



## Edward's story

It all began in 1990 at the age of 30, when I had some unrelated hospital tests, and one of the doctors asked me how long I'd known about my heart murmur. I replied that this was new news, and of course agreed to get it checked out properly. I made an appointment with a consultant and learned that I had a malformed aortic valve, as one of the three leaflets was noticeably small (a leaflet is a flap of skin in the heart which opens and closes with blood flow) and that I should have regular check-ups. I was told to expect heart surgery in later life (perhaps in my 60s or 70s) to replace the valve.



The good news for me was that as I was asymptomatic, I was able to carry on with a fairly active outdoor lifestyle, and to progress my career.

Over the years I was reasonably diligent in having the condition checked and after about 20 years I was advised to do this every year, rather than every two years.

In early 2020 I realised that my diligence had worn off and I was overdue for an appointment. I was still largely asymptomatic, but I had noticed that walking up hills or more than a couple of flights of stairs was becoming uncomfortable.

As it happened, I needed a doctor's signature for another purpose, and this prompted me to make an appointment and get a referral.

This was at the start of the first COVID-19 lockdown, and I found myself driving on a largely empty motorway to see a consultant. After a series of tests, I went to her office and her first question was "Tell me how you managed with the hospital car-park". I replied that it was interesting that she should mention this as I'd walked in the wrong direction before doubling back and finding the correct entrance. It then turned out that the consultant was surprised that I'd had no difficulty in walking, given the readings in front of her. I knew then that the operation was looming. I was 59 at the time, so this was slightly earlier than I had expected.

A week or so later I had a call from a surgeon at St Bartholomew's Hospital in London. His reassuring comment was that I wasn't at the top of his list of priorities: I was number three.

Shortly after that, the surgeon called again to say that he had had a cancellation, and could I go in the following week?

My wife drove me to the hospital, but because of the lockdown rules, had to drop me off near the entrance. I spent two days in isolation, but with a great view of London rooftops, and being tested for COVID.

This was the first time that I had stayed overnight in a hospital, and the experience was not one to which I'd looked forward. But I did feel, and still believe, that my 30-



year run-up was helpful. I had known to expect this for a long time, and with the blessing of being quite fit over that period, I felt that my personal and professional lives were not unduly impacted.

The problem of which I was aware, was that because of the pandemic, there could be no visitors. I wasn't particularly concerned about this, but I knew that this would be difficult for my wife, daughter, and others. I still see this as a major, but necessary, challenge that results from lockdown rules.

The staff at Barts were wonderful. They were welcoming, friendly and business-like. I enjoyed meeting them and talking with them, and this applies to every profession that I encountered, both medical and non-medical.

Something that had troubled me was the idea of just how long open-heart surgery would take, and I had to keep reminding myself that I would be under general anaesthetic. I also knew that there was a small risk of stroke or death, and I had taken appropriate steps, but I also convinced myself that my general fitness in other respects would count in my favour.

I met the surgeon and his team and was asked about my preferred treatment; either a new aortic valve, which would "last the duration" but necessitate open-heart surgery and subsequent daily warfarin, or the alternative procedure of repairing the valve from below the rib-cage, which would not result in an anti-coagulant prescription but would only last ten years or "less if you trash it by being too active". I wouldn't say that I'd set my heart on a new valve, but I was used to the idea and opted for that, on the basis that I intended to be as active as possible and would prefer not to spend the next ten years knowing that a similar operation was coming.

There was also a little uncertainty about whether my operation could go ahead as planned, because of the possibility of COVID infection among staff. By now, of course, I just wanted to move forward, but I realised that there were challenges that were beyond the control of the hospital and its staff, and which were certainly not foreseen following my original diagnosis.

I was shown the operating theatre on my second day and insisted on going on foot. That night I was made ready for the surgery, and the following day taken to the theatre on a trolley. I was aware of entering the theatre and saying "hello" to people, but the anaesthetic swiftly took effect, and I woke up in a small ICU.

There were three other men in the unit, and we talked. Hearing their stories, it struck me again that my long run-up to surgery was beneficial, some of the others been seriously ill, and some had arrived at Barts in ambulances. In most cases, they had not had the opportunity to be mentally prepared. It also seemed that others missed their families and were sad that they could not have visitors; I think that we all worried about how our loved ones felt.



My companions changed as some went home and new patients arrived in the ICU. I was encouraged to get up and walk around and I expected to go home a few days later.

On the day on which my wife was due to collect me, I passed out a few times. The hospital staff decided to keep me in a little longer and tried to ring my wife, but she does not use her mobile phone at all when driving, so was uncontactable and arrived at Barts.

The nurse who took me in a wheelchair to see her explained that I'd had a minor stroke and that I'd need to stay in hospital for a few more days. I remember being disappointed but knowing that this was for the best.

My wife picked me up a couple of days later and brought me home. At first, I needed to sleep a lot. I had trouble with my speech, and I found it hard to look downwards. Gradually I resumed my daily walking schedule and started to become more like my old self.

Something that I had dreaded was the period of not driving following this surgery; I think that I was far more concerned about this than the operation itself. But during my period of recovery, I found that it was less of an issue than I had expected. Possibly the lockdown and COVID restrictions influenced my thinking, but when the time came, and I had contacted the DVLA, my surgery and my car insurance company, I saw getting behind the wheel as another milestone in my recovery, rather than a treat that I'd been missing.

Later that year, I drove to Scotland with a friend (sharing the driving) and, having taken further advice, went on a bodyboarding holiday in Cornwall with my family. I go for a five-mile walk every day and have driven to Scotland and Wales as well as going bodyboarding and swimming many times since then.

I have a huge sense of gratitude for the people who looked after me and a strong desire to give something back. I was delighted to take part in the SBH Cardiac-COVID survey, and even more so to be invited to join its steering committee. I am also glad to play a part on the SBH Nursing and Allied Health Professional Research Board. My background is in the IT industry, but as I think how best to use that experience, I am pleased to see that there is a lot of relevance to health care.