

# Friends, emails and bum rubs – helping amputees everywhere

Matt Harrison

*After climber William Pike was badly injured in an unexpected eruption on Mt Ruapehu in September last year, I was fortunate enough to be forwarded the pikeinfo newsletters. I found these fascinating and thought that they provided an insight into how Bill's family and friends coped with a tragedy in a way that I had not encountered before. I asked Matt to write about this for the NZFP as I thought that readers (mainly GPs) might be interested to consider how humour, the sharing of stories and the use of the Internet can be combined to enhance healing and foster grief resolution. Editor.*

Each day I open the paper to the inevitable...a bashing here, a war there, the odd murder (which is now not so odd) and, without fail, the cliché human interest story to warm the grim, grey, finger-staining newsprint.

It seems that there is rarely any reprieve from some form of gloomy news, and September 25, 2007 was no different. On that day a few months ago, my best friend was badly beaten by an extremely temperamental mother, determined to make staying alive as close to impossible as could be conceived of. This mother was not arrested. She didn't apologise and didn't even stand trial. She is merely the personified representation of nature. This woman was so different to any other I had ever met; she was picturesque but relentlessly brutal and had no consideration for anyone else, especially my friend,

William Walter Pike (as if he wasn't unfortunate enough already to have a middle name like Walter, but then some metaphorical figment of nature rubs salt, well in this case it was sulphur, into his wounds).

Early that evening Mt Ruapehu erupted, spewing up chunks of rock, with a hearty dollop of ash and a generous portion of ice. My initial reaction was relief – for once it wasn't me regurgitating chunks in the early evening, but as I lay in my warm bed and drifted off to sleep to the sound of infomercials selling products to help make things bigger, harder and stronger (I'm pretty sure they were talking about muscles) Bill was trapped beneath a sizeable rock in Dome Shelter at the summit of Mt Ruapehu. The large boulder rudely interrupted his sleep and had come to rest on his right

leg with so much force and vigour that it forced his leg back behind him and through the floorboards. Pinned down and unable to move, Bill was leaking to death through huge wounds in both his legs.

The hut looked like the inside of a fireplace and getting off the mountain quickly became a priority. What made things difficult is that ice is cold and very few climbers sleep with their boots on, so finding a set of boots for James (Bill's climbing companion that night) was essential. After spending a few unsuccessful minutes trying to tug Bill out of the cement-like slurry, James was off down the mountain, guided by the fluorescent glow of the moonlit snow.

On his own Bill lay in the hut freezing and waiting, and bleeding and waiting.

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Being an extremely popular young man I wasn't surprised to have two text messages greet me on the morning of the 26th; in fact what was surprising is that there were only two and that they were both from an older friend of mine, occasionally referred to as Dad, both demanding that I ring him. At this point I knew something was wrong, both messages were sent around 2am in the morning, way past the old man's bedtime, and both said the same thing, *'Ring me asap'*.

Human nature dictates situations like these and automatically I asked myself who had died. Nobody sends vague messages, wanting to talk to you, without it being something serious. Intermittent menopausal hot flushes washed across me from my forehead to my feet. Typically I had no credit on my phone so I texted back asking Dad to ring me, *'Matt. William has...'* At this point I knew immediately Pike was hurt. Dad wouldn't call Pike, 'William' unless he'd been naughty or something wasn't right. Dad had heard the news at 2am in the morning when he got a call from Barry (Puppa Pike) and Tracey (Mumma Pike) as they sped down to Hamilton.

I was in a state of automatism. Seconds seemed like minutes and the optimistic and pessimistic parts of my brain started squaring off against each other – on the one hand I assured myself that, *'Everything will be fine, it's Pike we're talking about here. He is one of the most cautious and well-or-*

*ganised people I have ever met. I mean he's the guy that tells me to watch out because he reckons there's always police stops around the corner...even when you're driving at 45km/h on Stewart Island or somewhere equally as remote and non-policed.'* Unfortunately it is the pessimistic part that is hardest to handle. You know you shouldn't think negatively but it's hard not to remind yourself that volcanic eruptions have a fairly decent reputation for killing people.

Watching the news only added to my growing unease and hunger for more information. Nothing was going to stop me and a few of our close friends making our way down to Hamilton Hospital. Auckland traffic did try its hardest to slow us down. The journey was somewhat therapeutic. Being around people who are feeling just the way you are makes things a lot easier. We talked openly, offering forward our personal interpretations about what we had heard, what we had seen, who we had spoken to and how bad we thought the situation was. A lot of the things said were repetitive and speculative but it's the reassurance of being together that is most valuable.

Seeing him for the first time was surreal. Tubes from loud beeping machines tangled their way around his body and entered almost every visible orifice. Doctors and nurses busily took notes, checked the life-preserving machines and spoke in a for-

eign language full of jargon in what seemed like an attempt to disguise the severity of the situation. We were told to stand either side of the bed and hold one of his hands – they were small, cold and smelled like sulphur. At this point he had a hospital blanket covering his lower half. I felt compelled to look down to where his lower right leg should be, but the blanket simply dropped off at his knee. We chatted away, trying to think of things to say which wouldn't require his response. Every so often his eyes would open and his hands clench or he'd utilise his dive signals and give us the 'A-O-K' or 'thumbs-down' to let us know what he was thinking. But, to be honest, he wasn't thinking at all. It wasn't until weeks later that we found out that he didn't remember the first two weeks at all and concluded that morphine was doing most of the gesturing. I guess the best way to describe his state when I saw him for the first time was like a fish out of water – wide-eyed, clammy and surging every so often with erratic movements (and minus a fin of course).

Too worried to go home, the strong contingent spent the night in a motel glued to the TV, playing cards and having a few beers. We even managed a few laughs at Bill's expense. Even though we weren't down there for a particularly joyous occasion, a hearty chuckle did seem to relieve the tension.

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Dealing with the next few months was tough for us. We were constantly starving for crumbs of information about how he was feeling, recovery developments and predictions from coy medical practitioners. I can't imagine how hard it was for his parents, Barry and Tracey, who were receiving a couple of hundred text messages a day and numerous phone calls from friends, family and nosey reporters all hungry for the same information, with no way of disseminating it in one, Shakespearean, fell swoop.

Enter the Internet. The invention bringing us equally as revolutionary 'inventions' like online casinos and impotency cures was the perfect medium for spreading the word on Bill's progress. Each day a friend and I would have a chat to either Barry, Tracey or a nitrous oxide-smitten Bill, and then regurgitate the news into an email for all to read. It spread wide and far to recipients all over New Zealand and the world – North America, South America, China, Europe and a few other obscure countries like Australia. And so it began; pikeinfo@gmail.com was conceived and quickly announced its birth in the following fashion:

*'Dear all,*

*As you may already know William Walter Pike (yes, his middle name is Walter!) is on his way back to recovery.*

*So to help spread the news and keep you all up-to-date with his quite phenomenal recovery, we have decided to set up this aptly titled email address.*

*Got a question? Good for you...Put finger to keyboard and fire an email our way and we can hopefully get an answer for you.*

*This will help ease the volume of calls to the Pikes especially with the 'No phones' rule in HDU.*

*Obviously being the active person Billy is, he is going to need our support – and to help him get back up that mountain there has been a fund set up. Donate generously..I dare you.*

*03-0123-0336436-00*

#### **Thursday – 4th October**

- *Bill was up to his eyeballs with pain relief (which he told us he brought from home). His spirit has been consistently high but sometimes he struggles to acknowledge people as it is a fine balance between adequate pain relief and being able to have a chat.*
- *He had a skin graft from the top of his left thigh to cover up the cuts the doctor's made to relieve pressure from his lower left leg.*
- *They also put in a food tube down his nose to feed him and this was really uncomfortable – he asked for a spirulina and a blended up OneSquareMeal.*
- *He was pretty out of it and it was a little disheartening.*
- *Tracey kissed him on his tummy – he liked it.*
- *Due to the huge number of visitors and his need for rest, the trauma team decided no visitors for a few days.*
- *Tracey was treated to a night out with her boss from Westpac who took her to a nice restaurant and the nicest hotel in Hamilton – I think it was a backpackers on the main street.*
- *Bill had an infection which the doctors couldn't isolate so unfortunately he was 'sweating like a rapist'. He was treated to many cold cloths and massages from all and sundry.*

#### **Friday – 5th October**

- *Bill had a massive sleep and is much more rested but still sweating a bit.*
- *Media conference in the afternoon with the doctor.*
- *John Bonning (the paramedic who attended to Willy from Tauramanui to Waikato in the air ambulance) spoke to Bill as he is also an avid climber and cyclist.*
- *His arms and chest swelled up a lot after the accident. This swelling has come down a lot but he has a little bit of a heat rash.*
- *Had some clean up surgery – most of his surgeries involve a large amount of tidying up treatment.*

- *Once again Bill spent most of his day sleeping off the hangover from the dozen Heineken's he'd smashed the night before.*
- *William winked at a nice looking nurse – the one who holds his peepee while he wees.*

#### **Saturday – 6th October**

- *Mumma Pike arrived early to wake up sleepy Bill – he was heaps more alert and feasted down on some tube administered apple puree.*
- *A big annoyance for Will is his water restriction. As you all know he drinks (and pisses) a lot. He is only allowed one litre of fluid (he opted for cask wine) a day to relieve pressure from his kidneys.*
- *He had his hair washed and a shave – it grew back.*
- *Willy is on dialysis at the moment. He goes onto the machine for four to five hours a day and will hopefully only be on it for another two weeks.*
- *'His left leg is smelly' – Tracey Pike*
- *They have installed a 'monkey bar' to help him move around the bed. This has been good as he is finding it hard to sit still and it is helping him regain movement in his upper body.*
- *He is looking 1000% times better after his big rest with minimal visitors.*
- *He loves scratches on his back and bottom (brave souls), damp cloths on his forehead and holding hands.*

*The Pike's would like to thank you all for your support. Please pass this email on to other interested parties and if people want to be added to the list please email pikeinfo@gmail.com as I'm sure we haven't been able to get everyone's email address yet.*

*Anyway, that's about all we have time for today. So if you have any comments, questions, compliments, compliments or compliments then feel free to email us.*

*Cheerio'*



It is fair to say that Bill's two or so months' stay in hospital kept us pretty busy, but with a little bit of humour (some of it a little crude) and ongoing banter between myself and Dan (the other writer of the updates) we managed to organise the often scattered information and hand deliver it to the masses. Some might consider the 'toilet talk', as my Dad calls it, and the friendly repartee a little insensitive and unneces-

sary, but for us it was the best way to put a positive spin on a pretty serious situation. It just seemed like the most appropriate way to approach it and, if you're ever lucky enough to meet Bill yourself, you'll quickly realise that, despite having his leg amputated, his sense of humour definitely wasn't and this is exactly the way he wanted us to write the updates.

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So after a couple of months in hospital, more surgeries than a Hollywood celebrity and heaps of ups and downs, Bill is back on track – merely slowed down by an occurrence that will never get the better of him. He is back on two feet, even if one is plastic, and has been assured that he will be able to do 99% of the things he used to do – run, jog, tramp, cycle, climb, dive, swim, surf, teach, drive and the numerous other things he gets up to. What could that 1% be then? I have always wondered and have come to the only possible conclusion that it is to lose his lower right leg...I suppose he couldn't do that again, could he?

Five months on and everything is pretty much back to normal, Fri-



day nights once again involve a few beers, tall tales and silly antics, and Bill is now writing his own pikeinfo@gmail.com updates.



## Alzheimer disease and vascular impairment

*'Many patients diagnosed with Alzheimer disease may in fact have vascular cognitive impairment. There is an interaction between cerebral infarcts and Alzheimer pathology: people with multiple pathologies are more likely to have dementia, and patients with infarcts and Alzheimer-type changes have a greater degree of cognitive impairment than those with similar severity of either pathology. In addition, epidemiological studies show that traditional vascular risk factors, such as hypertension and diabetes, are also risk factors for Alzheimer disease. Some authors argue that because cerebral hypoperfusion and changes in the microcirculation may precede the onset of the clinical and neuropathological changes of Alzheimer disease, and coexisting vascular and neurodegenerative changes are found in most patients with dementia, Alzheimer disease is in effect a vascular disorder. While not making that claim, an article in this issue of Stroke by Stopa and colleagues provides further evidence that vascular factors may play a role not only in the expression but also in the development of Alzheimer pathology. These investigators found that patients with Alzheimer disease had biochemical (substantial loss of arteriolar smooth muscle actin and deposition of B amyloid) and structural (increase arteriolar wall and luminal diameter) changes that lead to altered vasoreactivity, impaired autoregulation, and a greater degree of arterial pressure transmittal to the capillaries, predisposing them to microvessel damage, and that these changes were severe in the earliest stages, before the onset of major neuronal and interstitial degeneration. It is intriguing that, as this study implies, vascular factors involved in Alzheimer disease go beyond the traditional ones – stroke, white matter changes and vascular risk factors – and may be involved in the development of neurodegenerative changes. These findings broaden the concept of vascular cognitive impairment.'*

Merino JG. Untangling Vascular Cognitive Impairment. *Stroke* 2008;39:739