

Hello all and welcome to English Practice for Healthcare.

I'm Helena an English language teacher and Registered nurse.

In the conversations of this podcast, you will hear people's personal health stories so you can practice your English listening skills and become more familiar with the unique language we use when talking about our health.

The language in this podcast is for intermediate learners and above and if you would like to read while you listen, you can find the full transcript for free on my website, please find a link to this in the episode description.

If you are a healthcare professional learning English, then this is the perfect resource to support your learning. However, you don't have to be a healthcare professional to enjoy and listen to this podcast. Each topic is about health, but the themes are explored from the point of view of the patient. So, it's Medical English but made ordinary. It's in the words of regular people rather than the medical professionals who were caring for them. So, you'll hear lots of uh expressions and vocabulary that we use uh in UK English.

Also, as we go through, you'll will hear some questions that you can answer while you listen and short explanations from me of some of the language but as always, please remember this is not medical advice um it's not intended for you to make any medical decisions and the opinions only represent those of the speaker.

Ok, so let's get started!

This is the second part of my interview with Kevin. Kevin told us about his skiing accident in France where he broke his leg in two places. This resulted in him having two different surgeries. If you haven't listened to part one then I would recommend you listen to that first and you can hear why Kevin needed his second operation.

There was a question from an English learner from part one about some new vocabulary: the words 'settee' and 'sitting room'

*Then I I do remember that um there was a lot of scarring*

*Ok, yeah*

*And over in France they use staples to close the wounds*

*Right, which we don't use in the UK or as I understand it not very often and what I didn't know is that the staples have to be removed and what so I don't know what I was expecting them to fall out or maybe come out*

*Right*

*But eventually they started disappearing into the flesh of my leg and sort of ingrowing until a friend of mine who is a nurse said you need to take those staples out and uh so she was a nurse, so she actually took them out I was sitting on the settee in the sitting room and uh she took the uh took the staples out for me*

A settee is another word for a sofa. So, the thing you sit down on to watch tv or to have a cup of tea. In American English, this is a couch. We find settees in the sitting room. Sitting room is another word for the living room so the main room in the house where we relax. Sofa and living room are probably more frequently used in UK than settee and sitting room but personally I still use these words. Anyway. I hope this explanation helps and I really do love to hear from you with any questions about any language that's come up so you can email me uh with your questions at [helena@englishpracticeforhealthcare.com](mailto:helena@englishpracticeforhealthcare.com) and you never know you might see your question being answered in one of the episodes in the future.

But back to today's episode. In the second operation Kevin's leg was fitted with an external fixator and these work by encouraging new bone production that will hopefully result in the bone healing.

This episode starts with Kevin describing some of this process.

Ok, so two questions to try and answer while you listen to the first half:

Kevin couldn't drive while he had the external fixator on, so he couldn't drive when he had the external fixator is that true or false?

And secondly, listen out for what Kevin used to clean his pin sites? What did he use to clean his pin sites?

And just to remind you that Kevin is from the city of Sunderland in the Northeast of England so you might notice an accent.

And there's also a good description from Kevin uh about pain, how his pain was and he uses a pain scale to talk about this too so try and listen out for that! Ok, lovely, let's go then!

So then after a couple of days you went home

Uh yeah

Yeah

Because yeah, he told me what to do, how, how the external fixator was going to work um and then it was gonna be there for 5-6 months and each day um what you do is you um I think there were about 12 screws, 3 layers of plate, 12 screws and uh each screw you had to give a quarter turn each day, and then after you've given it, if I remember four turns over four days, it you then turned the screws the other way over the next four days and then the next, so you kept turning the screws and what that was doing was grinding the two bits of bone together so that that promoted

Yep

Um growth

Yeah, yeah

And uh, yeah it was fine. It was fine you got into a routine umm

So that actually wasn't painful?

Not at all, not at all. It wasn't painful at all the what you have is you have uh I think, uh how many wires? You have wires going through your leg one side to the other so you have uh about 12 entry and exit points where the wires are going in

Mm hmm

And obviously they are exposed to the elements and prone to infection

Yeah

And that's where the problems lie really because uh if you keep them clean then there's less chance of infection, so you get you you each day quite a few times a day you clean your pin sites

Mmmm

I can't remember I think we just use distilled water

Yeah

Cotton wool, but you keep them clean and then uh try and avoid infection over the 5-6 months because that's the risk

Mm and did you get any infections?

I did. It wasn't painful having the external fixator on, but so on a on a scale of pain the um the scale was probably nought but I remember waking up one night just on one occasion where I couldn't believe the pain that was happening.

Yeah

Why? And so it went from nought, I would say to 9 or 10 if ten was the worst and it's where it came from, I have no idea

Really

In the middle of the night, it only lasted a few minutes

Uh but I don't know what that was but I did get one or two infections, and they were extremely painful and then they just give you antibiotics

Yeah

Uh but the infections were very painful

And is that like a throbbing pain?

Yeah, throbbing, stinging it sort of goes to the root of your uh leg really it it's as if it's inside

Yeah

and and sharp and throbbing and yeah, very painful, but only happened twice

Mm mmm and then

Two or three times

And then after you take the antibiotics couple of days

Yeah

You know it's it

It it it uh yeah

OK so what other adaptations did you have to make when you've got that

Uh obviously the external fixator looking at it, especially if you got infections, looks a bit horrible and scares people when they see them

Yeah

So my I opted some people walk around in shorts and let the air get to it

Mmm mm

But I opted to keep it covered and try and get on with my job as normal I worked in an office at the time and wore and wore suits so I had to uh have suits specially made, so I had to have trousers made so that one leg was OK and one leg was um widened to fit over the external fixator

Oh on the trousers?

On the trousers so one leg was normal, one leg was like a wide pair of trousers so it looked quite funny really so I'd go into meetings like this and people would look and see what's the matter

Yeah

So it was it was it was a bit weird but yeah, I just get on with it and you're very mobile in fact I drove as well I could drive

(oh really)

Because I had an automatic it was my left leg, so driving is ok uh you know, people made allowances It was fine we went on holiday

Yeah

No, yep, it didn't stop me doing anything to be well, obviously, stop me doing anything to be honest well obviously stopped me doing sport and stopped me doing running and things like that but I got on with normal business, normal life

Mm mm and what did you have to do to help your recovery, so to give you had the consultant told you anything to do to give your leg the best chance of

Uhhh

Of you know avoiding amputation as worst case

Uhhh I don't remember didn't uh didn't give me any diet

No

Or didn't tell me to eat anything or what have you he said just continue as normal

Hmm mm

And you know, we had a we had a a meeting every now and then, but no he just said let it take its course uh try and avoid infections was the main thing and

Yeah

Keep the pin sites clean although today, I think there's an argument now that people just let their pin sites get uh crusty and uh

Yeah

Scabs so that they say that protects the pin sites now and stops infection so I don't know the answer as to what's the best way of uh doing it I chose to clean mine but you do see them these days where you see people with them on the the pin sites look amazingly crusty

Mmmm

And scabby

Mmm so they theories change

Maybe

Ok, fantastic, the first half.

At the end there Kevin and I were talking about how the theory around routinely cleaning your pin sites may be changing. Kevin used the phrase 'I think there's an argument now that people just let their pin sites get crusty'. Crusty means to dry out and form scabs. What you get on a cut when the blood dries.

We can use this expression 'there's an argument' before introducing an idea or point of view. In this form it doesn't have to be your own opinion. It could be one you've heard or read about. For example, 'There's an argument that podcasts are one of the best ways to improve your language skills'.

OK and Kevin did clean his pin sites and he used 'distilled water' to do this. This is a type of purified water that has been boiled to uh remove any possible sources of contamination.

And the first question was Kevin had to stop driving while he was wearing the fixator and that was false:

*So it was it was it was a bit weird but yeah, I just get on with it and you're very mobile in fact I drove as well I could drive*

*(oh really)*

*Because I had an automatic it was my left leg, so driving is ok uh you know, people made allowances It was fin we went on holiday*

In the second part we'll hear what happened when Kevin when he came to have the fixator finally removed and how his leg is now.

So some language to listen out for that comes up. Kevin uses the idiom 'step up to the mark'. This is a way of describing how a person rises to take on a particular challenge or level of responsibility. So, see if you can hear Kevin saying this.

Secondly, he describes being 'scared stiff'. When you are scared stiff you are well you just really really scared uh cos when you are stiff you can't move very well so imagine how sometimes you are so scared that you can't move, you just freeze so the idea of being 'scared stiff' comes from that.

And a question to try and answer. What do you think might be some of the longer lasting effects on Kevin's leg after this experience? Ok, so for example, what what problems might someone have uh following uh all this stuff happening to their leg so listen out for what Kevin says and see if any of your predictions are right ok let's go.

Well it sounds like you remained very positive

Mmm

Did you have the support of your family?

Uh yeah, yeah I remember we, we sort of made it a bit of a game actually, with the kids they were quite young at the time, and sometimes I used to get them to get the screwdriver and turn the screw sometimes

(laughs)

Just so they knew what was happening

Yeah

And were part of it and yeah, yeah

Mm mm

Allowances must have been made. Yeah. I don't remember it being a maybe maybe I was I don't know. I don't remember it being a big deal at the time

Yeah

I was very surprised, actually, because if you talk about these things and say this is what's gonna happen to you, think, wow, will I be able to handle that? But it's amazing how

Yeah

You can uh step up to the mark when something's happening and your body takes over and can deal with it so I was surprised how we all did deal with it quite easily or efficiently

Mm-hmm Mm-hmm so when they came to take um the cage off

Mmm

Did you know at that time did they take X-rays, X-rays to let you know it had been successful?

I think so, yeah. If I remember rightly, they did I think it probably healed a bit earlier than uh was planned I think it might have only been five months as opposed to six

Mmm

Did an X-ray and said, yeah, ready to do it uh I remember sitting there, uh he didn't tell me he was going to do it, he just, we we went just for a checkup and he said right I think we can take it off

Mm mm

So what they do is they just cut the wires of the frame they leave the frame in, but they take the wire supports away so there's nothing holding your leg together and you're sitting there talking to him and then he cuts them literally as you're sitting there

Yeah

One minute you've got this frame on, the next minute he says right, I've cut the wires this is now would you like to try and walk along, across the room? And you say really

Mmm

And it takes a bit to actually stand up

Yeah yeah

And walk, strange

Well, confidence wise, you mean or?

Well yeah because you're scared stiff

Yeah

It was uh you're thinking really, you've had this frame on for about 5 months and you think, am I gonna walk again? And then he says stand up and you just walk across the room

Mmm mm

And it took a while before you stood up and then tried it and then yeah, it was fine

Mmm mm

Suddenly you're walking across the room fine without the aid of the external fixator, that was a big deal getting the

Yeah

Getting up

So what can you remember about the days straight after having the cage off?

Umm, not a lot, really just continued as normal suppose I was quite happy, quite pleased that it had gone uh very well but no, just got on with it.

It was if I hadn't broken my leg



OK and did you need physio to get back?

Oh, yeah, yeah I do remember that, no, I did need physio physio was very painful apparently one of the things that had happened was a tendon or something had been damaged in the uh um, process of the operation and funnily enough, it was in the sole of my foot, and I remember the physio getting stuck in and pressing it and uh that was very painful u and in the end, I don't think I went back for the last one

(laughs) so you were booked in for those the physio sessions and did they give you exercises to do?

Uh I don't remember that, no, I think it was just uh yeah, get back to normal, get back to normal sport

Ok

Whenever you can

And so now we are, however many

20 20 years on 20

No, no, fine really

So um what they did say at the time was everything should be fine and the operation should go OK uh the only thing in about 20 years time uh they said there may be a little bit of uh arthritis

Right

Uh might occur in that, and I thought at the time, 20 years, that's a long time, that doesn't really matter but now uh now the 20 years is up there is sometimes a little bit uh stinging pain in the shin in the area of the break I had that a few weeks ago, funnily enough, but then it's gone again, so it's just sporadic

Yeah

Uh, and I think the other thing that happened was with not using my leg for about a year probably

Yeah

There's been some muscle wastage in my thigh, my left leg so my left leg is thinner than my right leg, but it doesn't stop me doing anything. I'm doing all the sport now that I did before so yeah, hasn't stopped me doing anything, had no adverse effects at all, really

Mmm mm um so final question, do you think from that experience, has it changed you in anyway?

Ah, not changed me, I suppose I suppose at the time you under you you uh yeah, you at, I think what it makes you think that uh as I've just said the uh you you you step up to the mark, your body, your mind has the ability to uh kick on and um and deal with things whereas if you were sitting and somebody asked you this is going to happen, can you deal with this? How would you deal with this? You might doubt yourself, but it it is quite surprising to yourself that you do have this ability to do it so it was able, you know, taking taking the pins out if anything at the end of it was the worst part of it because they have to pull them out and they got stuck one or two of them got stuck in the bone

Yeah

So he couldn't pull them out and I remember a nurse being there um who wasn't an experienced nurse and he just got hold of her and said come and help with this I think she'd been making tea for somebody and she said oh OK then

Wow

Then we came in and he was pulling the pins out with a pair of plyers and she couldn't under she couldn't believe what was happening and I was screaming

Oh

I was on gas and air because the pain that was the worst pain

Yeah, yeah

And she started crying she said to me you can cry if you want, I said, I said well I'm on gas and air

Wow

But she was more upset than I was when they were doing it I was I was effin and blinding and shouting and kicking the guy because I didn't want to do it the last pin that had to come out, I wouldn't let him do it, he said It's going to have to come out, but yeah, that so, so that sort of thing is happening and it's not great and you think yeah I've done that you know you

Wow

Have managed that pretty good

Sounds like quite a surreal experience to be honest

Yeah it was good, good, good to get through it

Yeah and have you been skiing since?

No

(laughs) OK well, thank you so much for sharing your

No problem

Experience with us

Thank you for the opportunity

Very interesting thank you very much thank you, Kevin bye

Bye, bye

Well done

There we are and thanks again to Kevin. Really quite an experience that he went through and if you remember from the first part of the interview that Kevin at one point was advised to consider the possibility of his leg needing to be amputated.

I think to be honest If I'd been the nurse with him when the cage was coming off, I would also have been crying! And I do think that that's an interesting discussion point too. Should healthcare professionals show their emotions, or should we remain more neutral even when we are faced with strong emotions from our patients. Have you ever been a patient and experienced a doctor or nurse crying with you? It's something worth reflecting on um about how we feel about it as there's an argument that there are some moments when it's appropriate to show our emotions uh to our patients but not all patients will feel comfortable with this so how do we judge um how the patient will feel I suppose it's just a case of being led by our patients as much as we can but anyway that's something interesting another an interesting point to think about uh and reflect on.

So, Kevin was told that he could expect that in the future he would have some arthritis at the sight of the break, and he did, he does experience this, and he described it as a stinging pain but it's something that only happens, it's only sporadic, which means it doesn't happen often or at regular times. He also has some muscle wastage as a result of not being able to use the muscles in that leg normally in the year after his initial accent, his initial accident.

Right excellent, so I really hope you have enjoyed this episode and if you have, please do rate it um on whatever platform you're listening from. Uh well done on your English practice today, I know it's not easy to fit it in to busy, modern-day life so really good work. I hope you will listen out for the next episode which should be with you in around two weeks. Ok, so thanks again and take care, bye bye, thank you.