**the triathlon begins**

August 4th, 2012

This was not going to play out well. Why did I have to do a triathlon on my wife’s birthday? But it was the local triathlon, and it would have seemed a shame not to take part. I’d been involved in helping to organise it, and I’d be back by one o’clock, after all… Then we’d have a birthday lunch and give my wife her presents, the kids would be desperate to celebrate by then.  Well, that was the plan.

Outside the sun was rising behind the church  tower and a warm August breeze came in through the window. As I lay in bed all I could hear was the sound of the E-number storm beginning and I did wonder what was the purpose of cutlery for the kids and also what was the point of a table, when  in between the floor and their weapon of choice was not so much their mouth as a large space through which they could launch their food  so that it would  produce a perfect arc before it splatted neatly on to  a wall. I shut out the thumps and roars of laughter and went over the possibilities for today’s race in my head as I flung my clothes on.  I was hoping to finish in a good place; I wanted my son to see me do well after all the hard training that I had been putting in. I rather optimistically thought this would be a good learning experience for him to see that hard work can pay off. Downstairs I gulped a quick breakfast, gave them all a kiss on the top of the head, and hurried out of the door to the start of the triathlon. It didn’t occur to me – why would it? – that I would never be coming back to this family again.

On a normal day I would have already left for work by this time in the morning, to drive up to Derriford Hospital in Plymouth where I was a consultant physician in intensive care. It was a long drive but I absolutely loved the work, being able to help people and always being faced with new challenges. I had endless energy in those days and dozens of projects on the go: I was researching pandemic flu, as well as being an associate professor of ethics and law which meant I did a day a week teaching and researching. And after I came home I was constantly planting new trees, building playhouses and zip slides in the garden for the kids – my wife used to ban me from going to the garden centre because she said my projects were out of control.

I jogged out to my car which looked more like part of an Indian wedding ceremony, completely covered in pink cherry blossom.  My wife refused even to get into my car without wearing some sort of CSI overalls  because of the range of organisms that were growing in it. I had to concede, it did resemble a bacterial growth-medium plate from the microbiology lab, thanks to all the discarded apple cores and orange peel and pips.   Oh yes, and there was also the cow shit and mud from my welly boots for good measure…  and I am sure there was a sweaty running top in amongst the flora and fauna as well.  But I wasn’t interested in having a status car or any of that rubbish. I just loved being busy, helping people, enjoying my family and my life – it was all quite simple as far as I was concerned.

As I drove to the start line of the race, I was mostly thinking about the swim leg because that was the section of the race I was most nervous about. I never was that confident swimming and to try to compensate, I threw money at the problem and bought myself a new wetsuit or what I called a ‘gimp suit’.  All I wanted to do was to be in a position where I could get out to the front of the race, because I knew I could do well on the cycle leg. Followed up with the running I was hopeful that I could even build up a lead. I felt it all depended on the swim.

Quite soon I was standing on the start line with the rest of the gimps looking like a scene from a gimp film. I perused the water nervously, keen to get going because I really had been training incredibly hard for this triathlon – cycling at night after work, running in all weathers and I’d even bought a rowing machine to reduce the amount of training I’d have to do away from home. Finally the whistle blew and off we went. I took in a big breath and ran down the beach and as far as I could into the water before diving in. I was relieved to find myself in a position where I was relatively free of all the other competitors, so I didn’t need to worry about getting kicked in the face or somewhere worse. Then I was just swimming, seeing the sandy seabed slowly receding as we hit deeper water. I was out in the first group of triathletes and doing quite well.  I didn’t give a second thought to what I was doing, and I guess one never does.

At last the beach was moving slowly closer to me again and I was still in the top group. The swim had gone pretty well; I set off on the cycle leg in good spirits.  I pushed my brand new bike up the slipway and jumped onto it, powering up the long uphill section towards Rosevine. I always felt fantastic on this new bike, it went so quickly and felt great.

In Tresillian the route turned onto the main road from Tregony towards St Mawes, and wound along a typical Cornish country lane with high hedges, no verges and many blind corners. At the entrance to St Mawes we hit a section of road with a long, gradual decline where you can work up quite a speed. Being a competitive bugger, I’m pretty sure I would have been giving it my all, going as fast as I possibly could.

I remember none of this, incidentally. All I know is what I’ve pieced together from other people’s recollections. Near the bottom of the hill, I hit a puddle and spun out of control, and when a camper van appeared unexpectedly around the blind corner I crashed headfirst into it.

After that the drama began, even though I was completely unaware of it. The rescue helicopter landed on the road and I was loaded into it in a hard collar and flown up to Derriford. It would only have been five minutes or so later when I was handed over at the hospital to a team of doctors and nurses. The paramedics gave the lightening-speed handover that they were used to: I was a mid-thirties male competing in a triathlon, I’d suffered a serious head injury following an accident, I’d been stable throughout the flight. I was intubated and they’d got a size 14 gauge intravenous access, ie a drip in me, keeping me as flat as a pancake. They don’t want the patient suddenly coughing or making an involuntary movement.

The Derriford team raced me all covered in emergency equipment  into A&E where I was  quickly reassessed to check if I was still being ventilated OK and still had a blood pressure; a  flurry of activity as the  doctors and nurses  all did their respective jobs, checking I was stable enough to be transferred to  the emergency theatre. There, once again, a team of surgeons and nurses were already scrubbed and poised for me to arrive to begin operating.

Now the anaesthetist and the surgeon stepped forward, relatively relaxed because I was quite a straightforward case for them: all they needed to do was to lift off the part of damaged skull  and remove the bit of  obviously damaged brain (which in hindsight may have turned out to be quite difficult in my case). They had to ensure there was not going to be too much fluid on the brain, and what fluid there was had a way to drain out to prevent hydrocephalus (dangerous swelling of the brain) occurring.

Hey presto, as if I just wanted to ensure everyone was still awake, I had a cardiac arrest, and  I imagine that  put  the  willies up a few people, most  noticeably the anaesthetist. Thus there would have been two very distinct teams, with on one side the anaesthetist cursing me as he tried desperately to  get my heart  going again, while on the other, the surgeon was operating on the small section of my head, oblivious to the anaesthetist running around like a blue-arsed fly. If anything, he was probably quite pleased with the bloodless field that the cardiac arrest had caused – it made  their  work easier.

The strange thing is that although I was completely unaware of all this, I knew exactly how it would have panned out, how all the medical staff would have reacted to a situation like this. I’d been working on emergencies such at this at Derriford for five years or so, waiting scrubbed up in the emergency theatre for casualties to arrive. I’d be at the top end ready to anaesthetise the poor bugger. I saw a few head injuries and I knew the process well.

The operation took about forty-five minutes after which I was wheeled off to intensive care –  my own ward, where I was greeted by a picture of myself telling people to ‘wash their hands!’  –  not that  I would have been at  all recognisable , given my  newly-acquired, blood-stained turban and a heap of medical equipment all over me. And so once again my brief history was repeated, with a few extras: an accident whilst competing  in a triathlon, predominantly head injuries as best as they could tell. I’d  had  a  C-scan but my neck had not been cleared definitively and in theatre I had had  a cardiac  arrest  where my heart had gone  into  ventricular  fibrillation and they had  given me two shocks  with the  defibrillator.

And so the nurses, Marc and Pierre (a German, but with a French name that I ribbed him about mercilessly when I got the chance, which wasn’t immediately), set to work and got  me settled into the ward, no doubt  in rather a resigned manner.  Whenever a new patient arrives in the ITU, the staff greet them with a certain exhausted and hangdog appearance – their overburdened workload has just got even heavier. And yet they set to work with total professionalism, as always. And so I heard later, they were all pretty upset to see me turn up in such a state. It’s not great when a colleague suddenly becomes a patient.

By this time my wife had arrived at the hospital where she was greeted by the horrible sight of her husband in his blood-stained turban and a sea of lines, drips and emergency equipment. My parents were already heading for the airport in Melbourne to fly over to see me. Friends and family all over the place were mobilising, offering to help, to look after the children, and so on. I slept on, blissfully unaware. I’d survived this life-threatening trauma to the head. The swift actions of the paramedics, the theatre staff and the intensive care staff had saved my life. I’ll be forever grateful to them all, to their quick reactions and professionalism.

But little did I know that there were so many days to come when I would want to take my own life during the desperately slow and painful process of rehabilitation. Learning to talk and walk were only the beginning. Hardest of all was the realisation of the very different life that faced me now.

I started writing this when I returned home from hospital – purely for wrist-slitting-avoidance purposes at first, then to try and make sense of the car-crash my life had become. It’s only now, six years later, that I can see myself with a future.

Over the next months I’m going to be publishing a few articles that chart that progress.

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By A Tillyard