

**Name:** Chris or Christine Jones

**Age:** Your own age

### Setting

You are sitting next to a bed in a surgical ward at Addenbrooke's. It's ten in the morning. You came into hospital yesterday and not much is happening - you are waiting for various tests today but you are not sure when they are likely to occur. Despite the tablets that you have been given for the pain, you are still in quite a lot of discomfort - you wouldn't describe it as severe pain now, more a continuous nagging. You feel pretty off colour - tired, slightly nauseated all the time and unwell. You don't have a temperature. You feel cooped up - you normally work outside and hospital wards are so stuffy. It doesn't matter how you sit or lie, the pain stays the same: you keep shifting around to see if it makes a difference – it seems to for a few seconds only. The doctors and nurses seem incredibly busy - other patients came in constantly yesterday and some went to theatre as an emergency. Loads of other people have drips and many are a lot older than you and are clearly much more ill. The nurses are really run off their feet. You'll just have to be patient - you don't mind as the NHS is a wonderful thing. You haven't seen a doctor yet today.

You were admitted to the hospital via your GP yesterday. You'd been to your GP several times over the last three weeks and he had been really good at trying to sort you out – he had arranged for an ultrasound test at Newmarket Hospital but your appointment wasn't until next week. Meanwhile yesterday things had clearly got worse with more pain and you asked the doctor to visit. The doctor said that you had become jaundiced and admitted you to hospital.

### Clinical details

You are normally fit and well. As a postman, you cycle miles and apart from the usual aches and pains feel fine. Over the last four weeks, you have had three episodes of really severe pain under the right ribs at the front that have lasted an hour or two and then subsided. At the time, it really made you sweat and you didn't know what to do with yourself. It was a deep seated horrible pain not like anything you have had before and made you feel sick. You were sick once with it. It was like really awful indigestion. The last bad pain was a week ago but since then you have had a nagging pain in the upper central part of your abdomen which is more to the right if anything. You have started to feel unwell and are not sleeping so well because the pain disturbs you. In the last few days, you had noticed that your urine was getting dark and your motions seemed paler. You hadn't noticed really that you were a yellow tinge until the doctor mentioned it – it's quite clear now when you look for it.

You have lost your appetite and are not eating so much. Fatty food is especially unappealing as the initial pains possibly occurred after eating rich meals (fish and chips on one occasion). You are a bit constipated but you still go each day. There's nothing else unusual – no blood etc.

### Past medical history

*Any previous operations:* no

*Any previous illnesses:* mild asthma - you use an inhaler occasionally, in summer months

### Medication

*Any medication taken for this:* the doctor prescribed Coproxamol for the pain

*Are you on any prescribed drugs such as the pill:* Ventolin inhaler

### Family history

*Any family history of*  
*heart disease:* no

*chest disease:* asthma runs in the family

*cancer:* lots of cancer in the family – no-one close but many aunts and uncles and grandparents have had cancer – a favourite aunt died of bowel cancer several years ago

*Smoking:* no      *Alcohol:* very little

### **Social history**

*You are married*

*Children:* please decide for yourself depending on age etc

*Occupation:* postman or post-woman, deliver the mail by bike

*Where do you live:* in a local rural village, say Fulbourn

*Type of housing:* own ex council-house bought 10 years ago

*Social class:* working class

**Temperament:** Phlegmatic – what will be will be, but underneath not happy about the thought of an operation

### **Patient's framework**

- **ideas and thoughts**

*what did you think might have caused your problem:* you thought you had an ulcer though your GP thought it might be your gall-bladder

*what have they told you so far:* they say you have got a stone stuck that is making you jaundiced – you thought stones were something to do with your kidneys – feeling a bit confused re this.

- **concerns**

*what are you concerned about:* having an operation – you are active at work and in the garden and wouldn't like to be laid up for ages

*have you any underlying fears:* your aunt went jaundiced before she died from her bowel cancer – could it be the same?

- **expectations**

*what are you hoping for:* relief from the pain more than anything – it's very wearing

*do you need anything from the medical staff:* to get on with the tests and explain what will happen next. At the ward round yesterday, they were talking of clearing the blockage by putting a tube down – what is that all about?

- **effect on life**

*what effect is this having on your life:* will you be able to go on holiday in 4 weeks time – you have paid for a trip to Cornwall.

### **Presenting symptom(s) or problem(s)**

If the medical student asks you “what problems brought you to the hospital”, answer: ‘well, I called out my GP yesterday as I'd got more poorly and he thought I'd become jaundiced and so he sent me in – so here I am really’. Stop there and smile. See where the student then goes and be happy to tell him/her your story if asked to elaborate.

Leave a few symptoms out like poor sleep, off food and constipation unless asked if you have noticed anything else or if asked directly. Let the student need to ask you to describe the pain to discover all its characteristics.

**Behaviour:** The patient needs to be in a little discomfort and to shift position at times. Don't worry about getting everything ‘right’ – real patients forget their symptoms and get things in the wrong order too! It also doesn't matter if the detail changes from what is written here. But it is important though to be consistent from role-play to re-role-play.

## **Clinical reasoning**

### **Symptoms**

- jaundice with pale stools and dark urine
- episodes of severe pain right upper quadrant
- continuous nagging pain upper right abdomen
- shifts around to try to relieve pain
- associated with sweating and nausea
- intolerance of fatty food
- anorexia
- tired
- not febrile

### **Jaundice with pale stools and dark urine:**

This is an obstructive pattern, also known as post-hepatic jaundice.

Stools are pale because bile pigments are not able to get through the biliary tract to the stool because of the obstruction. This is as opposed to pre-hepatic or hepatic patterns which the students can look up

There are many causes of obstructive jaundice but the two most common are gallstones in the common bile duct and pancreatic cancer in the head of the pancreas. Be aware of other conditions such as acute hepatitis and alcoholic liver disease

### **Painful obstructive jaundice:**

The combination of jaundice and intermittent abdominal pain suggests a subacute obstruction of the biliary duct system from gallstones. The pattern of intolerance of fatty food and shifting around to relieve the pain fits well with biliary colic

The development of jaundice in the absence of abdominal pain would be suggestive of a malignant obstruction of the bile duct. Here, the onset of jaundice would usually be gradual and might be associated with anorexia and weight loss

### **Further reading**

Try typing in jaundice and Wikipedia

<http://en.wikipedia.org/wiki/Jaundice>

or look it up on patient.co.uk

<http://www.patient.co.uk/doctor/Jaundice.htm>