning the colour of wattle, so she dials 000.

I'm feeling a bit better, so I sit in the lounge. Through the front windows I see Jim's Mowing arrive to cut our lawns with the ambulance close behind. The Jim's look at each other, then the ambulance, and make an executive decision that our lawns can wait another week.

Two ambulance officers come into the lounge and ask a series of questions, one of which is "On a scale of 1 to 10 with 10 being the worst pain you ever experienced, how would you rate your pain?" I think of the time a mate reset my dislocated finger and say, "I dunno, six?" He doesn't quarrel with this assessment.

I wave to the neighbours on suddenly busy footpaths as I am helped into the ambulance. One couple kindly put a card in our letterbox within minutes offering help and support.

The ambulance officers say they will take me to the hospital in Upper Ferntree Gully. It's where our last child was born, and a previous one miscarried, and a previous one had stitches for being adventurous with a Swiss Army knife.

"Do you know the way?" they ask my wife. She arrives 10 minutes before the ambulance although we hear the police have an alert out for a small black late model Mercedes A-class seen taking the bends on Forest Road on two wheels.

I am wheeled into the Accident and Emergency Unit and after a few minutes a doctor is free to ask me "On a scale of 1 to 10 with 10 being the worst pain you ever experienced..."

I know this one. "Six," I say with a practised air, but then overwhelmed by honesty, I say, "Although if I don't move, it's more a three."

The doctor sticks a telephone in my ear. It turns out to be a thermometer. "Yes, a bit hot," he says. Accustomed as we are to America's *E.R.* one expects "Your warmth gradient is approximately elevated, sir." "A bit hot," is delightfully homey and comforting.

The doctor says they will "put me in the computer" which, even in my pain I don't interpret literally, and asks me to wait in the waiting room as they are "a bit busy right now."

There's a man nearby who says he fell off his tractor. He appears to be covered by half a paddock of mud. They may have to x-ray the mud to find if he's really in there.

Someone else's hand is stitched up. These look like real injuries. I've just got a tummy pain and wattle complexion. "You look sick," my wife reassures me, and I give her my only-you-understand-me look.

The ambulance men wheel me into the waiting room and wish me well and go off to do real work like picking up that woman having a baby we heard about on the radio en route.

The waiting room is unchanged for more than 10 years, although they have Cable now. Blessedly, the sound is off and anyway the picture alternates between Kodachrome and black and white. About 10 people are here. A family with a baby. Some children. One or two senior citizens older than me. It's hard to tell which are the sick ones, although the two kids using the seats for hurdling practice look healthy enough.

Time moans along. After an hour or so I ask if I could lie down, but there are no beds. A nurse brings a cool wet towel that feels lovely. Later we ask again and I'm allowed to lie on a gurney in the corridor and drift off into a crampy sleep.

About three hours after arrival I am wheeled into a curtained-off cubicle. The sort that girl in the white underpants sticks her butt through in that TV commercial. My wife must be thinking the same things as she asks whether I put on good underwear. "I did, dear."

Cara, a nurse, comes and asks me a series of questions. "On a scale of 1 to 10..."

"Six, although three if I don't move."

"Do you know where you are?" Is this a trick question? I name the hospital.

"Good." Go to the top of the class. "What day is it today?"

"Tuesday, I think," I reply.

"Is it?" she asks another nurse.

About 30 minutes more pass until the doctor is free. He doesn't ask me "On a scale of 1 to 10..." but instead says "Where does it hurt?"

I'm tempted to say "Upper Ferntree Gully" but he looks a bit too busy for repartee, so I point to an area on the right side of my abdomen. "I need to feel your stomach," he says. The practical approach. I approve. Until he probes the area of maximum tenderness.

"YOW!" I announce to most of the Dandenong Ranges and grab his hand like Schwarzenegger disarming an alien avenger.

"Sorry about that," he says, although it is not clear whether he's sorry about hurting me, or being manhandled by a patient.

"My clinical diagnosis is appendicitis," he says, checking that his fingers all flex. Not kidney stones, not food poisoning. It's not a tumour. "We'll take some blood and x-rays. If your white cell count is up, it's probably appendicitis. If so, the only thing to do is to have a look." I like that. *Have A Look*. This means CUT A HOLE IN ME. Oh well. "Then we'll call the surgeon and ask whether he wants to operate tonight or tomorrow." Let's do it!

John, another nurse, comes to put a shunt in my arm to take blood. I warn him that I will pass out if I see my blood.

"Hey, don't look, mate," he says brightly. "Anyway, you're already lying down."

"Just as long as you know," I assure him.

"You'll be OK," he soothes.

John straps up my arm and pats away looking for a good vein. He seems to find one he likes. He sticks the shunt in, pulls it out, sticks it in again, pulls it out.

"Lot easier doing this on an orange," he says, then adds, "Only joking." Like I doubted? Third time lucky, he strikes blood and the room spins while I take deep breaths.

"You're determined to hyperventilate about this, aren't you?" he says, hoping that medical logic will overcome psychosomatic illusion.

"I'm trying," I admit and slow my breathing down as best I can until the room stops rotating.

Now the plan is clear, Mrs Hunt is encouraged to go home where our teenage son has prepared the sandwich maker for her missed meal, and I am wheeled off to x-ray. The radiologist is a woman of my vintage. Her accent is German.

"Austrian," she corrects me.

"We lived in Austria for four years," I tell her and we share personal details about places in Vienna that we both know. It turns out that our flat was just a few blocks from the school she attended as a girl. I know the school. I reassure her that it still stands. In a few minutes I

find out she is married to a Cockney, and has visited Vienna a few times since coming to Australia decades ago.

I observe privately the cross-cultural irony that this is a conversation one would not have in Austria. Only in Australia do people feel so little class-consciousness that patients and doctors might share personal trivialities with such naturalness.

“Hi, I’m Gary, and I’m here to take you back to the Emergency Ward.” Everyone announces their name. It seems a very friendly place.

The blood tests are back. My white cell counts are up. We are GO for launch.

Now I am deluged with visitors. What medications am I taking? Do I have allergies? Have I had recent surgery or illness? I am asked these questions over and over again to see if I can keep my story straight.

Occasionally someone throws in the trick question: “Do you know where you are?” OR “What day is it?” I refer the latter one to Cara. There’s not too much of Tuesday left now.

They rig up a drip, and inject some morphine. During a lull I ask Courtney, another nurse, whether I might be sick after the general anaesthetic.

“Some people are,” she explains, “but if you’re not getting any reaction to the morphine, you’ll probably not react to the anaesthetic.”

There are consent forms to be read and filled out. And more than once. Explanations. A young Chinese-Australian doctor who says she will be assisting with my operation has the job of explaining all the things that could go wrong, but probably won’t, so don’t worry. I tell her that I watch MDA, but this does not seem to reassure her. I should realise that people who work in hospitals don’t have time for television. She gives me a form to sign that says I know I might die, or that everything might go pear-shaped (perhaps literally), but that I don’t care and it won’t be anyone’s fault if it does.

A friendly, smiling Indian man announces he is the anaesthetist. He has all the same questions to ask about medications, allergies et cetera. I find this level of double-checking reassuring. No one is taking anyone else’s word for it. They are all coming to the source.

“OK,” says Cara brightly at about 11:30 PM. “We’re off to theatre.”

“Oh good,” I say, “what’s playing?” Bless her. She laughed. Like she had never heard this line before. Such nice people.

At the theatre, nurses stand around in gowns and masks and the surgeon arrives behind me. He introduces himself like everyone else does, and seems satisfied that all the questions have been asked because he tells me straight away what he’s planning to do. That is, cut out my bad appendix.

“Although we can’t really know for sure until we have a look,” he says. “When we have a look, we might find it’s something else.”

“Like what?” A feral cat?

He says something that sounds like *pterodactyl glymphomula* and I just say “Oh. Well, it’s OK with me. You do what you need to do. I think I just signed a form to that effect.”

“Yes, you did,” he says, “Just wanted to be sure you understand.”

“I do.”

By now I have been carefully, and modestly, slithered onto the operating table and it looks like everyone’s ready to go. The beaming face of the anaesthetist fills my vision.

“Hello, I’m just going to put the anaesthetic in your drip and in about two seconds you will be gone.” I have a moment’s lucidity to speculate about the appropriateness of the word *gone* in these circumstances then I see the oxygen mask heading towards my face. I do not feel it land.

I awake with the same pain in the same place. The room is dark. I have an oxygen mask on my face. Someone is talking nearby. I go back to sleep.

“Oh hello, Mr Hunt, how are you feeling?”

“Sshplungly,” I hear myself say, although my brain intended *Quite well all things considered, how are you?*

The nurse tells me her name, but I forget the first syllable while she is saying the second one. Doubtless it starts with “C” like all the others.

Eventually I emerge from the valley of the shadow of death and I begin to fear no evil again.

Carly, (honestly) another nurse, says that apparently my appendix was “pretty nasty.” It had already ruptured and they had to clean out the pus. *Oh, did you have to say PUS when I am already nauseous?*

“May I look at your wound?” she asks. *Wound* is another word I would put with *gone* for reconsideration. “Oh, very nice.” I take a ludicrous amount of pride in my surgeon’s work. The public hospital system chose this clever man for me. I just turned up. How smart am I?

My family visit. I explain I am not to eat today. Can try to eat tomorrow. Carly has told me that she wants to know as soon as I pass wind. For a man of my advanced years this is a wonderful treat. Usually nobody wants to know when I pass wind. Indeed, when I do, nobody wants even to know ME.

“When you have surgery like this, your bowels will stop working,” she explains. “So when you pass wind it’s a sign things are kicking in again. We also want to know when you have a bowel movement.” Hmm, maybe this is one step too Up Close And Personal.

"Hey Dad," my teenage son asks, "who is *Nil Orally?*" pointing at the sign over my bed.

"It's my hospital pseudonym. My *Nom de scalpel.*"

"Yeah. Right."

Here comes another nurse. But no.

"I'm Karen, from physiotherapy."

"Karen with a K?"

"Yes."

"Not with a C?"

"No."

"Near enough I guess."

"Pardon?"

"Doesn't matter."

Karen with a K says I must walk to get my lungs working properly as the anaesthetic depresses lung activity. Actually the rest of me felt pretty depressed at the time too.

Moving from flat out to upright is a painful not to say the obvious, gut-wrenching, proposition, but we do it together and I shuffle along the corridor past the nurses' station while the nurses barrack encouraging comments that make me think I am the only patient ever to have made it this far so soon. Flattery is more healing than Panadol.

This short circuit of 50 metres and 200 shuffled steps involves negotiating a number of large fluffy animals, including one wombat chained to the railing, and some overhanging branches. I am in the children's ward. It's not a big hospital, so they made the post-operative ward a children's ward. Over my bed is a sign that says "Penguins Next 11 KM".

Later I take this stroll with my teenage son for company. I am dressed in two hospital gowns, one on backwards like a cape to cover the gap in the rear, and I am pushing my drip along in my right hand.

"You look like the Pope," my son observes. So we give the sign of the cross and say "Bless you my child" to all the kiddies in the ward. Those that can, hide under their beds or nearby chairs.

Carmen and Chloe, two final year student nurses come to take my temperature and blood pressure. All these nurses whose names begin with C (or physios whose names begin with K) are from the O-generation. The Orthodontist Generation. They all have perfect smiles that they use to refreshing effect on old, sick men.

Carmen and Chloe do a “Clueless” routine about preparing for their final presentation next week on *Gymnasium Nephritis* (it sounds like) that they assure me they know nothing about yet. Fortunately they do know about taking my blood pressure, and keeping my spirits up.

“Hello, I’m Giselle, and I’ll be your nurse tonight.” Ahah! The generation gap is breached. Nurses without names starting with C work the night shifts.

Every hour the pain subsides a little. The nausea fades. I suck on ice and sip cool water. I moan upright and walk the circuit. My chest clears, although I cannot risk a cough. Evening and Morning are the first day.

“I’m Mark, I’m one of the doctors here. You can start eating today if you feel up to it. Then once your bowels are working again, you can probably go home. Maybe later today, or tomorrow.”

My head is aching from caffeine deprivation, so I ask for coffee. I can only drink three mouthfuls before my stomach churns. I try a dry biscuit. Back to the ice cubes.

At lunchtime I manage a few mouthfuls of soup, but by teatime I’m able to eat the whole meal except for the ham and leek frittata that looked better on the menu than the plate.

Family and friends visit and I tell them about the C-group of nurses and make sure they steer clear of the wombat in the corridor. One four-year-old friend urged her Daddy to buy me a balloon. She wanted the pink one for me that said, “It’s a Girl!”

When the lights are out and all is quiet, I pass wind. It is a rather loud report that echoes off nearby One Tree Hill and startles the security guard at Puffing Billy. Giselle arrives at my bedside.

“You pressed your buzzer, Mr Hunt?”

“No. I Passed Wind.”

Giselle is thrilled. She congratulates me and tells me what a good sign it is. I hear them discussing things back at the nurses’ station. I had noticed the unopened bottle of sparkling Chardonnay on an earlier walk. Doubtless, it is now frothing freely.

Evening and Morning, the third day.

I am waiting for Mark and his colleagues when they arrive for their morning rounds.

“I have Passed Wind,” I announce stentoriously. Mark looks over my chart. A colleague says, “I saw you walking last night.” This is obviously A Good Thing.

“Yes, you can go home.”

By Philip Hunt
October 2002