
IN THE BEGINNING

A nurse came and collected me from the general waiting area for yet another test; a stereotactic needle biopsy. They had already explained how the procedure would be conducted. I would be given a local anaesthetic; then my breast would be compressed in a special x-ray machine that would be used to locate the area of concern. A doctor would use a gun-like needle to take the sample. The whole process would take 20 to 30 minutes and while I was still in the machine, the sample would be tested to make sure they had what they needed.

The nurse led me into a room in which two other women, a radiologist and a doctor, were standing surrounded by a jungle of medical equipment.

‘Will this hurt?’ I asked.

The radiologist said, ‘You might be a bit uncomfortable in the machine, but hopefully we won’t take too long.’

I took off the hospital gown. The doctor injected me with a

local anaesthetic. I turned away — I've always hated needles.

The nurse helped me to position myself in the machine. She lifted my breast. 'Can you stand a bit closer?' she asked.

I pressed my face against the cold metal and wrapped my left arm around the column of the machine as if I were a one-armed lover. This action lifted my left breast and enabled the nurse to put even more of it on the bottom plate. She stood beside me as the radiologist lowered the top plate until my breast was compressed between them. It was tight and uncomfortable. The radiologist pressed the button. But something was wrong, nothing happened.

They had several more attempts and still couldn't get an x-ray. They then tried repositioning me in the machine. Nothing. They asked another nurse for help. She had a quick look at the machine and shrugged. No-one could work out what was wrong. At one stage, there were five people in the room besides me. I stood there in my knickers, my breast squashed in the machine, vulnerable and exposed. It was getting harder to breathe. The doctor appeared flustered. She reminded me of a schoolteacher who had lost control of her class.

'What do you think is wrong?' she asked the radiologist. 'Have you had problems with the machine before? Can we change the settings?' On and on she went. I wished she would shut up. It was like a comedy skit, but no-one was laughing.

Eventually another radiographer came into the room. She looked at the machine and said, 'It isn't working because you've taken the guard off. It won't work unless it's in place.' They had removed the guard so I could stand as close as possible to the machine.

They restored the guard and I was helped back into position. The doctor quickly took the sample. My back, legs and breast ached from being in the same awkward position for so long. I started thinking about the clause in the form that I had signed that said I could withdraw my consent at any time.

The doctor left the room to check the sample, returning moments later. She looked at me and said, 'I'm sorry. We didn't get any of the calcification. We need to take another sample.'

I couldn't keep my composure any longer. I burst into tears.

The doctor asked, 'Do you want to take a break, go for a walk and then come back?'

'No. I want to get this over and done with.' My mind was racing. *Take a break? You must be kidding! Once I get out of this friggin' machine, there's no way I'm coming back.*

An hour and 15 minutes after I was positioned in the machine, they finally got their sample.

I dressed and returned to the waiting room, still crying. One of the volunteers offered me a cup of tea and something to eat. I declined. Nothing would get past the lump in my throat.

The nurse came over. 'Why don't you sit down for a few moments, just until you feel a bit better.'

'I'm sorry,' I said. 'I can't stay here any longer. I'm okay.' I was embarrassed that I was so distressed. My breast was sore. I had two small bandages across each of the biopsy sites. They looked like two little crosses.

I rang Jac as I walked to my car.

'How did you go?' she asked.

'What are you doing next Wednesday morning?'

‘Whatever you need me to.’ She asked again, ‘So how did you go?’

I tried to sound nonchalant as I filled her in. If I could convince Jac that there was nothing to worry about, I might even convince myself.

‘Do you want to come over?’

‘Nah, I have a personal training session.’

‘Do you think you’re ok to go?’

‘Yep, I’ll be fine.’

On Wednesday, we sat in the waiting room until a nurse came out to greet us.

‘Hello Fiona,’ she said. ‘How are you?’

‘Ok,’ I replied.

She gestured for Jac and me to follow her and ushered us into a small private room. ‘The doctor will be in to see you shortly,’ she said.

I smiled, ‘Thanks.’

‘Did you bring your GP’s contact details with you?’

I nodded. I gave the nurse the name and number of a holistic¹ GP, Dr Elen Ap Thomas. I had only been living on the Gold Coast for a few weeks so I had asked around for a recommendation. My landlady had given me Dr Ap Thomas’s details and said that she was fantastic.

‘The doctor won’t be long,’ the nurse said again, as she

¹ A holistic general practitioner (GP) is one who combines alternative therapies and nutritional support (including vitamins and herbal supplements) with conventional medicine. A list of holistic GPs around Australia can be found at <acnem.org>.

left the room.

Whether I wanted to admit it or not, I instinctively knew that something was up. By the forlorn look on Jac’s face, she did as well. A passing nurse, who didn’t see me sitting behind the door, ducked in and gave Jac a sad, knowing look and gently squeezed her arm. I gripped the arms of my chair. I wanted to cry. I turned to Jac and said, ‘Uh oh, I think I’m in deep shit. This must be the “you’re fucked” room.’ We both snickered.

A doctor walked into the room where we sat. My spirits nose-dived. It was the ‘uncertain school teacher’. *Great*, I thought, *it’s that bloody incompetent woman again*. She sat down and placed an open folder on the desk in front of her. She looked flustered. I was sure that she could sense my antipathy and impatience but I didn’t care.

‘Do you have your GP’s contact details with you?’ she asked.

I decided to take control of the meeting. From my years spent negotiating in the corporate world, I had learnt to read upside down. I leant forward and said, ‘Look, the nurse has my GP’s details and I have already read the report.’ I indicated the folder lying open in front of her. ‘So can we please just cut to the chase?’

‘Oh.’ She was clearly taken aback. ‘Well, I’m sorry to tell you that your core biopsy shows atypical hyperplasia.’

From my research, I knew what this was, a precursor to cancer. The doctor explained that atypical hyperplasia was the presence of too many cells (hyper) and that these cells were abnormal in size and shape (atypical). This meant there could be other cells that had already become cancerous. To find out for certain, I needed to have a surgical biopsy (or lumpectomy) and have all

of the breast tissue containing calcification removed and tested.

I was certain this had to be a false alarm. *How could this be happening to me? I didn't feel sick. How could I possibly have cancer?*

The doctor talked about the likely treatment I would undergo if cancer were present. 'These days the standard protocol for early breast cancer is a lumpectomy followed by a course of radiation. Although a mastectomy is sometimes necessary, it is rare for a radical mastectomy² to be performed now.'

If this information was meant to reassure me, it didn't. The doctor emphasised that the most important thing was that we were onto it early.

'What if I decide not to have the surgery?' I asked.

I could see the alarm on her face. She said, 'You don't have a choice.'

She thought I didn't understand but I did. I knew I had options. I could have the surgery or I could go down the path of non-surgical intervention — or I could work on the assumption that I didn't have cancer and do nothing.

'In what percentage of cases, when atypical hyperplasia is present, does a surgical biopsy show cancer?' I asked.

'I don't know,' she said. 'But I can find out and give you a call later on today.'

'Thank you.'

'If you elect to be treated privately, you will need to see your GP and get a referral to a surgeon,' she continued.

I decided to go with the private system as I wanted to choose

2. Full removal of all breast tissue and underlying muscle.

my surgeon. I wanted one with an outstanding reputation. Of more importance, though, was finding someone I felt a connection with and could trust. Even though many of the top surgeons practised publicly and privately, I didn't want the government choosing my surgeon for me.

'Which surgeon would you recommend?' I asked the doctor.

'I'm afraid BreastScreen can't recommend any particular surgeon,' she said. 'But your GP will help you with that.'

She rang Dr Ap Thomas's rooms to schedule my appointment. Normally, a new patient would have to wait two to three months for an appointment. However, when my situation was explained, Dr Ap Thomas scheduled an appointment the following Tuesday, after the Easter break.

The doctor left the room and said that she would return shortly with the paperwork I would need to take with me.

While we were waiting, one of the nurses popped into the room to see how I was. She gave me her card and said, 'You're probably feeling a bit overwhelmed right now so don't hesitate to give me a call later if you have any further questions.' I liked this nurse. She had been very helpful at my last appointment. Her presence grounded me.

'Thanks,' I said. 'Can I ask which surgeon you would choose?'

'Personally, I would see Charlie R.,' she said. 'But don't tell anyone I told you that.'

I left BreastScreen with pamphlets from the Cancer Council and the Breast Cancer Network Australia as well as a letter addressed to Dr Ap Thomas and one to 'the treating surgeon'. After I arrived

DRINK THE WILD AIR

home, I immediately opened both the letters. I wanted to make sure that I didn't miss out on anything.