

*When you face surgery, whom do you turn to for support, tips or perhaps some wise words? Ten thousand years ago, our ancestors gathered around the fire to tell each other stories. Elders would share knowledge and pass their wisdom down to future generations. There was always someone you could turn to for comfort. As our society has evolved, we no longer turn to elders for support; we search the web, ask a friend or read a blog. You could ask a nurse or a surgeon, but what if they haven't been through that experience? They can give you medical advice, but they can't always give you 'human' advice. I hope that, by sharing my experience, I can illuminate the path and make your journey a little bit easier.*

***Disclaimer: Throughout my story, I will mention products, people and services. I have no relationship with any of them and will not benefit in any way if you use them. Nothing in my blog constitutes medical advice. I am merely sharing my thoughts, ideas and lived experiences. If you have any questions, I have added the contact details of all the practitioners at the end of this document.***

## *Part One*

### Preparing for Surgery

At age 15, I was the world champion in horse vaulting. I was fit and focused. I loved the clarity that sport provided: routine, clear goals, a proper plan, positive support and, above all else, purpose. Purpose is important because if you know why you are doing something, it is much easier to endure the pain, obstacles and bumps along the way. And the more I thought about my forthcoming surgery, the more it reminded me of how I used to prepare for big competitions in sport. They say that ['major surgery is like running a marathon'](#), so it was time for me to put on the boots, train like a champion and adopt a mindset that gets me ready for the day. But I am also a film student who writes scripts. We sometimes forget that we are all heroes in this world, writing our own life story, and having an understanding of how a story works can give us the tools to cope with life's major challenges.

Here's the story of how I used my experience as an athlete and screenwriter to prepare for major surgery and successful recovery.

#### **The COVID-19 pandemic**

My surgery came a bit unexpectedly. There were no indications from my private annual health screening in 2018 that I had a [fibroid](#) in my uterus. I had no symptoms, and fibroids are incredibly common in women, with two in three women developing them at some point in their lives. Then, in 2019, I could feel a lump on my abdomen and thought I would ask my GP at my next screening, but then I came down with a really bad virus at the end of 2019. I was coughing and wheezing, and I couldn't get out of bed. When I saw my GP, I simply didn't have the energy to inquire about my lump and with no symptoms I didn't see the urgency. And then came COVID-19. Suddenly, everything changed. Lockdowns, social distancing and a whole new way of life came about. Now, I wasn't able to see my GP and had no choice but to wait. In 2021, I thought I would try to get an appointment with my private GP, and she suggested I have a scan done. The London Bridge Hospital at the Shard has a huge outpatient diagnosis and treatment facility. I didn't have to wait, but, like everyone else, I didn't want to go when case numbers were high. In July 2021, I braced myself for a hospital visit. Everyone wore masks, but what concerned me most was overhearing people's conversations in the

queue about flying in from Spain and holidaying in Greece. I never understood why people had to go on holiday during a pandemic while trying to navigate the traffic light risk system. And I didn't trust that people would follow the rules and self-isolate upon returning from a holiday. It just seemed that some people didn't care, and if they had an appointment with the hospital, they'd probably fly regardless and not really bother too much with safety guidance. Eventually, I had my scan. The image showed a 10 cm long fibroid. I knew I would need surgery at some point; I just didn't want to have surgery during the pandemic. There was no way I was going to hospital to have a fibroid removed and take the risk of catching the virus. So, I waited until January 2023.

### **Getting fit again**

I have long retired from competitive sport and find it hard to get myself motivated again. I tell myself, *I'm a writer now; I've done my bit in sport, and while I'm not necessarily unfit, I'm no longer super fit. I just can't get excited about getting on a treadmill, and I'm quite happy with my leisurely swim. Why would I change now, and where would I start?* You might think I should know, but the truth is, athletes become coach-dependent, relying on their coach to tell them how to train.

So, I make an appointment to see [Dr Kush Joshi](#), a consultant in sport and exercise medicine, for some medical advice, and he suggests I read Daniel Lieberman's book [Exercised](#) to get myself motivated again. The book is an eye-opener, and I am completely sold. I am 52 now; if I want to stay fit and healthy, I have to change and start working out properly again. I sign up for a [comprehensive heart and lung stress test \(CPET\)](#) with [Jim Pate](#), the CPET Lab Manager, to measure my cardiovascular and aerobic fitness levels. It's not that bad; I'm okay. [Chris Allen](#), my fitness man, designs a four-week fitness program based on my CPET results. He also suggests I train with a [Myzone](#) fitness tracker, which allows me to track my workouts. I upload the data after each session, so everyone at [Marylebone Health](#) can check on my progress. Both [Chris](#) and [Jim](#) upload their data too, so I get to see their results. It's very cool. I need the added peer pressure to get me moving. The first two weeks are hard; it's difficult to find a routine, and I feel out of breath. I start to wonder what on earth I was thinking committing myself to a professional exercise program. I can't say I'm enjoying it. My muscles ache, and it is a very long time since I've done any weights, but Chris is very encouraging. And somewhere inside of me, I also know why I am doing this: I am having surgery, and I want a quick recovery.

### **Planning my surgery**

Christmas is nearing, and suddenly, everything goes very quickly. I have shortlisted three surgeons who are all experts in advanced laparoscopy. I want someone who not only has the skill and experience but is also calm, competent and mentally resilient; someone who can navigate a crisis with confidence and not crack up when the monitors in the operating theatre start bleeping. But I also need someone I can trust. After all, I am putting my life in their hands. After researching on [Doctify](#) and reading many testimonies, I decide to call and make an appointment with [London Gynaecology](#) because [Mr Narendra Pisal](#) stands out. The nurse tells me they have a cancellation, and I don't hesitate. He's a leading expert in laparoscopic surgery, and he's also an [ultra-marathon runner](#). I reason if you can run an ultra-marathon, you've got mental resilience. I also like what he writes: 'I ask my patient to focus and to trust the process.' In that sense, sport and surgery have something in common. You have to focus and trust your coach to get you fit for the event. A week later, I am booked in for an MRI scan and a pre-op consultation. My surgery is booked for the 23<sup>rd</sup> of January 2023.

### **Writing a patient statement**

Mr Pisal explains all my options. I also do my own research because I want to make the right decision. After all, this is important. The difference between a myomectomy and a hysterectomy is instant menopause, which is the last thing I want to have to worry about. *Not now*, I think to myself. The [Royal College of Obstetricians & Gynaecologists](#) and the [National Institute for Health and Care Excellence](#) both publish guidelines on various procedures, and I would recommend that anyone facing surgery read the guidelines. It is very easy to sit in the surgeon's consultation room, nod and let it all pass over your head. If you can't find the guidelines yourself, ask your surgeon for a copy. You are the one who has to live with the consequences of your decisions. You can't change your mind once the surgery is over.

Reading the guidelines, I note that the risk associated with my procedure is stratified by my actual age rather than my 'fitness age'. It doesn't seem to matter that I'm fit and healthy or that I don't drink, smoke or take any medication. I'm over 50, and that limits my options and changes my risk profile. Then, there is the dreaded C-word. If you are over 50, there is a greater chance that fibroids can turn cancerous. I thought fibroids were harmless (and they usually are), but I wasn't aware that there is an added risk if you are over 50. Suddenly, the consultation becomes more sober and serious. I came to talk about my fibroid and wasn't expecting to have a conversation about cancer. There is no question; I definitely need surgery.

The guidelines also suggest that patients should be given the opportunity to state their wishes in a patient statement, so I decide to write one. It gives me a chance to explain my choice as well as my preferred option and wishes. That way I can be sure we are all on the same page. In hindsight, I am very glad I wrote one because, on arrival at the hospital, everyone had read my patient statement. I think it helped them see me as a human being instead of just another patient.

### **How long can I expect to be in pain?**

I've never had a major operation in my life and have no idea what to expect, so this question is quite crucial. I've been accepted to study at the National Film and Television School (NFTS), and my course starts ten days after my surgery. Mr Pisal advises me that I can expect to need painkillers for two to six weeks after surgery. *Six weeks...* the revelation feels a bit like a bombshell, and I tell myself: *I am definitely not in the six-week camp*. I just cannot see myself taking painkillers for six weeks. Not now. It's just not convenient right now, so let's pretend I didn't hear that. I also believe a lot depends on your body, your fitness level and your overall health. I am aiming to be pain-free after two weeks, and that is where I set my intentions.

### **Anaesthesia and risk**

There is a risk associated with any general anaesthesia. The idea that the anaesthetist can put you in a drug-induced coma that is deeper than sleep and leaves you with no memories of what happens during surgery feels a bit abstract. I think it is normal to feel anxious when we don't have control over a situation. Anaesthesia literally means handing over control to Mr Anaesthetist – a person whom I don't even know. I don't even get to choose my anaesthetist. All I have is his name, [Dr Ahmad Ziyad](#), and a quote letter from his secretary, and yet, he is the one who is going to keep me alive and make sure I have a safe surgery. But I trust Mr Pisal's judgement on this. I know a good surgeon will only work with a good anaesthetist.

I will be under general anaesthesia for three hours, and Nell, my physiotherapist, reassures me that modern anaesthesia is very safe. It is very rare that anaesthesia leads to death ([1 in 100,000](#)), but if

you would like to find out more about the risk involved, the Royal College of Anaesthetists explains the [main risks](#) on their website.

Further research with the [Royal College of Anaesthetists](#) shows that fitness and nutrition can help speed up your recovery. They even have a section on how you can [prepare your mind](#) and feel more positive. They not only publish interesting [guidelines for safe surgery](#), but they also have a leaflet called [Fitter Better Sooner](#) that explains how you can improve your health. It literally says: 'Fitter patients are able to recover from surgery more quickly and with fewer complications. What you do in the time leading up to surgery can have a really big impact on your recovery.' If you're still not convinced, have a look at this recent [Fit For Surgery](#) paper which looks at the relationship between your cardiorespiratory fitness levels and postoperative outcome. Figure 10 shows how fitness is the single most important risk factor.

### **Nutrition and [Nell's Lymphatic Mojo](#)**

It's January, and in the weeks leading up to my surgery, COVID-19 and flu cases are rising again. The last thing I want now is to catch something, so I make sure I eat well, get enough sleep and take extra [vitamin D3 and vitamin K2](#). Lots of people have low vitamin D levels, particularly during the darker winter months, so taking a good quality supplement helps to keep the immune system healthy. I also order a tub of [Lean Greens](#) powder, which will help with extra nutrition post-surgery. I mix it with apple juice to make it taste nicer. It also mixes well with oat milk. But something I wasn't aware of is how important our [lymphatic system](#) is in getting the nutrients to where they are needed. Apparently, we have 400–700 lymph nodes to help our bodies function optimally. And if you, like me, never had one of [Nell's Lymphatic Mojo](#), your lymph nodes are likely to be clogged up. Nell explains how our bodies create more waste when we are injured or have surgery. And since the lymphatic system has no self-pumping action, it relies on us being active so that the surrounding muscles can push the waste fluid through. I am starting to understand why fitness is so critical to our well-being. So, in addition to my daily fitness routine and healthy eating plan, I add Nell's lymphatic morning routine, and I can tell that my body loves it. I feel well and now need to make sure I stay focused.

### **Focus, friends, family and faith**

My coach used to tell me: 'Direct 90% of your focus to the present moment, take control and don't let your mind drift. Stay focused, and you can achieve anything.' That means getting a grip on my mental chatter. If any thought comes that starts with *what if...* I stop and tell myself, *No, I am not going there. I'm ready. I've got the best surgeon; I'm going to have a successful surgery.*

Lots of athletes use [positive self-talk](#), saying things like, *I am strong, Keep going and I can do this.* One of my favourite clips from the 2012 London Olympics is [Usain Bolt focusing](#) for his 100 m finals. He knows how to create positive distraction and focus. His eyes don't blink or move. They focus on that finishing line and nothing else. That's the kind of focus I want, and I know I can step into this space of tunnel vision. I connect with my body, cradle my abdomen and tell myself, *We can do this; I promise I will take care of you when everything is over.*

**Friends and family** are wonderful, but they can also be a source of stress. So, I carefully choose whom I want to tell about my forthcoming surgery. I ask myself: *Is this person going to be supportive, or are they going to drain my energy and share their drama that requires moderating?* First up is my husband; let's call him Tech Man. I know I can rely on him. He's cool and takes things in his stride. Being an entrepreneur and running his own business, he is used to dealing with crises. If

one of his employees has a medical emergency while abroad, the phone might ring in the middle of the night, and Tech Man goes into action while staying cool, calm and collected. His mind is very practical, and the first thing he asks is, 'When is the surgery scheduled for?' He also knows how meticulous I am with selecting the right people, so he knows he doesn't have to worry. Next, is my friend from Iceland. I know she can handle this. 'I know you will be fine', is her response. The only other two people who know are Nell and Chris.

With my mum, I change my mind at the last minute. She calls me to wish me a happy birthday. Living in Germany, she tells me that the news sounds terrible with all the strikes that are happening in the UK. 'Now is not the time you want to end up in hospital with all the nurses and ambulances striking in London', she says. 'Don't worry mum; we are all fine here', I reply. I simply don't have the extra energy to manage her worries and respond to all the emails and text messages that will no doubt follow if she knows what's going on. So, I don't tell my mum. I don't feel guilty because I am taking care of my mind. After all, I am the one who is facing surgery, not my mum. If you have colleagues at work, there's nothing wrong with saying: 'Do you mind if we talk about it when I return from surgery? Right now, I am trying to stay positive.' Stand your ground. It's your surgery and managing other people's worries and anxiety only adds to your burden.

**Faith** is a very personal thing, and it is not about finding your religion but having something that can anchor you. Football players pray on the pitch. Usain Bolt prayed before every race. I prayed before every competition. I felt it gave me comfort and strength, something to engage in at a critical moment. I felt it gave me inner peace. Some meditate; others do yoga; I pray. It's connecting with something bigger than ourselves. Singing in a choir can lift you, as can being out in nature and enjoying a sunset. Whatever it is and whatever you want to call it, I find that prayer helps me to relax, trust and feel grounded. Here's a prayer I used:

*Dear God, today I am facing my surgery, and it makes me feel anxious. I ask for Your protection as I enter the surgery room and the doctors work on my body. Please guide the surgeon's hand as they perform the task that is set before them. Give them wisdom in every decision they make and help me to rely on You for strength when I recover.*

### **If you don't believe in anything, simply accept**

Accept the challenges that life presents. We all have positive moments in our lives and some moments we'd rather not have. Accept that you're having surgery. Accept the reality. I have chosen the best surgeon and must now focus on a successful outcome. Acceptance brings peace. Acceptance means engaging in the process, not avoiding it or wishing I didn't have to have surgery. Of course, I don't *want* to have surgery, but the reality is I *need* to have surgery. Accept this and take your body and mind with you in one piece when you go to hospital. If I walk into hospital telling myself, *I don't want to have surgery*, my mind and body are not aligned. I stop and make sure I'm in one piece – body and mind. Otherwise, I just create resistance, which costs energy, and right now, I need to preserve energy. I know when I am anxious: my muscles tighten, my body goes into fight or flight mode, my nerves kick in, I get sweaty palms, my heart rate increases, I tense up and adrenaline and cortisol (stress hormone) pump around my body, but now is not the time for stress. It is much easier for my body to cope with the stresses of surgery when I am calm and relaxed, and that starts with taking control of my mind. I take a few deep breaths and accept. Nothing lasts forever. I tell myself: *I can do this*. I need to trust.

## **Spiritual fitness**

[Human Performance Resources by CHAMP \(HPRC\)](#) is a team of scientists and specialists who translate research into evidence-based resources to support Service Members and their families. On their website you will find a [checklist](#) which might give you some inspiration for spiritual fitness. In a very simple way, it looks at what we sometimes must accept and where we can take action? While it was written for Service Members in the army, I found it a very insightful website for everyone facing a challenge.

## **Emails and admin**

My inbox starts filling up with emails for appointments, authorisation codes, reports and results. The paperwork can feel overwhelming, so I create a folder with dividers: Admission, Anaesthetist, Consultants Reports, Cigna, MRI Scans, Patient Statement, Pre-Assessment Appointment and Physio. This helps me to keep on top of everything. I also have a spreadsheet with all the appointments, authorisation codes and invoices split 80/20 (insurance/self-pay) so that I know what I have paid and how much is outstanding. There are a lot of emails, and they keep coming. I didn't expect this, but having a structured approach helps me stay calm and in control.

## **The week and day before my surgery**

A week before my surgery, I have a pre-op appointment for a quick check-up at the London Clinic. Mr Pisal's nurse also calls me to check in, and I've prepared a list of questions. She suggests stocking up on prune juice. A common [side effect of surgery is constipation](#) due to the pain medication, anaesthesia and not moving about. I didn't know, but general anaesthesia slows down the digestive system, and pain medication that contains opioids also slows down the gut. I also see Nell for a last pre-op check. She gives me breathing exercises and a few tips, such as what to do when I need to cough and how to use a cushion to support my abdomen. Nell has had surgery herself. She knows the process and understands anaesthesia and how it can impact your muscles and mobility. She's my rock, and I am really glad I have her for some extra pre-surgery coaching. Her positive energy helps keep me focused and reassured. She gives me one last big smile and tells me: 'Your body is surgery ready.' As if I have passed her pre-op MOT test. I feel surprisingly calm, and I focus on my daily fitness routine. I know my body is fit and well.

The Sunday before surgery, I buy a big bunch of flowers to cheer myself up for when I come home from hospital. I know that Tech Man is quite busy with big business negotiations. In a way, I'm glad he's busy. The last thing I want is someone asking me how I'm feeling. My thoughts are a strange mix of *Let's not talk about it* and *Keep my mind positive*. At the end of the day, nobody else can do this for me. Nobody else can walk the journey for me. I am the one who has to face my surgery and be okay with it. I go for a long walk, enjoying the crisp winter sun and then have my eyelashes tinted. I watch a movie and have something to eat before I go to bed because I am not very good at skipping breakfast and fasting before surgery. I say my [prayer for a peaceful night](#). I know that tomorrow is an important day, and sleep is important if you want your body to be in peak form.

*Dear Lord, tomorrow I am facing surgery, and I ask you to wrap me in your grace for a peaceful sleep. Watch over me and let nothing disturb the silence of this night with you.*

## *Part Two*

### At the Hospital

#### **The day of my surgery**

Tech Man offers to drive me to the hospital, which is ever so nice of him, but what I really want and need is a peaceful walk as the sun is rising. Traffic can be crazy in London, and a four-mile walk to the London Clinic gives me a bit of exercise before my surgery. It's seven in the morning, the frost is biting on my face, and my legs feel numb from the cold. It's a beautiful morning, and the city is waking up. I pass by the British Museum and remember the wonderful day I had with my best friend last summer. I take a short stroll through Regent's Park before passing Harley Street and arriving at the London Clinic.

It is sinking in that I am having major surgery, but I try not to think about it. I take it one step at a time. I register at reception and Mr Pisal texts me saying he will be seeing me shortly. I take the lift to my room, and everything is prepared. My anti-embolism and anti-slip socks as well as my patient gown are neatly folded on my bed. The nurse welcomes me and assures me I am in safe hands with Mr Pisal. Her name is Martina. 'I am not just saying this to make you feel good', she tells me, 'we were chatting amongst ourselves this morning and noted that Mr Pisal's patients feel less pain after surgery than other patients.' I am relieved and think: *I am definitely not going to be in pain for six weeks. Two weeks max.* Then Layla, the pharmacist, comes to look through my medical history and check if I am on any medication or have any allergies.

#### **Mr Pisal in scrubs**

I am glad I brought my book. I don't really know what to do other than to wait and read. Then, there's a knock on the door, and Mr Pisal walks in dressed in his blue surgery scrubs, looking calm and confident. We go through the consent form, and he asks me if I have any questions.

Our chat reminds me of one of those one-to-one moments I used to have with my coach just before I'd go out to compete. Surgery is a bit like sport. You prepare and train to be in top form on that specific day, and then magic really can happen – since you've done your preparation. I am surprised how well I'm coping without breakfast. I take a few sips of water, which is all I can have.

#### **Mr Anaesthetist**

Then, my anaesthetist, [Dr Ahmad Ziyad](#), comes for a brief visit to go over a few medical questions. It's the first time I'm seeing him, and he tells me he's read my patient statement and had a look at my CPET test. It's reassuring when he tells me that I will probably recover quickly given my fitness level. We go over yet another medical form, and by now, I have probably answered the same questions half a dozen times. No, I don't smoke, don't drink and don't take any medications. They really don't allow any room for error, but it is also for my own safety, and I'd rather have them ask than not. Everyone goes over everything with me again and again.

#### **Ready for theatre**

Time passes, and I get ready to change. It's 2 pm, and the nurse collects me from my room to go down to the theatre, which is in the basement. I'm not sure if I am just going through the motions or trying to blank out any anxiety that might be bubbling underneath my sense of calm. As we step out of the lift, I notice how the temperature is much lower in the basement. She hands me a lovely warm



pre-heated pink blanket before we enter the anaesthetic room. It's quite snug and cosy, and I feel instantly relaxed. And then routine takes over, and everyone knows exactly what to do. The confidence they exude feels calming. I get my ID bracelets, which have my name and hospital ID on them. After all, I won't be able to answer any questions about who I am if I end up in the wrong theatre. One last check to confirm the procedure I am having, and then Dr Ziyad prepares me for the general anaesthetic. He finds my vein and I don't feel anything. He's very gentle and clearly a pro. It is obvious he's done it a million times and can probably cannulate the most difficult veins while standing on his head. After I confirm the procedure, I don't remember anything. I'm gone, and I don't have any memory of what happens over the next three hours. Part of me would like to be a fly on the wall and watch over them, but I am also glad I'm not. I'd probably faint.

### **Waking up**

The next thing I remember is waking up like any other morning. I'm not confused. I don't feel groggy. My head is clear, and I expect the assistant to tell me that we're ready for theatre, but instead, he tells me that I've had a successful surgery. I'm really surprised. I'm not in pain. I'm comfortable and carefree. I notice the colour of my blanket has changed from pink to yellow, and it's neatly tucked around my body. I am relieved, and I know I have been in safe hands. I can't explain why, but I can feel that my body has been handled with the utmost care, respect and dignity. It's a feeling or a sensation. Maybe it's the way the blanket is hugging my body so neatly. I am glad I feel calm and content and don't feel anxious or in pain after my surgery.

I also notice that my legs are fitted with mechanical compression boots to prevent any deep vein thrombosis. The noise and massaging movement feel monotonous, soothing and calming.

### **Finally, something to eat**

Back in my room, I am finally allowed to have something to eat. It's now been 22 hours since I've last eaten, and I am hungry. I keep it light. I stick to some lentil soup and steamed vegetables, a cup of tea and some biscuits. I want my body to focus on healing and not waste energy on digesting a heavy sirloin steak or cheeseburger. I'm surprised those are even on the menu. You could mistake this place for a restaurant rather than a hospital. But I'll be bedbound for the next 12 hours, and I don't want to go to sleep feeling full and constipated. I wiggle my toes, moving them back and forth to get some movement going. I roll my shoulders, and they feel okay; I'm glad I don't have any pain in my shoulders. I read that I might have some shoulder pain, which apparently is common after laparoscopic surgery on the abdomen. They use gas to inflate the abdomen, and this can lead to [shoulder pain](#) because the gas can irritate the diaphragm, which is used to breathe.

I am looking forward to a good night's sleep, but that's not to be. Every two hours, nurses walk in to check on my blood pressure, and at 4 am, the batteries in my boots start beeping because they need to be changed. I barely get any sleep.

### **Check-up with Mr Pisal**

The following morning, after my surgery, my breakfast arrives at 7 am, and I've opted for some porridge and tea. Another check with the nurses and more painkillers. Then, Mr Pisal comes at 8 am to check on me. He's clearly pleased and tells me that everything went to plan. Another nurse removes my drip and catheter to allow the urine to drain into a bag so that I don't have to get up and walk to the toilet. Catheters feel strange. It's like I don't have a sense of when my bladder is full or not, so the first time going to the toilet after surgery, it takes a while for my bladder to start working again. It's like it needs to get used to peeing again, which is not surprising given that I've had a surgeon rummaging around my abdomen for three hours, and my bladder has probably been



pushed about a few times. I know I have to be able to empty my bladder fully three times before the nurses will even consider discharging me. So, I am trying to relax and get into a routine of drinking plenty of fluids and waiting. Bladders don't respond well to stress, so I give myself the time it takes.

### **My first physio and getting out of bed**

At 10 am, I have my first physio with Johnathan. He finally relieves me from these compression boots, which are starting to feel a little restrictive. He's come to show me how to get out of bed safely.

Hospital beds have the advantage of being adjustable, so it is a lot easier to get out of a hospital bed than my own bed at home. I don't feel any pain; I'm just a bit anxious to move, as I am not sure how much pressure I can put on my abdomen. I've never had a surgical incision, and although it is only 5 cm long, I don't know how careful I have to be. Johnathan is very encouraging, and it's not long before I am sitting on the edge of my bed and ready to stand up for the first time after my surgery. I'm probably still under the influence of lots of medication: general anaesthesia, blood thinners and strong painkillers, so I don't know how my body will respond. How's my balance? Will I feel dizzy? The last thing I want is to feel faint as I stand up, so I take it slow and easy.

Once I have passed the getting out of bed test, we take a walk up and down the corridors, and I even tackle my first set of stairs. 'It's like a building site inside your abdomen', Johnathan tells me, 'It will take a few weeks before everything is back to normal.' Post-operative rehabilitation with a physiotherapist is really important to optimise recovery. It also helps to normalise movement again. It is very easy to think, *I don't think I can do this; I've just had surgery*. So, I'm glad Johnathan is here to help. He gives me the confidence to move about again, and I do. I walk up and down the corridor; I walk up and down the stairs, and I realise that I'm pretty solid on my feet. Jonathan is very impressed, and I am pleased I can get out of bed again, have a wash and brush my teeth. If I'd known I would be bedbound for the first day, I'd have brought some sugar-free dental chewing gum.

### **The importance of balance**

I'm also very glad I've been doing Nell's balance exercises. We don't realise how [important balance](#) is to keep us steady on our feet. The [World Health Organization](#) estimates that 684,000 fatal falls occur each year, making falling the second leading cause of unintentional injury death. Balance is easy to train, but if you don't use it, you lose it, and you don't even notice that you've lost it until you've had surgery and need your balance to help you feel safe. Balance gives you independence.

The days pass surprisingly fast in the hospital. There's always someone coming in to either measure my blood pressure, give me painkillers or serve food or tea and biscuits, so it's nice to be able to take a rest and read, listen to music or go for walks up and down the corridor.

### **A spasm in my jaw**

It turns out, odd things can happen after surgery. Suddenly, my teeth start to chatter, and I need to steady my jaw with my hands. It's completely unexpected, and I have no clue what is happening. I try not to be alarmed. I'm sure it's nothing to worry about. I listen to Johann Pachelbel's Canon in D, my favourite piece of classical music, and I feel a few tears rolling down my cheeks. I'm not even sure why I feel teary. I am just glad it is all over, and I am recovering. When I later see Nell for my first [post-operative physio](#) two weeks after my surgery, she tells me that these things are perfectly

normal. She reassures me that a spasm in my jaw is completely normal given that I had a tube down my throat, and my jaw was in a static position for three hours.

### **Shut-down repair mode**

Mr Pisal did tell me I would feel tired after surgery as my body undergoes repair and recovery. There's some intense activity happening at the cellular level as my abdomen heals, but it is a different kind of tiredness. It almost feels like my body goes into a shut-down deep repair mode for two hours while an army of soldiers is busy inside getting the right nutrients to the right places. It's actually quite amazing how the body knows exactly what to do. I don't feel tired 24/7, but I do get those moments when my body goes into intense repair mode, and I need to rest.

I'm also surprisingly positive given that what I can do is quite limited, but every day I make progress. My bladder is emptying properly now, and the nurses no longer need to check, so I'm confident I will be able to leave after two days.

### **Comfy loungewear**

I notice that my abdomen is still a bit swollen, and there is no way that I will fit into my jeans. I had no idea this would happen, and I didn't bring any suitable comfortable clothes to go home in. All I have are my jeans and pyjamas. This is all new to me. So, I text Tech Man a link to [The White Company](#), as they have really soft and comfy joggers that won't feel tight around my tummy. Their [loungewear](#) section is just perfect. Marylebone High Street is literally around the corner, so I ask him to pop in before he comes to collect me tomorrow. I know he doesn't like shopping, so I make sure I send him the link to the model and the correct size. I am confident he will be able to manage. What could possibly go wrong?

It's my last night in the hospital, and my second night is a lot more restful than my first. I actually get a full night's sleep, and I am so thankful to the nurse who didn't wake me up to remind me to take my painkillers. I really needed my sleep.

### **Wednesday morning and going home**

It's Wednesday morning; I wake up and notice I am not in pain even though I didn't take any painkillers. The nurse pops by and explains that she saw me sleeping and didn't want to wake me up to give me my painkillers. I am so grateful she left me to sleep. There's more blood pressure checking, and the whole hospital routine starts all over again. I have toast and butter for breakfast. The porridge was a bit bland yesterday, and I am really missing fresh fruit. There's no lack of choice: a full English breakfast, Weetabix, cereal – you certainly won't be going hungry at the London Clinic. But surprisingly, there is no fresh fruit on the menu, so I ask if I could have a banana or an apple. I just want my body to focus on healing instead of digesting food that feels heavy. Then, Johnathan walks in to check on me, but he can tell that I've been walking around and don't really need his help anymore. He hands me a flyer with [pelvic floor exercises](#), and they really are very basic exercises. The [Pelvic Obstetric & Gynaecological Physiotherapy Association \(POGP\)](#) also publishes a useful leaflet, [Fit following Surgery](#), which shows you how to get out of bed safely and go to the toilet after you've had your catheter removed. It also gives you a list of pelvic floor exercises that are very easy to follow. There's also [Squeezy](#), an app you can download that provides [pelvic health information](#) and pelvic floor exercises.

### **You don't look like you had surgery**

Martina, the nurse who welcomed me on my first day, pays me a visit. She's surprised to see me sitting in my chair practising the deep breathing exercises that Nell gave me. It is easy to have shallow breath after surgery, but breathing with my diaphragm helps to get oxygen into my lungs. She can't believe how well I look and tells me: 'You don't look like you had surgery.' She is confident Mr Pisal will discharge me today. I really want to go home. It's my third day, and I don't want to spend another night here. I am also getting bored, so I explore the hydro pool one floor above. I chat with the physiotherapist about hydrotherapy and get to see what kind of exercises they do in water. Nell recommended a few sessions with [London Hydrotherapy](#), and I am curious about what it entails.

### **I'm discharged**

Another knock on the door. Mr Pisal has come to check on me, and I am hopeful. He takes a look at the dressing, and it all looks fine, so he's happy to discharge me. He shows me a video clip on his mobile. It's the first time I'm seeing what laparoscopic surgery looks like and the level of skill involved. I'm fascinated as I watch how a knife cuts into the uterus without blood spilling everywhere. It looks surprisingly neat, but there's no way I could be a surgeon. It's far too fiddly for me. I'd be hopeless at this. It takes a lot of skill to perform stitches through a laparoscope, and he tells me that they have regular virtual reality sessions to practise and stay sharp. He could probably tie his shoelaces through a laparoscope. It's very clear that he's got a passion for his profession, and it is very evident that he cares deeply about his patients.

### **Blood pressure can be alarming**

Before I can go home, the nurse changes my dressing and does one last saline flush to push any residual medication or fluid through the cannula before she removes it. There's another blood pressure check, which alarms her: 'Wow, 160... do you have high blood pressure?' *I don't think so*, but over the last two days my blood pressure readings have swung between 120 and 160, and my pulse has dropped as low as 47, which set off the alarm.

To be on the safe side, I decide that I will do my own blood pressure check. It would be good to know what my numbers really are. You can buy a blood pressure monitor or pulse oximeter from [John Bell & Croyden](#). The charity [Blood Pressure UK](#) explains what the numbers mean and how you measure blood pressure correctly. They also tell you where you can have [your blood pressure checked for free](#). Some Boots stores, for example, offer free checks. And I am glad to report that my blood pressure is a healthy 116 over 78.

### **A bag full of painkillers**

The final thing I sign is my discharge form, and then Leyla, my pharmacist, knocks on the door to hand me my bag of medications to take home. These include painkillers, antibiotics, laxatives, more painkillers... it's a huge bag, and I can't see myself taking any of these unless I absolutely need to. Antibiotics can't be avoided, but as for the rest, I'll see how it goes.

### **Stylish pyjamas**

It's late afternoon now, and Tech Man arrives. He proudly presents me with his Boss jogging trousers. I just look at the waistband and know they are too uncomfortable. Tech Man is amazing. He knows how to run a start-up or turn a company around, but shopping isn't his thing. Never mind. How lucky that I packed my pyjamas. They look surprisingly stylish: loose fitting and a flattering soft grey with a signature satin stripe down the leg. Who would know that these are my pyjama bottoms?

So, off we go in my pyjama bottoms with my bag of meds and Tech Man by my side. I'm so happy.

## *Part Three*

### At Home Again

#### **Home again**

I'm home again. My brightly coloured bouquet of flowers lifts my spirit instantly. It's so nice to see some colour again. I've been looking at the magnolia-coloured hospital walls for the last three days. It can get a bit depressing. The smell of home is welcoming, and I am so happy to be back again. And then it dawns on me. There's no call button and no adjustable hospital bed. I feel vulnerable. There's a sign in your hospital room that says: 'Please call, don't fall.' But London ambulance services have just been on strike. Now is definitely the time to be extra careful and take it easy. I take my time steadying myself before I move about. I want to make extra sure I don't feel wobbly when I stand up because I'm probably under the influence of all sorts of substances that my body hasn't had before. If I didn't have my balance, I'd feel a lot less safe.

We have tea and watch a bit of TV, and Tech Man cracks a few jokes – not a good idea when you've had surgery on your abdomen, so I try not to laugh. I get ready for bed, hoping to have an early night, and then I look at my bed and wonder how I'm going to have a comfortable night. We have a wonderful super king size bed, but hospital beds provide an invaluable source of comfort and care that normal beds for home use don't. I can't adjust the position of my bed, so I turn to some DIY alternative. I need cushions and lots of them. I realise I am completely unprepared and have to make things up as I go along. Luckily, we have a guest bed with spare cushions. I can't even explain why my body wants to sleep at a 45-degree angle, but I know that lying down isn't possible. I take one painkiller, just to make sure I won't be woken up by pain. I put on my thrombosis socks, and they are really tight and not particularly comfortable, but I've been told to continue wearing them for at least the next five days. As I sink into my pile of cushions, I am so glad to be in my bed and look forward to a restful night.

#### **First shower**

It's Thursday, and I had a really good sleep. It's time to get up, and getting out of bed is not a problem. The added support from all the cushions is a big help. I sit on the edge of the bed and give myself a minute before I stand up. I'm just very aware that all the support that was available in the hospital is no more. Tech Man is here, but I don't want to fall. I am a bit anxious to have my first shower. The nurse did say I can shower with the dressing on, but I have never had four big dressings on my abdomen. I also need to wash my hair. Suddenly, all the things I do every day and take for granted need thinking through. We have a spacious walk-in shower, but there are no handles to hold onto. It takes a bit of time before the effects of general anaesthesia wear off. What if I start feeling dizzy? Luckily, we have a foldable plastic step stool to reach the upper cupboards. That way, I can at least sit down and wash my hair without having to worry about falling. If I had to prepare for surgery again, I would get a [plastic shower stool](#) and a [shower suction handle](#) from the [Complete Care Shop](#). Amazon sells bathroom grab rails and plastic stools for showers as well. It's not that I can't stand in the shower, but I don't know how my body is going to react when I close my eyes, tilt my head back

and start washing my hair. I am just being extra cautious, as I don't want to end up at A & E, and I don't know whether I'll be okay or start to feel dizzy.

Surprisingly, the dressings are indeed waterproof. They're a bit wrinkly around the edges but perform amazingly well in the shower. I carefully dry myself without rubbing over my dressings. It feels like a real achievement having had my first shower without any wobbles. I'm making progress every day, and it can only get better.

### **My bag of medicine**

Today, I start my course of antibiotics. I do have to take these, as I definitely don't want any infections. I look at all the other meds and struggle to remember what each of them was for. I am not used to taking medication, so I'll have to read the leaflet again. There's also a useful A-Z directory of medicines on the [NHS website](#).

In my bag, there is:

Co-codamol – a painkiller containing paracetamol and codeine.

Co-amoxicillin – my antibiotics.

Movicol – sachets with powder to treat constipation.

Diclofenac – a non-steroidal anti-inflammatory drug to reduce swelling and pain.

Ondansetron – to treat nausea.

Omeprazole – to prevent stomach ulcers.

It's a cocktail of chemicals, and I've never in my life been prescribed that much medicine. I decide to take one paracetamol just to be on the safe side. After four hours, I don't even think about painkillers, and I don't feel in pain.

If you have your surgery at the London Clinic and would like a list of all the medication they give you during your stay, you can ask Medical Records to email you a copy of your drug chart. Their email address is [medicalrecords@thelondonclinic.co.uk](mailto:medicalrecords@thelondonclinic.co.uk).

### **Exercise and healthy food**

Recovering from surgery obviously limits my choice of exercise, but walking is safe. I first try walking for five minutes on the treadmill, and I am fine. Tech Man is running next to me. I am also glad to have a bit more choice in what I eat. I can't complain about the London Clinic menu; I just don't think the food is geared towards recovering from surgery. I wouldn't eat a cheeseburger with chips before a major competition. My stomach would feel full, and it wouldn't be the right thing to eat if I expected my body to be at peak performance. Right now, I am expecting a lot from my body; I want to be without pain, recover as quickly as possible and also be ready for my first week at film school. Now is the time to nurture my body with simple and healthy fresh food – sourdough bread with mashed avocado and some rocket salad and tomatoes followed by fresh fruit. I make nutritious soups, and I also don't have coffee for the next two weeks or any sweets or cakes. I somehow don't miss any of that and just want my body to focus on healing.

### **Fewer cushions**

As the days pass, I am able to reduce my pile of cushions and start lying down completely. I've been spending the last 10 days lying on my back, and it is nice to be able to turn on my side again. I also don't need the cushions to get out of bed anymore.

### **First-time fresh air**

Tech Man has a surprise for me: a bag from the [White Company](#) with a pair of really soft cashmere joggers. I couldn't ask for anything more comfortable. They are also warm enough to go out in, as it is still quite cold, and it would be nice to get some fresh air. After five days indoors, we walk around the city, and it's not long before we walk straight onto a movie set. The road next to the Bank of England has been transformed into a World War II film set: 1940s cars, soldiers in uniform and a whole army of crew members walking around with their walkie-talkies. I can't resist asking: 'What's the film?' Normally, they are quite hush-hush, but a lady tells me they are filming [The Blitz](#), a World War II drama to be released during Christmas 2023.

### **No more painkillers**

Every day, I am making progress. I am resting, eating well and taking my antibiotics, but on Friday, I decide not to bother with painkillers anymore. I had only been taking two paracetamols on Thursday, and I am not in pain. It is now five days after my surgery, and today is the first day I don't take any painkillers. It just goes to show that if you really put in the extra effort, it is possible to speed up recovery. I trust my body. I look after it, and my body looks after me. I walk every day, eat well, take my [Lean Greens](#) powder mixed in apple juice and rest usually for two hours during the day. I do [Nell's Lymphatic Mojo](#) techniques every single day, which really support the body in removing cellular waste to get things moving.

After I finish my antibiotics, I replenish my gut with some good bacteria from probiotics. [Antibiotics](#) don't just kill the bad bacteria; they kill the good bacteria in our guts too. Yogurt is a good source of probiotics and prebiotics. The [World Gastroenterology Organisation defines probiotics](#) as live microorganisms that, when administered in adequate amounts, confer a health benefit on the host. I get a bottle of [Naked Biotics](#) for my daily bacteria shot (available from Planet Organic and probably other health food stores). It's like drinking some kind of fermented juice.

### **My two-week post-op consultation**

It's two weeks since my surgery, and I have an appointment with Mr Pisal to have my dressings removed. The nurse told me to only change the dressings if they got wet from the wound, e.g. from fluid or blood. I have been very careful in the shower and didn't particularly want to change the dressings in case they got infected, so I left them. I am not sure what to expect. I don't know if there are stitches, as there is another strip of plaster below the top dressing of each incision. But it turns out that there are no stitches, and the areas of the incision are held together by surgical glue. The incisions have healed well, and the plasters come off very easily. I see the incisions for the first time. It feels bare not having the dressings protecting them. It's a new experience for me. It is amazing to see how clean the areas around the incisions look. You would have thought there'd be big bruises but there are no bruises. A great surgeon knows how to be gentle with a sharp knife.

Mr Pisal prescribes me a scar cream to make sure they heal well. [Kelo-Cote](#) is a silicone scar treatment that softens and flattens surgical scars. It also reduces the itchiness. Boots was out of stock, so I buy an alternative brand, called [Dermatix](#), which is available from [John Bell & Croyden](#). In addition to the gel, I buy [scar reducer patches](#) from Elastoplast. Their website also has a useful guide on [post-operative wound treatment](#) and how to [treat and prevent scars](#). I only use the scar reducer patch on my 5 cm long incision and only during the day. It somehow gives a sense of protection, but I also want the skin to be able to breathe. The patches are like see-through stretchy jelly plasters and are really easy to administer.

### **Getting used to scars**

The incisions heal, but mentally, it takes a bit to get used to having scars on my body. Our bathroom has a big mirror, and I look at my body and see scars. The small scars from the laparoscope will probably heal really well and become invisible. The one that is 5 cm long nobody will notice, as it is below the bikini line, but even though nobody can see it, I know it is there. I look at it in the mirror, and there is no denying that looking at a scar is a new experience for me. I try not to think too much about it but my scars will forever remind me of my surgery. If I had had the surgery at the age of 49, I'd be without the 5 cm long scar below my bikini line. Somehow, once you hit 50, the guidelines set by the various health bodies put you in a higher risk category and that might limit your choices. But it is only a scar, and scars fade and heal over time. I am therefore glad to see Nell for my first [post-op physio](#) session.

### **My two-week post-op physio**

Nell is the kind of person you want on your journey from surgery to recovery. She's had surgery herself and knows what it is like. And at the time of writing, she's facing knee surgery and has shared her experience on [her blog](#). Her blog details [her injury](#), [her diagnosis](#), how she [prepared for surgery](#), her [prehab](#) and how to optimise [tissue metabolism](#) and healing. Nell is the only one who mentions how 'prehab (practising neuromuscular, strength-based and balance exercises prior to surgery) has a great chance of improving your post-operative outcomes and speeding up your recovery.' I honestly believe that nurses, anaesthetists and surgeons completely underestimate the importance of balance and how it is connected to your recovery.

Surgery is stressful for the body, and physio can make a huge difference. While I am cautious with my scars, Nell goes straight to work with scar massage. Scar massage is designed to improve tissue mobility. I didn't think you could simply massage over the scars, but it is important I get comfortable with my new scars. They will be there for life. Having someone competent massaging them makes me confident in the knowledge that they won't suddenly split open. The massage also helps to get my lymphatic system working again, as I have been avoiding massaging my abdomen. Nell introduces me to a handheld massage tool, and [Dr Graeme's handheld massager](#) is just perfect for home use. The penetrating vibration stimulates the lymphatic system. In his [guide](#), he explains how vibration relaxes muscles, stimulates blood circulation, reduces pain, speeds up recovery and assists in healing. It's exactly what I need right now, so I order a handheld massager and use it every day after doing Nell's Lymphatic Mojo techniques and before I have breakfast. The results are amazing.

### **A visit to the London Clinic**

My bag of medicine is still on the kitchen table. I just want to get rid of it. I don't need them, and I don't want to have to look at them anymore. I've finished my antibiotics, and that's it. [One in ten people](#) in the UK pours unwanted medicine into the sink or down the toilet according to the Consumer Healthcare Association, [PAGB](#), and this contaminates our environment. I therefore take them back to the London Clinic, so they can dispose of them safely.

### **My four-week post-op physio**

Four weeks have now passed, and I feel I need to find a safe way to transition back into my fitness programme. Mr Pisal told me no exercise for the first six weeks, but I feel I am ready to do some. When I look at my fitness programme, I know I am definitely not ready for lunges, planks or running. Anything that involves straining my abdominal muscles or is high-impact is definitely a no-no. So, I make an appointment with [Tracey Matthews](#) at the [White Hart Clinic](#). Tracey is an expert in all things pelvic floor and a fully trained pelvic floor physiotherapist. She's also watched surgeons perform



laparoscopic myomectomies and therefore knows what happens during fibroid surgery. I want to be on the safe side because I know anaesthesia can impact muscle function. Weak pelvic floor muscles can lead to all sorts of issues, and I don't want to end up with future problems, so I make an appointment for a functional pelvic floor assessment. You might think that only women can end up with weak pelvic floor muscles, but this is not true. Men, too, may experience weak pelvic floor muscles, particularly after prostate or pelvic floor surgery, so the clinic also offers [men's health physiotherapy](#).

Tracey is a member of the [POGP](#). She is not only a pelvic floor expert but also a Commonwealth Gold Medallist in rowing. After she's assessed my pelvic floor muscles, she designs a complete pelvic floor exercise programme for me, which is delivered by a fancy physio app that allows you to track your progress. The difference between her programme and the generic exercises [recommended by the NHS](#) is that Tracey's programme is tailored to my specific needs.

Week four is when I start to be more active in the gym. I use the stationary bike and do my pelvic floor exercises. I can feel how, with each passing week, my body feels stronger, and I'm getting back to normal.

### **My six-week post-op scan**

It is now six weeks since I had my surgery, and I have my ultrasound scan with London Gynaecology to check that my internal incisions have all healed and everything looks fine. I feel very much that I have fully recovered. It usually takes six weeks for the body to heal to 99%. After twelve weeks, the body should have healed to 100%. Mr Pisal gives me the all-clear, and [Chris](#) is already sending me my next fitness programme.

### **My six-week post-op hydrotherapy**

Nell has suggested I do some aqua physio. [Hydrotherapy](#) is basically physiotherapy in water, and I am curious about what it entails. You might think exercising in a pool is just for kids or old people who have had hip or knee replacements, but this couldn't be further from the truth. The finest racehorses get to enjoy [equine hydrotherapy](#). [Selvia Guerguis](#) runs [London Hydrotherapy](#) and has a wealth of experience. She doesn't just work with patients who are recovering from surgery, she also works with marathon runners who want to improve their fitness while going easy on their joints.

Selvia explains, 'There are many benefits to be had in the hydrotherapy pool. The buoyancy property of water means you can exercise without applying too much pressure on your joints, but at the same time, the exercises can be made harder and more challenging by making you work against the turbulence of the water, which is harder than it sounds. The warm water helps muscles to relax and reduces pain and spasms. Being in the pool helps with improving circulation and optimises healing.'

In my session, we exercise with foam noodles, foam dumbbells, float boards and flippers, and I soon find out that standing on one leg in water is a lot harder than on land. Exercising in water is very different, and I really have to engage my abdomen just to keep standing while trying to push down some lightweight foam dumbbells. It sounds easy, but it isn't. Hydrotherapy is a really fun way to get fit again, and if you are not quite ready to push down dumbbells, walking in water is a great low-impact cardio workout that not only improves muscle tone but is also gentle on your joints.

### **My four-month post-op assessment: fine-tuning**

We take movement for granted until we either try to take our first steps after surgery or are in pain. [Elizabeth Banks](#) is a movement neurology coach, and she explains to me that our ability to move and balance well requires our brain and our nervous system to coordinate three vital systems:

#### **The visual (our eyes)**

The [visual system](#) is about our eyes. It transmits information about the environment around us to our brain.

#### **The vestibular (our ears)**

The [vestibular system](#) relates to our inner ear. Within the inner ear are the [semi-circular canals](#) and [otolith organs](#), which provide the brain with information about where we are in space.

#### **The proprioceptive (joint position sensing) system**

The [proprioceptive system](#) allows our brain to produce accurate movement from the signals it receives from nerve endings, joints, muscles and skin. These signals help our brain to map movement, muscle and joint action and give us body control and strength.

All three systems have to work together. This happens through the [cerebellum](#) which helps us coordinate movement and maintain balance and posture. It tells our muscles when to switch on and off. If everything is working in synch, we move well (and without pain).

[Zach Schonbrun](#) explains in his book *The Performance Cortex – how neuroscience is redefining athletic genius* how “The accomplished pirouette of a ballet dancer, the powered backhand of a tennis player, the fingering technique of a pianist, and the coordinated eye movements of a reader all require a remarkable degree of motor skill that no robot approaches. Yet, once trained, the motor system executes the motor programs for each of these skills with ease, for the most part automatically.”

It is no longer about a million-dollar hand anymore. It’s about a million-dollar brain and if I was training surgeons laparoscopic surgery (keyhole surgery), I would start with training the brain first. I’ve noticed the changes myself and I’m able to write with a level of focus and mental clarity I’ve not experienced before. Screenwriting is mentally demanding, but Elizabeth’s exercises have given my brain an extra gear and help increase my writing stamina.

### **My brain says no**

As I work through Chris’s exercise programme (yes, I am back training again) and attempt a side plank leg raise, my leg isn’t moving. I know it is not due to my lack of strength or balance. I’ve done these before, but it’s like someone has cut the wire and the signal isn’t getting to my muscles. It’s not happening, no movement.

### **Assessing my system**

So I have come to see Elizabeth to have an assessment and find out what is going on. She’s an expert in everything about movement. I can’t resist doing some research and start reading about [neurocentric education for health and fitness](#).

My assessment includes moving my head in various directions while my eyes stay focused on a fixed point. Then my head stays still while my eyes track my moving thumb. Another exercise involves me marching on the spot with my arms stretched forward and my eyes closed. I am drifting from my initial position, and it is clear my system is well and truly out of synch. When I see my chart, there are more red than green lines.

The good news is, it is easy to fix, and with the help of Elizabeth’s exercises, my system is in synch again. Two weeks later, I can do my side plank leg lift again.

### **Good running technique**

Running is a great way to clear my mind after driving my hero through the second act in my script. Chris has given me interval runs to get me back in shape. I have also started running 3Ks and 5Ks, but it feels like hard work. I know my technique isn't great, and I can't quite work out why the muscles in my left leg start to tense. It's uncomfortable, and I am not enjoying it.

I send Elizabeth a video of me running, and she analyses my technique. She explains that I land very hard on my heel, which breaks my stride, and then I labour through my movements. I am not running efficiently, and I am wasting a lot of energy. She looks at my feet and my motion and then we start to map optimal running movement. It's all about good technique and I can see where I've been going wrong. I am quite excited.

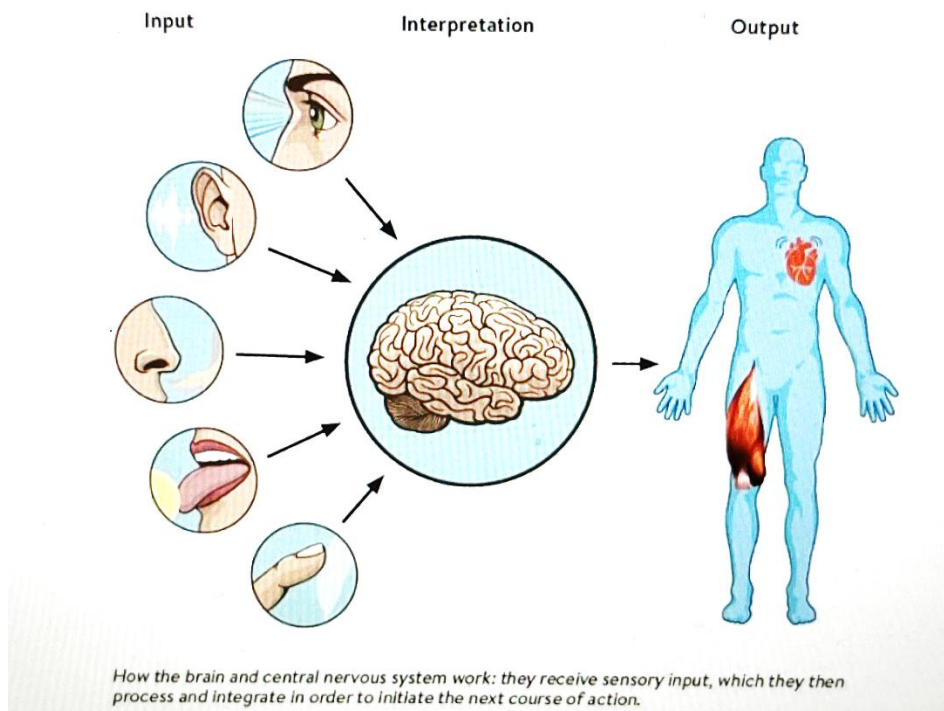
And if you are looking to start running or are a regular runner, I highly recommend a visit to [Runners Need](#). They will record your run on a treadmill and provide [gait analysis](#) which will help you choose the right running shoe for you but also help you understand how you run. They also offer [running clubs](#) if you want to get fit with a qualified run leader.

### **My next run**

I warm up, do my 'neuro-eye-movement' exercises, and start running. I am getting into my rhythm, finding my pace and stride pattern, and paying attention to how my feet land and where my upper body is. I feel I am able to generate more speed if my body is aligned. This new technique feels surprisingly easy as if I am truly running and not struggling.

I decide to go full speed to see how far I can push myself. What happens next surprises me. It's like there's a gear in my body that I didn't know existed. My mind is sharp and clear; I'm in my zone. I'm flying. There's an ease I haven't experienced before. I am in complete control of my movement. I'm not out of breath and I feel I could go further, but I stop myself because I'm not running in a park, and it is not safe to continue at this speed where I am. Four months and two days ago, I was walking down a hospital corridor, and today, I am running with strength and power I didn't know I had.

Neuroscience is changing sports. Optimal physical performance is only possible if the brain receives high-quality information from our eyes, balance system and the body. [Lars Lienhard](#) explains in his book [Training begins in the brain](#), how our nervous system determines our physical performance. If you think it's some fancy fitness fad, it's not. The German Football Association has created a [Neuro Athletics Department](#) at its academy, and Elizabeth tells me the players are all doing their eye movement exercises before they go onto the pitch.



Source: <https://www.neuro-athletic-training-institute.com/shop/international-books>

Training your brain improves your fitness, mental clarity and helps prevent injuries because you focus on optimal movement. I was sceptical when Elizabeth told me she would help me enjoy running again, but she has. I never thought I'd experience a magic running moment.

### **New Priorities and Being Proactive**

There is no question that surgery made me reflect on my health. My focus is more on preventing future issues and staying healthy. Therefore, I want to make sure any past issues don't resurface. For example, there was my [plantar fasciitis](#) that developed a few years ago when I was walking and running to work every day. [Dr Martin Klinke](#) did an ultrasound scan on my plantar fascia, and it showed a marked thickening, for which he suggested [physiotherapy](#) or [shockwave therapy](#). However, I wasn't keen on his idea of cortisone injections. My plantar fasciitis was very painful and debilitating; although now, I am running again, and I definitely want to make sure my feet are functioning properly.

Out of the blue, a timely email arrives from [Marylebone Health CHHP](#), asking me if I wanted to schedule a review appointment. I am positively surprised by their proactive approach to their patients. It's six months since I did my [CPET test](#) with them, followed their tailored training programme and had major surgery. It's probably not a bad idea to review a few things with [Dr Kush Joshi](#).

My foot is definitely on my list of things to check. The [Flexor Hallucis Longus muscle](#) (FHL) is essential in stabilising the foot and pushing off the big toe when we walk and run. If this muscle is weak, other muscles in the foot must compensate, which could trigger another flare-up of my plantar fasciitis. I did my [gate analysis](#) at [Runners Need](#) without shoes to help me understand how my feet move when I run on a treadmill. I watched the recording back in slow motion and noticed that my ankle sags out to the side when I run. This shouldn't happen, as the [axis of movement](#) along the FHL muscle is no longer optimal.

Kush is looking at my foot and is trying to get me to spread my toes sideways. It sounds so easy, but my toes aren't moving at all. It's super frustrating. Part of me thinks *This can't be possible. Are you sure you got your anatomy right, Kush?* But Kush does know his anatomy, and our toes are supposed to be able to spread out. One reason we may experience less mobility in our toes is that we no longer walk barefoot like our ancestors. One of the [benefits of walking barefoot](#) is that it strengthens and stretches the small muscles, tendons, and ligaments in our feet. But walking barefoot is not practical, so Kush suggests a few exercises to get my toes moving again. [Nell](#) also has a few videos to help me [wake up my big toe](#) and [spread my toes](#) again.

When I get home to practice pushing down a piece of blue tag with my big toe to strengthen the muscle, His Fluffy Highness, Lord Teddy Cute Face von Shuttleworth, strolls onto our patio, rolling onto his back and stretching his legs and toes. He's our adopted ginger cat. He looks at me with his adorable eyes, demonstrating a perfect toe spread. Thanks, Cute Face; just rub it in. Maybe we can swap brains. It's remarkable to watch how cats stretch and spread their toes so easily. After a few brain exercises and getting my neurons moving a few days later, I can spread my toes, just like Cute Face.

### **My Echocardiogram**

And then there was my [echocardiogram](#) some eight years ago that I completely forgot about. I don't have any symptoms, and I only had the scan because my mum had been found to have a slight [mitral valve prolapse](#). [Dr Duncan Dymond](#) did suggest I have a follow-up scan after four years, and now is probably a good time to make an appointment to see Caroline Westgate at the [Cardio Vascular Diagnostics Centre](#). After all, I don't want to collapse in the park after a run on a hot day. Perfectly fit and healthy people do [die unexpectedly](#) running a marathon. Although I have absolutely no plans to run a marathon, I want to be able to run without thinking about my health.

It turns out my echocardiogram is completely unchanged, and I do not need to restrict my exercises in any way and can live a perfectly normal life.

What surprises me is that this has never been picked up during a routine health check when listening to my heart. But I must admit, when Dr Dymond listens to my heart, I wonder how many tens of thousands of hearts he must have listened to. He's clearly able to distinguish between all the [different sounds](#) my heart makes, and a part of me wonders if humans are like musical instruments, each with a unique beat and tonality. Just as musical instruments can differ in tone depending on the [type of wood](#) they are made of, our heart sound can differ in tone depending on our size and shape. Who knows, maybe Dr Dymond is listening to a whole symphony of heartbeats in his surgery.

### **Some final thoughts**

I have had a much quicker recovery than anyone told me I would have and much faster than I expected. I am 52, and I think many were surprised. But it goes to show that how you recover depends on how well you prepare, your mindset, the professional team you have around you and how committed you are. I was very proactive and did a lot of research myself to help me make the right decisions. I selected the best people and put my trust in them. I had a very experienced surgeon. My anaesthetist was a first-class. Anaesthetists work in the background, and we never really get to talk to them much, but they are the unsung heroes of the operating theatre. My team of physiotherapists are the most talented ladies that achieve incredible results. The work that Elizabeth is doing is groundbreaking: using neuroscience to help improve movement, prevent future injuries and help patients move pain free.

### **Feeling fitter**

But no matter how good the team, I was the one who had to walk the journey. I was the one who had to face surgery, prepare for it, focus my mind and trust the process. Our body has an amazing ability to heal if only we support it along the journey to recovery with the right nutrition, the right physio, rest and the belief in yourself that you can recover to full health. Having a laparoscopic myomectomy is not a life-changing organ transplant. My body just didn't need a huge fibroid inside it, and I am better off without one. There is no reason I cannot return to full health, be active and carry on my life as I did before. I will continue to train. I have noticed that I have a lot more writing stamina since I started training again. I'm mentally fitter and stronger. I've also set myself a target and want to improve my [VO2 Max](#).

I am fitter now than before surgery, not because of the surgery but because I have a fantastic fitness programme, focus on optimal movement, run with some really good ear pods and a great soundtrack. Without those, I'd have just kept on with my leisurely swim.

### **My scars**

As I look in the mirror, I notice how my scars have faded and become barely noticeable. They are thin and flat. No folds or lines of tension and no elevation. There's no itching and I don't even think about them anymore.

But it isn't just the physical aspect. Our minds are incredibly powerful. Sport taught me resilience, dedication, focus, discipline and a desire to succeed. Film school and screenwriting have taught me about the patterns of life. Both have helped me to have a full and speedy recovery.

### **Be a hero**

I am fascinated by how the mechanism of storytelling is often a reflection of our lives. We are the heroes of our own stories. Even if we don't get to choose our story (e.g. needing surgery), there's a lot we can learn from the Hero's Journey and the three-act structure. It's a pattern that has existed for thousands of years. In ancient Greece, [Aristotle](#) was the first to write down and explain the three-act-structure, and it has since evolved, but at its heart, it is still a journey and can help us understand life. I see so many people stuck in act two trying to avoid any challenging situations or difficult decisions, but it is only when we face them head-on, learn to overcome them and sometimes challenge our thinking that we move into act three. That's the pattern of life. It's always been like that, and while the challenges might change, the pattern is here to stay.

In the words of Christopher Vogler, a Hollywood story analyst and author of the book [The Writer's Journey](#), 'I came looking for the design principles of storytelling, but on the road, I found something more: a set of principles for living. I came to believe that the [Hero's Journey](#) is nothing less than a handbook for life, a complete instruction manual in the art of being human. The Hero's Journey is not an invention but an observation. It is a beautiful design, a set of principles that govern the conduct of life and the world of storytelling the way physics and chemistry govern the physical world. The Hero's Journey is a pattern that accurately describes, among other things, the process of making a journey.'

### **Accept the journey**





Being a hero is not about being strong but about accepting the journey that lies ahead of us: overcoming difficulties and crises and facing our fears. That's when we get to know ourselves – in the moments when we face our deepest fears. We find out who we are, grow as people, become

more confident and gain strength. It takes a lot of courage to walk the Hero's Journey, but if we want to come out the other end, we have to do the walking.


It is my sincere wish that my story is a companion to your journey, whatever you may face, and I hope it will help you feel more assured and ready to face surgery. Have faith, rise to the challenge and be your own hero.

## A huge thank you to my team of experts:

### Pre-Op:





 <p><a href="#">Dr Kush Joshi</a> Consultant in Sport and Exercise Medicine, Marylebone Health (CHHP)</p>	 <p><a href="#">Chris Allen</a> Physiologist and Football Coach, Marylebone Health (CHHP)</p>	 <p><a href="#">Jim Pate</a> CPET Lab Manager and Physiologist, Marylebone Health (CHHP)</p>
 <p><a href="#">Nell Mead</a> Physiotherapist &amp; Major (retd)</p>		

### Surgery:


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**Post-Op Physio:**

 <p><a href="#">Nell Mead</a> Physiotherapist and Army Major (retd)</p>	 <p><a href="#">Tracey Matthews</a> Pelvic Floor Physiotherapist, The White Hart Clinic</p>	 <p><a href="#">Selvia Guerguis</a> Hydro Physiotherapist, London Hydrotherapy</p>
 <p><a href="#">Elizabeth Banks</a> Movement Neurology Coach Z-Health Practitioner, P-DTR Practitioner</p>		

**Post-Op Fitness:**

 <p><a href="#">Chris Allen</a> Physiologist and Football Coach, Marylebone Health (CHHP)</p>
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**Pro-active & preventative screening:**

 <p><a href="#">Mr Martin Klink</a> Foot and Ankle Orthopaedic Surgeon</p>	 <p><a href="#">Mr Duncan Dymond</a> Consultant Cardiologist</p>	<p><a href="#">Caroline Westgate</a> Principal Specialist Cardiac Physiologist</p>
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