

Living



Health &amp; Families

# 'I was wide awake for the operation on my brain'

Alex Drummond on life-changing tumour surgery

**W**e were on holiday in the south of France. Earlier that day I had been in the pool. Thank goodness it didn't happen then – I would have drowned. It was late in the afternoon. I was lying down having a rest before dinner and suddenly, I threw myself off the bed. I can't remember any of it; thankfully my husband was there. The floor was marble and I hit my face on the bedside table. I had given myself a black eye, and – without knowing it – I was on the floor having an epileptic fit. At one stage I stopped breathing.

My husband had seen someone fit before but he knew I wasn't epileptic. He called a doctor, who recommended an ambulance to go to the nearest hospital in Nice. When I got there they immediately gave me a CT ("Cat") scan since I had no history of this happening. And then they said that I had a tumour – a large tumour – in my brain.

I really can't remember much about any of this. I was in three different hospitals within five days. I suppose it was just my way of coping – or perhaps my body had been through so many traumas that I was too drained to react much. I was very, very calm. Cool, calm and collected. Looking back, I think the people around me must have been quite surprised. My father had died of cancer not long before, which played a role. It is so devastating, watching someone who you love so much go through that when you can't do anything to help. If it's you going through something, it's different. You can cope. Everyone deals with these things in different ways, but I was very pragmatic. I managed to stay positive.

Our doctors were really good and offered me surgery in France. But we thought that, with something so serious, it would be better to go somewhere where we all spoke the same mother tongue. So we decided to go back to the UK and find out who the best surgeon would be. Kevin O'Neill was recommended and he turned out to be wonderful.

The remarkable thing was that I'd had absolutely no sign of it. People complain of headaches, of nausea but I had nothing. The doctors think that the tumour had been growing inside me for some time, but they don't know precisely for how long. The only thing I wonder about is the time, when I was 12, that I started having migraines. It happened every day for months though I grew out of it. I still don't know if that was the tumour or if it was entirely unrelated.

Kevin explained that, because the tumour was near the talking part of my brain, I would have to be awake while they operated. My husband would have to come in to talk to me to make sure they didn't remove my ability to speak. Everyone else seemed shocked; I just didn't register. I guess I thought he was joking. In fact the truth didn't dawn on



me until the final moments before the operation. "I'll speak to you inside," Kevin said as he headed into the operating theatre. I was lying there, having said goodbye to my mother, trying to be brave and strong, and then I just burst into tears. It hit me that I really would be awake.

The anaesthetists were truly amazing. They put me under a general anaesthetic but then managed to rouse me so that I felt totally awake, except I suppose they must have left a local anaesthetic in place around my brain. As I came round I opened my eyes and saw my husband. He had all the clothes on: the surgeon's baggy trousers, the boots and the hat. I just said to him: "You

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look like a doctor." It must have been a relief. He had been so worried about it all – imagine seeing your wife surrounded by blood and having her brain cut into – but we chatted normally, as if we were in a café.

The whole thing took about five or six hours, and then I was in intensive care. The doctors had used a new kind of technology on me – a kind of imaging stick from Norway called a Sonowand – which allowed them to identify which cells were cancerous and which weren't. Without the Sonowand, it wouldn't have been clear to the naked eye since the type of tumour I had was integrated with healthy cells. There was no apparent differentiation. As well as being a neurosurgeon, Kevin worked in plastic surgery. He hadn't even had to shave my head. I'd always had long hair, so he took as little off as possible – it just looked like a little parting. You can't see my scar at all.

After a week in hospital, I was preparing to leave and Kevin asked me if I had any plans for the weekend. As it happened, I did: I was going to the Henley Regatta, which perhaps isn't the first thing you think of doing when you get out of hospital. He mentioned that he had never been, and sud-



**Still standing**  
Alex Drummond, who had enjoyed perfect health until a violent seizure led to the diagnosis of a brain tumour.  
Far left: Alex's operation  
DAVID SANDISON

## BRAIN TUMOURS: THE PRIMARY FACTS

- The incidence of brain tumours has increased by 30-40 per cent in the past 30 years.
- More than 6,500 primary tumours are diagnosed in the UK each year together with secondary tumours this figure rises to 16,000.
- Many primary brain tumours are benign and do not spread. If a benign tumour is removed successfully it should not cause further problems.
- Secondary brain tumours occur when cancer cells from other parts of the body, such as the lung or breast, spread to the brain.
- Brain tumours are the most common cancer killer in the under-15s. More men under 45 and women under 35 die from a brain tumour than any other cancer.
- Less than 1 per cent (0.7 per cent) of cancer research spending in the UK is for brain tumours.
- They are difficult to treat. The most common therapy for cancer – surgical removal – is extremely complicated and they tend to resist other options, such as chemotherapy and radiotherapy.
- There is currently no effective cure for malignant brain tumours and patient survival has not changed appreciably over the last few decades.
- The Sonowand allows surgeons to operate far more precisely, enabling them to identify and distinguish lesions from normal brain tissue without relying on the fallible naked eye.

denly I said: "Well, why don't you come with us?" He brought along his fiancée and we had a lovely day out. In many ways, I couldn't have asked for a better person to be there. If something happened, he'd be right on hand.

We went on to become great friends. He gave me his mobile number and if I ever needed anything, he was on hand. Now I am on the board of trustees for the Brain Tumour Research Campaign; Kevin is the chair. It was founded by Wendy Fulcher, whose husband, John, had died from brain cancer. Kevin hadn't been able to save him, but he had given him some extra time which – as I know from my father's experience – means so, so much.

We try to raise awareness and funds by holding events. We have a lovely ball each year where lots of generous people donate prizes for raffles and auctions. The thing people don't realise is that brain cancer kills more children than any other type of cancer – even leukaemia. It kills more men under 45 – and more women under 35 – than any other cancer, and yet it remains terribly underfunded and very few people know much about it.

It has been three years since my operation and so much has changed. Initially I went for a lot of checkups but now it is just one scan every six months. I'm not sure what my risk of relapsing would be – presumably higher than someone who hadn't had cancer – but it isn't something I dwell on. I had to take six months off work – I was working in wealth management – but when I returned I realised it wasn't the right thing for me. It's funny: that can happen. You become aware of your mortality and decide what you really want to do.

I have dreams of moving abroad, somewhere without the long winter which we have here. My mother lives in Spain but the place that I always think about is America. In the meantime, and while I'd love to work at the charity full time, I do need an income. So my husband and I decided to buy a house and renovate it. It started with us putting a new surface in and then, before we knew it, we had decided to do the whole thing. It became a real project for us. And property was what my father's business was and so, in a way, it felt like I was meant to do it all along.

INTERVIEW BY ALICE-AZANIA JARVIS

## VIRGINIA IRONSIDE'S DILEMMAS



Dear Virginia,

One of my best friends has got a terminal illness and has only a few months to live. I've written to him, obviously, and we've had long conversations on the phone. His main anxiety is his children, whose mother died two years ago. I've always been close to them – I've seen them grow up into lovely young people – and I wonder if I should write to them, expressing my sympathy? I want them to know that there are still people around who care for them deeply.  
Yours sincerely, Adam

**W**hile your motives are completely admirable, and I'm sure your friend would be really helped to know that you'll be there for his children when he dies, I'm wondering if perhaps you aren't jumping the gun. After all, your poor friend hasn't actually died yet, he's still standing, and I bet his children, of all people, haven't yet come to terms with the news. It might well be that they're waiting for a miracle until the very last minute – and, who knows, maybe there will be a miracle. I know it's unlikely, but these things can happen. I know just as many people who've been given a year to live and have dropped off their perches the following day as people who've been given a verdict of only a few days left, at most, and have staggered on for over a year and are still going strong.

It may be, too, that your assumption that he's going to die may well be taken by the children as some kind of endorsing or even wishing that he is going to die – and they may see your letter as a sign of bad luck and malevolence, even though I know you'd be writing with the best of intentions. Some people – I'm not one of them, I hasten to add – believe that looking on the bright side actually helps people get better, and aids their recovery.

You don't know, either, exactly what your friend has told his children, or whether they've actually taken the news in. It could be that they're preferring to sail along in complete denial – that may be their way of coping. To have you crashing in, blowing their delusions apart, could be a terrible shock, and who will they blame for the bad news? You, the messenger. After that, they won't accept any help or support from you in later life.

Why don't you just give them a ring and say how sorry you are to hear that their father is ill? You

can then play it by ear to see how accepting they are of the situation. Maybe one is accepting and another is not. Listen carefully. And remember that by far the best time for comfort is not in advance of a bereavement or, even, just after the bereavement, but well after the bereavement, when all the well-wishers have forgotten about it, all the offers of help have dried up, and everyone's assuming that the bereaved person can get on with their lives. When someone dies, I sometimes write in my diary, a few months on, a note to be in touch with their nearest and dearest – because that's when they'll want the support and kindness and comfort. That's when they'll feel their loneliness and isolation most acutely.

Save your pity and comfort for later. In the meantime, just commiserate with them over the illness – and say nothing, unless they bring it up, of the possible outcome. Who knows, it may not happen for ages.

### Just be there

When your friend's children have children of their own, they will be two grandparents short. If they are all close to you it could prove to be a long and happy connection, with you as a loving substitute grandad. Make that connection now and make it strongly, is my advice. Stay around, if you can, after the death of your friend. Lay the foundations for the future. You are clearly a loving, caring person and you will be able to help fill the gap he has left. And, dare I say it, there is nothing more delightful and fulfilling than being a grandparent.

As for now, sad though this situation is, you can make it easier by just being there. Don't hesitate. When we are very old, the things we regret are the things we didn't do, not the ones we did.

HELEN BRAITHWAITE  
Oxford

### It's too soon

If you are so close to this man's children, I'd have thought that you would have telephoned them by now with offers of help and support. To send them a sympathy letter does not seem appropriate considering your friend is still alive, albeit very ill. Sympathy cards and letters are much better received when the person concerned has departed this life.

His children will have a lot to sort out and cope with at the moment, hopefully with the help of other members of their family. A quick call stating that you have been in contact with their father and wondering if there is anything that you could do for this man to cheer him up at this difficult time would be far more appreciated by them than you writing sympathy letters. By showing how much you care for their father will be of comfort to them. You can then offer your support to them after he has died, when they will need it most.

ANITA ASHFORD  
Norwich

### Get in touch now

Of course you must get in touch with them. If this is a hard time for you, knowing that your friend is dying, how much harder for his children. They will welcome contact from people like yourself who have known them for a long time and who are part of their parents' lives. As well as giving support, you will be a link to their parents. Write to each one individually, giving contact numbers and address. However, don't leave it to them after their dad's death to get in touch with you. You must take the initiative. If possible, see them before your friend dies, or at the very least phone them. It may be awkward, but they need to know you're there. You're the adult – take charge.

KAREN MCMULLAN  
Ballyclare

## NEXT WEEK'S DILEMMA

Dear Virginia,

My partner wants to give our son a puppy for Christmas. He's only seven but longing for a dog. I'm in two minds because I feel he's too young and the walking and feeding and taking to the vet will all, in the end, be down to me. My partner works all day, my son's at school, and I work part-time. They prom-

ise they'll look after it, but we live in a flat and I dread it becoming lonely and unwanted when its puppy days have passed. I have no interest in animals – but I'm not cruel. I fear it's just a craze that my son and his dad share. How can I dissuade my partner from getting him one?  
Yours sincerely, Susie

What would you advise Susie to do? Email your dilemmas and comments to dilemmas@independent.co.uk, or go to independent.co.uk/dilemmas. Anyone whose advice is quoted will receive a £25 voucher from the wine website Naked Wines (Nakedwines.com)

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