

Health crisis 'I must look blase. "This is very serious," the physician says gently'

Jewel Topsfield

My partner of 17 years is puking into a Crumpler bag in the back of a cab. I am irritated with him; this stomach bug is jeopardising my dinner plans. I grimace out the window; repulsed by the thought of cleaning the canvas bag. I imagine scrubbing lumpy spew out of the red seams and idly wonder whether I have the temerity to drop it at the drycleaners.

Edwin had called from work. He had a severe headache and nausea. His boss was insisting I come and pick him up. This is overkill surely? It is obvious what is wrong: man gastro. A locum doctor confirms the gastro part of the diagnosis, and gives Edwin a Stemetil injection to treat the nausea, vomiting and dizziness. With the martyrdom of a freshly minted mother, I agree to take our four-month-old son with me to the dinner party.

Edwin vomits all night. As dawn breaks I suggest we go to the emergency department, not because I am particularly concerned, but because the relentless vomiting makes it impossible for him to keep down painkillers. Edwin is grey and unsteady on his feet. He can barely stand by the time we get to hospital but dutifully helps me lift the stroller out of the boot. This last act of chivalry will remain seared in my mind.

In the cubicle of the emergency department I repeat my glib diagnosis. Our son, Ted, is fractious. Edwin is in good hands, I figure, so Ted and I can have an adventure. It's a golden day. We wander along Lygon Street, I eat ricotta-flavoured gelato and try on a peasant-style top. Ted eats grass in Argyle Square. This was how I had imagined maternity leave during years of infertility and IVF. I don't realise it at the time but this glorious sunshine, the final spoonful of melted icecream, is my sliding door moment, the point at which life is interrupted.

When I return to the hospital, a registrar offers to walk me to Edwin's bed. He is obviously distracted but is trying to be polite: "How old is your baby?" This should be a red flag; registrars are usually too busy for small talk. A group of people are huddled around Edwin's bed. The physician selects her words carefully. The gastro, she says, was a red herring. Edwin's blood pressure is extremely high. An MRI has revealed a bleed on the brain. "A bleed" is such an innocuous phrase. I think of a bruise; it looks worse than it is. I must look blase. "This is very serious," she says gently.

The next eight hours are a blur. One moment I am on the phone to mum, who lives in Adelaide, the next moment she is with me in the brain tumour resource centre. A box of tissues is in the centre of the table. I don't let myself think about why the tissues are there.

The neurosurgeon is bald, like Edwin. He is grave but sensitive; putting the lie to the stereotype that surgeons and good bedside manners are oxymoronic. Edwin has had a stroke. He requires life-saving but at the same time life-threatening surgery. The bleed, or haemorrhage, is blocking the supply of oxygen to the brain. A craniotomy will be performed in which a bone flap is temporarily removed from the skull to relieve the pressure. If the surgery goes badly, Edwin could be left severely brain damaged. He may spend the rest of his life in a nursing home. Or he could die. Edwin is 46.

Stroke is Australia's second biggest

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Life turns to HELL in a stroke



killer after coronary heart disease and a leading cause of disability. And while we inevitably associate it with old people, stroke doesn't just affect the elderly. Thirty per cent of strokes happen in people under the age of 65. And they can be particularly devastating at younger ages given the potential impact on young families and careers and the shock loss of self and identity.

Edwin is flirting with the nurses.

This is slightly disconcerting; he is normally so phlegmatic. "Hell? The Grand Canyon?" he quips when nurses ask him if he knows where we are. Nurses aren't paid enough to put up with all the dad jokes they must encounter. We are in the theatre recovery room in the bowels of the hospital. The neurosurgeon rang at 3am to say the six-hour surgery had been a success. However Edwin's blood pressure is still so high he can't be returned to the ward.

He has a gruesome L-shaped wound in the back of his head. It is closed with a row of gigantic bloodied staples; he resembles an evil character from a Bond film. A tube emerges disturbingly from a hole in his head draining fluid from his brain.

Edwin confides he is as high as a kite. He is trying to get me to shoot a video of him breathing into an oxygen mask in a

menacing fashion in a parody of Frank Booth in *Blue Velvet*. My sister, Rom, a doctor in Adelaide, has driven through the night to get to the hospital. "My personal physician has arrived!" Edwin trumpets. This ebullience is plain weird. "Has Edwin had a personality transplant?" I ask Rom. She hesitates. "I think he may be disinhibited as a result of the pressure on his brain," she says carefully.

I figure I can live with this new effervescent Edwin. And then everything goes to hell.

Edwin is reciting a list of what he wants me to bring to the hospital. Deodorant, fresh underwear, my laptop. I have half tuned out. And then his words jam. I jerk to attention. I don't have a clue what he is trying to say. And then his hands are shaking; he manages to convey he is freezing. I scream for the nurse.

An MRI reveals Edwin has had a second stroke. This time it is a different type of stroke, caused by a clot on the brain instead of a haemorrhage. His right side is weak, he has lost periphery vision and most devastatingly, he has lost words. At his worst; he speaks gibberish; the anguished string of nonsensical syllables produced by mentally ill men on trains. At best, he is hopelessly confused. The date is 1967. He is 28. He is in Adelaide. There is something about dead dogs. When the

speech therapist asks what it feels like when he tries to speak he says that if he can't see things they disappear. I have no idea if this is supposed to be a metaphor. I can cope with anything but this. A wheelchair, incontinence, but not this. I can't do it. I go home.

My sister stays with Edwin throughout the long, terrible night. He has deteriorated further. She arrives at the doorstep at dawn, ashen-faced. She knows it is painful for me but I have to come back to the hospital. The consultant has told her Edwin could have a third stroke and die within the next 48 hours. We need to assemble everyone who wants to say goodbye.

We are on the high-dependency neurosurgery ward. The patients all have dead eyes and plaster tape on their head. The visitors all wear the same frozen expression. Tragedy lives here. There is a girl who looks lobotomised. She had an accident and an MRI searching for concussion found a brain tumour instead. At night another girl screams: "Stop bothering me, leave me alone." Fear has a soundtrack; it's the beep, beep, beep of machines that suddenly become shrill - b, b, b, b, b, b, b, b, b. High-dependency wards are like purgatory. Get better and you go to another ward; get worse and it's intensive care. We don't see anyone come back from intensive care. We are all here. My

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