

**Difficult** roads  
can take you on a

*Beautiful*  
journey



**10 PATIENT STORIES TO INSPIRE HOPE**



# *Hello*

If you're reading this booklet then your life has probably just been flipped upside down. Everything you thought was ahead of you feels like it's flown out of the window. But what you will find on the following pages is that there's still a future and that life still holds amazing opportunities for you. You are just starting an incredibly challenging journey, unique to you, but you are not alone. With the expert

clinicians treating you, you have been given a head start and you're in the best possible hands. The next days, weeks and months might, at times, feel unmanageable, but when you have questions, ask for answers and when you cry, follow it with a laugh. Everyone who has experienced trauma is holding your hand through the darkness. One day you too will have a story you can tell.

**Katie**

**José's wife** (story on p42)

**Blog link:** <http://zulu-conqueringtetraplegia.blogspot.co.uk/>

# OUR PATIENT STORIES

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**The beautiful journey  
of today can only  
begin when we learn  
to let go of yesterday.**

# STEVE'S Story

## INCIDENT

Penetrating Injury

## INJURY

Stabbing to the heart

“It all happened so fast, there were lots of people involved, I was surrounded”

**I**t had been a long hard day of work in the blazing summers sun. Steve, eighteen years old at the time, was self-employed in the construction industry and had been working all day in Hackney. As many do after a long day, he organised a catch up with a group of friends at a local pub. However, the atmosphere was icy and before long another group of young men started giving them unwanted attention. After a series of altercations, a fight broke out. “It all happened so fast”, said Steve. “There were lots of people involved, I was surrounded; I really don’t remember much more from that night.”

# “It hit my family hard. No one wants to watch their son go through that.”

The fight turned nasty and someone pulled out a knife. Steve was stabbed in the left side of his chest. The blade penetrated his heart.

A London's Air Ambulance team was dispatched, alongside the London Ambulance Service. At this point Steve was clinically dead. His heart wasn't beating. The team had to work fast and needed to perform open chest surgery right there and then. They worked quickly and effectively. After opening Steve's chest, they closed the wound to his heart and managed to get his heart beating again.

Steve woke up the following day in the intensive care unit at the London Chest Hospital in Bethnal Green.

“It was an odd feeling, the whole thing really was a blur”, remarked Steve. As he didn't have any identification on him, the nurses were unable to contact his parents until he had regained consciousness.

“It hit my family hard”, said Steve; “no one wants to watch their son go through that. But my recovery was quick, the next day I was up walking and using the phone – I felt like I needed to, but it was hard, I had lost lots of weight and I was very weak. After being

transferred to a ward, I continued having physiotherapy and occupational therapy. I was discharged after six days. I remember Alistair and Heather, the London's Air Ambulance doctor and paramedic team that treated me, coming to visit. When they arrived, my dad was sitting next to my bed, which was fully made. They thought the worst and were both really shocked to see me up and walking so soon after the incident.”

““ You are always going to have down days, but **you will pull through.**”

Steve went home around Easter. “I tried to take it easy when I came out of the hospital. I had lots of check-ups and kept having to go back. I didn’t have time to think about what had happened to me. There were news reporters down the street, I went on talk shows, I was even on the Pride of Britain awards, I did interviews for the paper, it was really busy.” Although his chest wound was healing well, he had to be readmitted again to treat a wound infection.

Steve was the first person to survive open heart surgery in a pre-hospital environment. The technique is well established in hospital practice, but at the time it wasn’t a technique commonly used in the pre-hospital setting.

Steve stayed with his parents for a while after the incident, but moved back to his own house within a few weeks. “I didn’t want to depend on people”, said Steve. “Of course I had dark moments where I didn’t want to do anything. I couldn’t work, but I had to take my mind off things. I spoke to my family and doctors about how I felt, which really helped, I had a strong bond with the pre-hospital doctors, I knew they wouldn’t want me to be sat moping around at home after they had saved me.”

“I started swimming and doing exercise. Slowly at first but I built it up. When you strengthen your body you start to strengthen

**“Of course I had dark moments where I didn’t want to do anything. I couldn’t work but I had to take my mind off things. I spoke to my family and doctors about how I felt, which really helped.”**

your mind. Of course things brought back memories, when I take my top off the memories still flood back, but, I am here to tell the tale. You have to put it behind you, as years go on it does get better. Now it doesn’t affect my day to day life and I am not going to let it. I try not to be negative and now I look to the future more.”

Steve is now father to three wonderful children and continues to work in the construction industry.

“I want my children to see me being strong and enjoying life. It is your life, so make it what you want to make it. My main advice to others is to be strong in the mind. Be positive and listen to yourself. Give yourself things to look forward to. You’re always going to have down days but you will pull through. You can do this. Don’t feel scared to talk to people about how you’re feeling. Don’t keep things to yourself. You are not alone.”

# ADERONKE'S Story

## INCIDENT

Car vs. Pedestrian

## INJURY

Traumatic leg amputation



**T**uesday 13th January 2014 started like every other day for Aderonke Joseph, an IT training team manager. She was making her way into work and whilst waiting for the lights to change on a pedestrian crossing, she was hit by an out of control car. Fortunately, she was behind a set of metal railings and they took the initial impact, however, they buckled under the force striking her right leg as the car careered off.

A crowd assembled and a passer-by promptly dialled '999'. "I didn't pass out", stated Ronke, "I remember screaming, I couldn't feel the pain. Initially, I hadn't seen what had happened to my leg; I didn't even look at it. When I laid down on the ground, I could hear my husband's voice. I had been on the phone to him before the accident. He was away on a business trip, and the headphones must have been knocked out of my ears with the impact. It was only when I put my hand in my pocket to get my phone, that I saw the crumpled bones in my leg."

The London Ambulance Service, supported by London's Air Ambulance, responded to the incident. Ronke's right leg had been partially amputated and the doctors attending quickly anaesthetised her, before taking her to The Royal London Hospital, which was the nearest Major Trauma Centre.

At the hospital, the trauma surgeons had no choice but to amputate Ronke's right leg above her knee. "Even though it came as a shock, I knew from the roadside that my leg had been badly damaged", said Ronke. "My family were initially more tearful than I was. My attitude was 'let's look on the bright side...I am still alive'."

"In those first few weeks I was mentally in a good place, although I wouldn't say there were never tears. One thing that stood out, was how the staff on the trauma ward did everything to get me up, out of bed and moving around. I wasn't allowed

to wallow in my sorrow – they used to sit me out in a wheelchair or in the chair. It definitely helped."

In total Ronke spent six weeks at The Royal London Hospital. During this time she underwent a series of operations, primarily to clean the wound and allow for skin grafting.

"Before the operations I stayed positive and kept a strong faith – always at the back of your mind is the question 'what if I don't wake up?'; but, I always had my husband, friend or someone from church there to reassure me and pray with me. Religion helped me the most throughout the whole process. Even from the roadside, I felt comforted by God; He was by my bedside throughout. I believe that things happen for a reason and something good always comes from them. Things could be a million times worse – I can still speak and do everything."

"Even from the roadside I felt comforted by God; **He was by my bedside throughout.**"



“After four weeks on the trauma ward I was well enough to wheel myself around. I had seen people come and go, but unfortunately I had to play the waiting game for the skin graft on my leg to heal enough to go to rehab. During this time I was well enough to help other people on the ward with little things they needed, like glasses of water. This helped me cope, as it took the focus away from myself and what I was going through.”

On the ward, Ronke received a visit from the ‘Limbless Association’. This is a charity that matches patients to other amputees that have experienced similar amputations or accidents. “I met a man who had a below knee amputation fifteen years previously. He was walking with a walking stick. It really didn’t bother him; he was getting on with life – this really helped to motivate me”.

From The Royal London Hospital, Ronke was transferred to the Amputee Rehabilitation Unit in Kennington for seven weeks of intensive physiotherapy. “The first day I settled in and from the second day onwards I had physiotherapy every day, except Sundays. I was walking with the training leg, strengthening my upper body and learning how to perform every day simple tasks safely. For example, in breakfast club we learnt how to move around the kitchen safely.”

“By the third week there was a doubt as to whether I was going to be able to use a prosthetic leg, because my skin graft still hadn’t healed. I was devastated. Luckily over the next few weeks it healed enough to measure for a prosthetic leg. The new leg, although it will never be like the real thing, was so much easier than the training leg.” At the end of the rehabilitation, Ronke was walking independently, with only the aid of a walking stick.

“Arriving home was a struggle. I could only tolerate wearing the leg for around an hour a day and taking it on and off was still difficult. I do have a wheelchair, but I have three floors in my house. My husband had to carry the wheelchair up and down the stairs and the last thing I wanted was another casualty. To help me cope I sat down and



made a list. I wrote down what I needed to have upstairs and downstairs and from the minute I wrote down my routine things looked brighter. I discovered that having a high table beside me was really useful to stack things. During this whole time, my husband was brilliant; he never looks at disability as a negative. I think this whole process has brought us closer.”

Ronke returned home in April and by May she had decided to return to work in August. “People say that I’m a strong person, but I am blessed with the right support; it really makes things a lot easier. The thought of not having support is too difficult to bear.”

Ronke, like many other individuals with an amputation, suffers from phantom limb sensations. “I am now in my third year of phantom limb sensations and the severity has reduced slightly. What I experience are uncomfortable sensations, which feel like my foot is heavy and being squashed. It also feels like my foot is turned the wrong way and is shorter than the other one.”

Ronke was started on pain medications, which helped, especially in the evenings; “I came to realise that relaxation helped the sensations. The severity remained the same for about a year and a half, although I had good and bad days. On bad days, I found

that the sensations made my prosthetic limb feel heavier and by the end of the day, at times I was tired, short tempered and fed up. I have now reduced the medications I was taking and although it didn’t work for me, I tried mirror box therapy, which I have heard has helped other amputees. I am hoping to go for some pain therapy at the end of this year, to see if it helps”.

“Although everyone says that I have come a long way, I still have a long way to go – I don’t feel like I have arrived at where I will be yet.”

“My advice to patients would be – don’t be too hard on yourself. Live in the moment, thinking 20 years down the line won’t help you in the short term. Take one day at a time, although things seem bleak, we live in a country where there is an NHS and many different medical professionals, who will work with you to help get you back on your feet. Cooperate and work with them, they have walked down this road with many patients – walk with them. I’m not saying the process isn’t hard, it really is, but there will be people to help you along the way.”

**“There is a  
light at the end  
– don’t dwell  
on the future.  
Live for now.”**

# JACK'S Story

## INCIDENT

Car vs. Pedestrian

## INJURY

Traumatic brain injury



*In loving memory of  
Chelsea Cannon &  
Carrie Maclaren.*

**J**ack Martindale had just turned 21, he was in his final year of an English and Politics degree and was set to obtain a respectable 2:1. In the early hours of 1st January 2010, Jack was travelling home with four of his closest friends, after spending the 2010 New Year festivities at the Brick House, a nightclub in Brick Lane. He and his friends had a quiet night due to the extortionate London drinks prices and reached Palmers Green at around 5am in the morning. Whilst walking home they were disastrously struck by a fast-moving car; the car had mounted the pavement and sped uncontrollably into the group. Jack was knocked unconscious at the scene and luckily the one remaining fully conscious friend was able to dial '999'.

# “I felt as though I was dead. How could I possibly be alive?”

The call was responded to by the emergency services, including London Ambulance Service and London's Air Ambulance and the group were quickly transported to The Royal London Hospital, a Major Trauma Centre, after receiving life saving road-side treatment.

It was in those early hours that Jack's parents received the grave news that no parent ever wishes to hear – their son had been hit by a car and was in The Royal London Hospital. At this stage Jack's condition was unknown and his parents and sister rushed across town, desperate to learn more. Little did they know that the serious accident that delayed their journey around Palmers Green, was the

devastating accident that their son was part of.

At the hospital they received the news they had hoped they would never hear; Jack had suffered a traumatic brain injury. At that stage the amount of cognitive impairment he had obtained was unknown. He remained in a coma for 3 months and underwent extensive facial reconstructive surgery, by the Maxillo-Facial Unit, where 30 titanium plates were placed into his jaw.

Jack only has vague recollections from the night of the accident, although he can vividly remember the dreams he had whilst in a coma – “I felt as though I was dead. How could I possibly be alive? This can't be happening to me.”



Upon 'waking', Jack was not only confronted with the fact that he had obtained a severe brain injury and was classed as having cognitive dysfunction, but two of his closest friends, one of whom was his love interest at the time, had lost their lives in the accident, whilst the other two had been severely injured. "It's a paradox. Although I am very lucky to be alive, I'm not lucky. Being involved in that accident wasn't lucky. However, over time you learn to live with the grief, there is no replacement for the people you have lost, nothing makes up for them. But over time you learn to cope. It's not accepting that they are gone, but

it is accepting that they are not going to come back."

Jack's brain injury left him with severe amnesia and ataxia, which affected both his muscle coordination and speech. After a total of four and a half months at The Royal London Hospital, he was transferred to the Regional Neurological Rehabilitation Unit in the Homerton Hospital, where he spent another four and a half months. He then underwent intensive full-time rehabilitation for nine months in the Queen Elizabeth Foundation, a neurological rehabilitation centre in Surrey. He received both physical and occupational therapy alongside psychological support.

"In a sense, it's not about overcoming your feelings, it's about learning to cope – life is a coping strategy. You can look at it like a Pandora's Box – some things are better left shut. You can't deny that they have happened, although you can deal with them in the best way you can and move forward. It is what it is...something worse can always happen."

It's now 5 years after the accident and Jack has accomplished much more than anyone could ever have imagined. Inspirationally he went on to complete

**“There is no replacement  
for the people you have lost.  
Nothing makes up for them.”**



“In a sense it’s not about overcoming **your feelings**, it’s about learning to cope – life is a coping strategy.”

his degree and obtained an impressive 2:1. He has also written a book about his experiences in the hope to reach others in similar positions and to help them realise they are not alone, even though their situations are unique to them. Jack has gone on to complete a counselling course and he is working towards his level 4 qualification, which will leave him as a fully practising counsellor - “I believe I have found my future vocation.”

Jack is an inspiration and an advocate for never giving up. “It is what it is. Although I can accept that I have a brain injury, the day I ever accept an inferior quality of life, is the day I die.”

#### **Head injury timeline**

- 3 months in a coma in intensive care
- 1.5 months in The Royal London Hospital
- 4.5 months in Regional Neurological Rehabilitation Unit in the Homerton Hospital
- 9 months full time intensive rehab at Queen Elizabeth Foundation, a neurological rehabilitation centre in Surrey
- Home

# JEMMA'S Story

## INCIDENT

Assault

## INJURY

Multiple penetrating injuries

**L**ate one Thursday night in April 2014, Jemma Foot, twenty-five years old at the time, was the victim of a violent crime in her own home. Her previous partner broke into the house and attacked her, stabbing her repeatedly with a pair of scissors over twenty times in her neck and face. The mother of three courageously didn't scream or make a sound throughout the attack in fear that she would wake her young children, who were sleeping upstairs at the time.

After the attacker fled, Jemma ran out into the street screaming for help. At this point, her eyesight started to blur and she rushed back inside to the bathroom. It was only then that she started to fully realise what had happened. "I just kept patting my face and my arms. I pulled myself together, grabbed a towel and wrapped it around my neck, I felt all shivery and cold". At this point Jemma started to drift in and out of consciousness. "Whilst I was unconscious I had a vision of my late grandmother and she told me it's not your time to die, go back, your children need you. I just kept telling myself not to die, I couldn't let my children find me dead. They needed me alive."

“I couldn’t let my children find me dead, they needed me **alive.**”

Luckily a neighbour heard Jemma’s screams and called ‘999’. The London Ambulance Service was tasked to the incident, alongside London’s Air Ambulance advanced trauma team, due to the nature of the injury. When the doctors arrived at the scene, the police had already cordoned off the house and Jemma was in the back of the ambulance with the paramedics. Although she was conscious and speaking, communication was difficult as Jemma is congenitally deaf. Her injuries were extensive and there were numerous puncture wounds to her neck, across her

arms and a deep laceration to her eye socket. Worryingly, a large bruise had started to appear over her neck indicating a possible injury to the main blood vessel to the brain. An injury of this sort is most commonly fatal and it was crucial the team worked fast to save her life.

Jemma was rushed to The Royal London Hospital, a Major Trauma Centre, where she had a scan to look at the blood vessels in her neck. This revealed a tear in her carotid artery, the main artery supplying blood to the brain, and she was quickly taken into an operating theatre to fix the tear.



Jemma's mother, Barbara, who is also congenitally deaf, was informed about the attack by the police. However, communication was difficult and after being rushed to hospital in the back of a police car, she found it difficult to understand the nurses and doctors. Although she knew what had happened, she didn't fully understand the severity of Jemma's condition until the next day, when a sign language translator came to the hospital to translate for her. The surgeon that rushed Jemma into theatre had tried his best to communicate by writing everything down, but sign language is written very differently so a considerable amount of information was missed in translation.

When Jemma awoke from the operation, it was discovered that she had suffered a stroke and she was paralysed down her left side. This is a serious known complication, and is caused by a lack of oxygen to the brain. The stroke caused her brain to swell over the following days and to relieve the pressure, part of her skull was removed. Jemma remained in intensive care in an induced coma for ten days following the operation. She was then moved onto the stroke ward and stayed in The Royal London Hospital for the next eight weeks, where she continued to get stronger day by day.

“Waking up from a coma facing the reality that I had lost the use of one of my arms and hand was the hardest thing I have ever had to accept and get on with. It's not that I had to learn to sign with only one hand, I just had to get on with it. Luckily most words in British sign language normally use one hand and I communicate quite well with speech.”

After her time spent at The Royal London Hospital, Jemma was then moved to a specialist stroke rehabilitation unit in Farnborough Hospital, where she spent eight weeks and then onto Lewisham Hospital, where she spent a further three months. During this time she underwent intensive physiotherapy to help build the strength in her left arm and leg.

“During the long process, I felt like I would never be normal again, but look at me now. I'm still making lots of positive small steps. You never know what will happen in the future. I'm looking forward to leaving this chapter behind me now that I'm home, the whole process has changed me both for the better and the worse, but I'm looking forward to the future. What helped me through was keeping a positive attitude and remaining strong. You can't dwell on things; you can't let them get you down. I kept telling myself 'you can't let him win again, you've already won by being alive,

**“I felt like I  
would never be  
normal again”**



## Are you deaf aware?

- Make sure you have the person's attention before you start speaking.
- Use places with good lighting (to make lipreading easier) and little, or no, background noise are best for conversation.
- Face the person (to make lipreading easier) and speak clearly, using plain language, normal lip movements and facial expressions.
- Check whether the person understands what you are saying and if not, try saying it in a different way.
- Keep your voice down, as it's uncomfortable for a hearing aid user if you shout and it looks aggressive.

“I keep winning again and again when  
**I keep getting stronger day by day.**”

it's time to move on'. I keep winning again and again when I keep getting stronger day by day.”

Jemma is now fully independent and lives at home with her three beautiful children.

She is getting around easier with her leg brace and wheelchair. She continues to look forward and has big plans. “After what happened I don't want to waste my life, I really want to go back to college and study

criminology. I've been through a violent crime and I've seen how it affects not only the individual but also all their family and friends.” Jemma hopes to set up a domestic violence support group for other victims, in the hope that sharing her story will help others move on with their lives.

Advice to patients - “If I can do it, you can do it too. Focus your mind to it and continue onwards. Take small steps at a time and don't dwell too much on things.”

# SACHA'S Story

## INCIDENT

Tree branch  
vs. Patient

## INJURY

Traumatic brain injury



**S**acha was on a school trip to Richmond Park when a falling tree branch, weighing over 300kg, fell from a tree crushing him. Having been hit by the equivalent of a large motorcycle, the seven year old suffered severe head injuries, he broke his leg, arms, pelvis, back and five of his ribs.

The emergency services were at his side in minutes. The London's Air Ambulance team worked alongside London Ambulance Service paramedics and anaesthetised Sacha in the park, to protect his brain from further damage. He was then taken to The Royal London Hospital.

Sacha's mother, Jo, was ten minutes away when she received the call. She rushed to the park with her two year old daughter, Stella, under her arm. "I was standing there looking at the doctor and paramedic anaesthetising Sacha. I never thought we would one day need their help. Now tubes were going into my son's body and he was possibly about to die."

The severity of Sacha's condition was confirmed when the scan of his head showed a diffuse traumatic brain injury. Sacha was sent directly to Great Ormond Street Hospital, to remove a bone fragment

from his brain and was kept in intensive care in an induced coma for twelve days, to help his brain recover and prevent subsequent seizures.

“The initial phase after the accident was incredibly surreal”, said Jo. “You’re trying to block out the reality of what has happened and shield yourself from the traumatic things doctors are telling you. It’s hard to remember basic things like eating and drinking. Looking back, I think it’s important to not become overwhelmed with the situation. If you feel you are not coping, just take a step out, take some deep breaths, and re-engage when you feel you can. Doctors and nurses deal with trauma every day, but don’t feel like you need to be super strong and fully engaged, if you need to shut down for a while. Only take in what you feel able to at that moment.”

“After the acute stage and when the doctors have told you what their prognosis is, you are allowed to have your own feelings about recovery. Doctors will never give you false hope but they cannot have the same type of hope and determination that you have for the recovery of your own child. Staying hopeful,



# “Sacha spent his eighth birthday in a coma.”

positive and encouraging each other was important. We looked forward to the next stage of Sacha’s recovery all the time. Keeping our minds on small steps ahead kept the momentum going for us all.”

“Some stages were harder and longer than others. The induced coma gave us a strange kind of comfort, as we didn’t have to face the reality of whether Sacha would be ‘Sacha’ when he woke up yet. When that day came, he did not wake up properly, he had three seizures and was re-induced back into a coma. This was the point when the prognosis was at its worst and the hardest to keep at bay from devastating us all. There will be times when you’re told to expect the very worst.

Just remember that those low points are the worst it will be and things can and will get better. You may not be able to imagine them yet, but they will.”

When he was stable enough to be moved into a high dependency unit, the decision was made to move him to the Oxford John Radcliff Hospital. This was the nearest available orthopaedic-neurology bed and where his multiple injuries could be managed. At this point Sacha still wasn’t conscious.

“Sacha spent his eighth birthday in a coma. The whole family couldn’t fit into his hospital room and getting down to Oxford with two little children was a struggle. Our lives had changed forever. Our smallest, Stella, turned two years old a few days after the accident. She was really affected by all the change and Luka, his eleven year old brother, was starting secondary school.”

“Sacha’s brain injury meant we had no real idea about how well he would be functioning when he was conscious again. At first, he couldn’t speak, he didn’t seem to recognise us, and had some very disturbing episodes of ‘storming’, where his body relentlessly thrashed around the bed because of his brain injury. He managed to break the screws in his broken femur because of this and needed another operation on his leg.”

“At this point Sacha was in high dependency at the John Radcliff, not intensive care so he was not receiving one-to-one care. That difference from intense monitoring to being part of a ward was very challenging. We would sit next to his bed while he ‘stormed’, or simply stared around the room. This was one of the loneliest parts, as the reality of what has happened does start to creep in and the length of the road in front of you becomes apparent.”

“Days and weeks went by without much change at all; that was a very hard period to deal with. We tried not to think too far ahead, and appreciated the small things that did improve; like Sacha pointing to a photo of Stella when I held my phone up, or tracking Luka when he came into the ward with his eyes. Little signs that Sacha was still there was enough to keep us going and hopeful.”

“Luka refused to leave Sacha’s bedside and, as distraught as he must have been by seeing his little brother unconscious and with tubes coming out of his body, he talked to him as if none of it was happening. He made jokes, spoke to him in silly voices and showed him videos on YouTube, until finally one day Sacha laughed. We were overjoyed. It was the first reaction he had since the accident, it was the first sign that his brain still worked.”

“Sacha started to make progress and in less than three months he was ready to start learning how to walk again. Luka would always be at his physiotherapy sessions, motivating and encouraging him: ‘Try to reach higher!’ and ‘Well done!’ he would say. When Sacha had to wear a nappy because he couldn’t walk to the toilet, Luka would put on a nappy over his trousers to make the situation light hearted for Sacha. Luka asked Sacha’s doctors so many questions they even gave him their mobile numbers.”

“It’s shocking to see your brother or sister injured and to see your parents upset too”, said Luka. “I tried to stay positive for them

and to let them see that I was still the same around Sacha. I tried to keep my family smiling and I tried to make Sacha feel less worried about his injuries by just carrying on as I always did! Teasing him, watching silly videos, the usual brother things!”

After a month in the John Radcliff Hospital, Sacha moved to The Children’s Trust in Tadworth, a specialist centre for children with brain injuries.

“When moving from acute care in ITU, to a hospital ward, make sure you have your friends around you, as the reality of what has happened does start to creep in and the length of the road in front of you becomes apparent.”

“Moving from hospital to live-in neuro rehabilitation at The Children’s Trust was a shift in emotions for us”, said Jo. “Accepting that we needed to go through three months of rehab with Sacha was a positive thing but it meant that Sacha needed a long time to recover and we still didn’t know what the outcome would be. Rehab also meant our family splitting up,

# “My advice to other families would be to just take each day at a time.”

being separated from our other children for a week at a time was very hard.”

“During rehab Sacha became more aware of his injuries and the impact this had on his brain and body. It can be hard to explain why an accident happened, what it means for them now and in the future. Take it slow - there’s no need to talk about things that are far in the future. Talk about the here and now, encouraging each little step, allowing for frustration, sadness, and confusion. Your child will be feeling all the things you are feeling too. Staying hopeful that they can keep recovering will help them.”

“Sacha is now at school full time with in class support. He has various strategies in place to help him deal with the effects of brain injury, which for him are processing, remembering instructions, cognitive fatigue and emotional and behavioural regulation.

A supportive school has helped, and they have tried to understand brain injury and the impact on learning. They had never had a child in the school with a brain injury and it’s been a learning curve for all of us. There will always be challenges in a mainstream learning environment, but with good support and understanding, we believe Sacha can go on to achieve great things!”

## Head injury timeline

- 12 days in intensive care at Great Ormond Street Hospital
- One month in the high dependency unit and neurology ward at the John Radcliff hospital in Oxford
- Just over 2 months at Tadworth
- Home

**A difficult thing you might face is seeing your child in a hoist and/or wheelchair. In Sacha’s case, he had a broken back, pelvis and femur. Initially he wasn’t even allowed to try and stand up. People had to do everything for him; washing, toileting, moving, turning and dressing. This can make you feel like less of a parent, as you are not able to provide everything your child needs. It is your overriding instinct to be in charge and lead the care for your child, and having to give that up is hard and very emotional. It can be very traumatic seeing your child in this way - my advice is to stay positive in front of your child at all times. But remember to let out what you’re feeling to your family or friends.”**

# VICKY'S Story

## INCIDENT

Lorry vs. Cyclist

## INJURY

Traumatic pelvic injury  
and leg amputation

**O**n the morning of Monday 8th December 2014, Victoria Lebec, twenty-four years old at the time, was cycling through London to work. Whilst cycling across a junction she collided with a lorry and was thrown from her bike.

Vicky remained conscious after the accident and still remembers the events that followed. “The police arrived first and cordoned off the area; then the paramedics from the London Ambulance Service arrived. The next thing I remember is the London’s Air Ambulance team arriving. Simon, the air ambulance doctor, talked me through what would happen next.”

Vicky had broken her pelvis in several places and had severed the major blood vessel that passes through the pelvis. She was slowly bleeding to death. The team had a difficult decision to make; quickly transport her straight to a hospital and give a blood transfusion on the way, or call the air ambulance crew on the helipad to bring further medical equipment to the scene.

Vicky was deteriorating minute by minute. The team didn’t think she would survive the trip to hospital, so it was decided that the best chance was to stop the bleeding by





“I had such an overwhelming feeling of relief that she had **survived** the accident.”

using a technique called ‘REBOA’. This is where a balloon is used to block the main artery from the heart at the umbilical level, to stop the bleeding. The helicopter was swiftly dispatched and meanwhile Vicky was anaesthetised on scene to ensure the procedure could be started as soon as the team arrived. The procedure was a success; the bleeding was stopped. Now the main priority was to transport Vicky to hospital so she could receive the lifesaving definitive treatment she needed.

Vicky was transported to The Royal London Hospital, a Major Trauma Centre, and was taken straight into theatre. Although the bleeding had been stopped, the REBOA procedure is only a short-term solution, as it restricts the blood flow to the legs. Once in theatre the damaged artery was found and repaired.

As she was still in a critical state it was decided it would be best to allow her to recover from the first operation and operate the following day to try

and save her leg. Unfortunately, the next day, despite continual efforts by the trauma surgeons, her left leg had to be amputated.

Vicky remained in intensive care in an induced coma for the following week and she underwent a series of operations where pins were used to help stabilise her pelvis. Her parents and sister, Marie, were constantly by her side. “The first few days after Vicky’s accident were so difficult, as she was still in such a critical condition and there was a huge amount of uncertainty regarding her recovery”, reflects Marie. “But despite this difficulty, I had such an overwhelming feeling of relief that she had survived the accident. One thing that made those first few days bearable was the constant communication that we received from all the doctors, surgeons and nurses involved in Vicky’s care. They did such an amazing job; not only caring for her physically, but making sure that we were always in the loop with each update every step of the way.”

Vicky was woken from the induced coma a week after the accident, but it was only about two weeks later when she started to fully understand what had happened. “I remember the hallucinations I had whilst in

intensive care. They were really scary, but it wasn't until I was on the trauma ward that I started to remember what had happened. On the ward I was in so much pain, despite having strong painkillers, everything was painful; I felt a lot of nerve pain where my leg had been amputated. Those few weeks were the worst." During those weeks Vicky also had a series of operations on her right leg to treat the tissue trauma caused by the accident.

In February Vicky was well enough to return home, to wait for a space at a rehabilitation centre. "It was so nice to be out of hospital and back at home again. I still wasn't walking, due to the muscle

wastage and pains in my legs. I could only cope with a maximum fifteen minutes out of bed, sitting in a wheelchair, before the pain was too bad to cope with. I was practically bedbound. During this time my mum looked after me; she had to assist me with all my day to day activities. She really helped me through."

After three weeks at home, Vicky received a place in Roehampton Rehabilitation Centre. "I spent my days from nine till three working with the physiotherapists, walking on bars and learning to reuse my muscles. The physiotherapy was very intensive, but I was slowly getting better and all the while my prosthetic leg was being fitted. The

"I soon discovered that the little things I used to take for granted were difficult... The process was very tiring and frustrating."



*Winning a Pride of Britain award with the London's Air Ambulance team*

first day you stand up on your prosthetic leg is such an amazing feeling". As well as physiotherapy, Vicky received support from the occupational therapists. "They gave me my independence back; they taught me how to shower in my wheelchair by myself. I learnt how to get around the kitchen easier and even made my own meals."

Vicky spent three months in Roehampton and when she left at the beginning of May she could walk with the aid of two walking sticks. After returning home, it didn't take long for Vicky to start working towards her next goal. "When you first leave hospital you aren't working towards goals. Even though you're better, you are mainly concentrating on building up your strength. It was nice to aim towards getting back to work. That was my goal."

"I soon discovered that the little things I used to take for granted were difficult, like getting the train to work. It took a few months' practice to get used to it. The process was very tiring and frustrating. When you are part of a traumatic accident you go from being able to do everything to suddenly being able to do nothing. It's very difficult to accept it and deal with it. It's hard to learn everything again."

A few years on and Vicky is still recovering from the accident physically and has had over fourteen operations. She is now back at work with a new prosthesis and her outlook on life continues to remain positive. "I'm doing so much better now and I'm back at work part time. I'm incredibly grateful that I can walk again. I have my independence back, whereas before I was at the mercy of others."

Vicky also visits patients in the hospital with similar injuries to the ones she had. "A lot of people who are in the early stages of trauma won't have met anyone who has had something similar happen to them", reflects Vicky. "I found it really helpful when someone who similarly also suffered a traumatic amputation came to see me at The Royal London Hospital. When you're going through something like that, the most difficult thing is picturing how your life is going

# The first day you stand up on your prosthetic leg is such an amazing feeling.

to be. Will I be able to go back to work? Where will I live? What does the prosthetic leg look like? How does it work? How will I walk?... All these questions are ones that only someone who's been through the same thing can really answer."

"My advice to patients would be - 'Right after the accident you are at the worst stage, everything from where you are now will improve. Irrespective of what the accident was, you are lucky to be alive and with the right support you will be able to get your life, as close as possible, back to how it was before the accident.'"



# JACQUELINE'S Story

## INCIDENT

Bus vs. Pedestrian

## INJURY

Traumatic brain injury

**J**ust after 6pm on 5th May 2010, Jacqueline Cave was leaving work to go home. Whilst crossing the road she was hit side on by a bus and sustained a traumatic brain injury. Her head initially collided with the bus before hitting the road.

Bystanders immediately dialled '999' and within minutes a paramedic team from the London Ambulance Service was dispatched, alongside a team from London's Air Ambulance. On scene Jacqueline was anaesthetised and intubated to manage her head injury.

The decision was made to take her to The Royal London Hospital in Whitechapel, a Major Trauma Centre. Here they could provide the immediate life-saving treatment she needed. On arrival, Jacqueline had a scan of her head and was taken straight into theatre, to try and evacuate the blood clot in her brain.

All the while the Metropolitan Police were desperately attempting to find Jacqueline's family; since her condition was critical, they were fighting the clock to ensure her family members had an opportunity to say goodbye. "You just don't expect it to happen to you", reflects Jacqueline's mother. "I was in a daze from the shock. The police drove me to The Royal London Hospital on blue lights. They weren't expecting her to make it."

"She finally came out of the operating theatre in the early hours of the morning. I was in complete shock when they pushed her past the family room into intensive care. She was unrecognisable. I was in disbelief."

Jacqueline spent a month at The Royal London Hospital; here the rehabilitation team, made up of physiotherapists and

# "You just don't expect it to happen to you"

occupational therapists, started her rehabilitation. She was later moved to University Hospital Lewisham, where she spent a further three months and then to The Royal Hospital for Neuro-disability in Putney, where she spent six months.

During this time, her mother visited daily and stayed by her bedside. She

described how "the whole time you try to hang on to snippets of hope. Although, the doctors don't want to give you false hope, you can't get through the situation unless you believe there is a chance. I will always remember one doctor who said 'look she's fighting to stay alive, we have to fight with her'".

**“Although, the doctors don’t want to give you false hope, you can’t get through the situation unless you believe there is a chance.”**

Jacqueline’s first memory after the accident was during her time at Putney. “Putney is a brilliant place, it’s not just a hospital, it feels more like a community. You aren’t always on a ward in a bed during the day. There is music, table top sales and activities to keep you busy. There is such a richness in experience, knowledge and skills from all the staff”. During this time she received physical

and occupational therapy, along with speech and language therapy and psychological support.

“Being discharged and returning home was very difficult. It is hard going from an environment rich in resources to receiving community support a few hours a week. Recovering from a head injury is a very long process; I couldn’t even cross the road when I left Putney...It was very difficult at

times, but it’s important to talk about how you feel; it’s better to have it all out in the open, than to internalise your feelings. I found it difficult to learn the basic everyday activities that we take for granted, like walking, talking and swallowing.”

“It takes time to readjust to the new life. In a sense, I was going through a grieving process for the things I had lost. You can’t deny that it has happened. However, talking

to family and friends really helped me to work through the grieving process and come out the other side.”

“I found the best coping strategies were in keeping busy and mapping out the time in the week, to ensure my time was occupied. I took up new hobbies and in 2014 I ran the London Marathon for the Putney neuro-rehabilitation centre.”

Throughout her rehabilitation, Jacqueline’s mother remained a support by her side. “There were times that I was emotionally and physically worn out. Being a carer during the rehabilitation process was difficult, but phases do pass.”

Jacqueline now gives motivational talks aimed at people with brain injuries and their families, as well as at medical professionals.

#### Head injury timeline

- 1 month at the RLH
- 3 months at University Hospital Lewisham
- 6 months at The Royal Hospital for Neuro-disability
- Home

“ I have good days and bad days. The best advice I can give other patients and families is to **stay positive, be patient and don’t give up hope.** I still have further to go in my rehabilitation. Only in subtle ways, but I’m working on leaving the accident in the past and going forward into the future without it being in the forefront of my mind.”

# ANDY'S Story

## INCIDENT

Car vs. Motorcycle

## INJURY

Traumatic leg amputation



**In May 2014, Andy Holmes, an on-duty police officer, was hit from behind while on his motorcycle at a roundabout. He was thrown from the bike and collided with a sign at the side of the road, suffering broken ribs, a broken arm, and a traumatic amputation of his right leg.**

Bystanders immediately dialled '999' and placed a tourniquet on his leg. Within minutes, a team of paramedics from the London Ambulance Service arrived alongside a team from London's Air Ambulance. On scene they gave Andy an anaesthetic to take away his immense pain and control his breathing.

"I clearly remember the collision and the aftermath. I tried to stand up and quickly realised that it wasn't going to happen. I lay on the ground and looked down at my leg. I can remember seeing that the protective motorcycle trousers had split open and I could see that my lower leg had done the same. I knew then that it was very serious and that I was in the hands of others if I was going to survive. The air ambulance team arrived and I remember the doctors and paramedics talking between themselves. I remember hearing 'partial amputation' just before I was put to sleep."

“ I was nervous of looking at my stump as it had always been covered up since the operation. The physiotherapists saw that the bandage was loose when I was transferring and simply removed it revealing my stump. This was a great relief as she did it without looking apprehensive or worried.”

Andy was taken to The Royal London Hospital, where he underwent two operations. He woke up eight hours later. “When I woke up in intensive care, my wife Claire was at my bedside. She was obviously very nervous about telling me that my leg had been amputated and as such, her first words to me were ‘Well at least I’ll be able to beat you running now!’ This was good to wake up to, as it lifted the moment for both of us. Claire then told me that I had lost the lower part of my right leg. It wasn’t a surprise to me and I remember the overwhelming feeling of relief that I had actually woken up but also sadness that I had lost my leg.”

“From the beginning my amputation was talked about and was not hidden which was helpful. A moment I will always remember was a day or so after my second surgery, when my amputation

was converted into above the knee, a physiotherapist came in to help me get out of bed and transfer onto a chair. I still had a bandage on my stump and I hadn’t seen how my leg looked. I was nervous of looking at my stump as it had always been covered up since the operation. The physio saw that the bandage was loose when I was transferring and simply



removed it revealing my stump. This was a great relief, as she did it without looking apprehensive or worried. This somehow normalised my condition and I saw that my stump wasn’t anything to be fearful of. All of the above helped me realise that although less than perfect, an amputation certainly isn’t the end of the world.”

After a week and a half, Andy was relocated to Frimley Park Hospital in Surrey, where he started his physical and occupational therapy. He remained there for a week and a half before returning home for a month whilst his referral to Queen Mary’s Hospital in Roehampton was arranged.

In Roehampton, Andy was fitted for a prosthetic leg and started to learn how to walk again. He was a day patient for only three weeks before he was discharged,

“She effectively kept the family going while I was in hospital and on the road to recovery. **She found it helpful to try and keep to a routine,** especially where the kids were concerned.”

walking well with his prosthetic leg. “It’s important to remain positive. Although it’s been a massive injury and a big shock for everybody, it does get better. You can get up and about and start walking again. It takes determination and strong will, but if you’ve got that, you’ll be walking again fairly soon.”

“I suffered, and still do, from phantom limb pain. Initially it was more of a sensation rather than pain; like a breeze

blowing over my missing leg or it felt as though my leg was hanging down through the bed to the floor. These sensations were very real and I found some comfort in them, rather than discomfort. After about six months, the sensations turned more painful.” Andy has been taking medication for the phantom pains and pins and needles, although it doesn’t fully remove

them. “Although uncomfortable, with medication, my pain is generally bearable. There are better and worse days, but it is always there. Some amputees do not

suffer with phantom pain and for some, this pain can die down. Knowing the triggers for pain and understanding it, or trying to, is helpful for me.”

“It has also been helpful to talk about what’s happened and what might happen later with my family – it stopped me from bottling my emotions up. Claire was brilliant. She effectively kept the family going while I was in hospital and on the road to recovery. She found it helpful to try and keep to a routine, especially where the kids were concerned. She was open with them from the very first day, so that they were kept informed about what was going on. This was difficult, but ultimately we thought it better the kids were kept informed. Both Claire and I spoke about when the kids should come up and see me and in the end we decided it wasn’t until a week after the collision when I was on a ward and stronger. Contact was very important and I spoke with the kids daily after leaving the high dependency unit. Claire would take videos and send them to me, which was brilliant.”

After nine months off work, Andy returned to work in the same department he had left, the Roads Policing Department. “Although I was office bound, I was working with people I had worked





**“It’s important to remain positive. It does get better. It takes determination and strong will.”**

with before. This was important to me, as it offered stability.” Andy currently works as an intelligence and tasking officer for the department.

“It’s fair to say that the first year following my collision, I was going through survivor euphoria and I set short term goals to help focus on the future. My goals were to get home, to

get to Roehampton, to start walking, to start getting out of the house, to look at driving again, to get back to work and ultimately to get back to being able to enjoy life with my family. Once I had achieved these, and the first year was over, the permanency of the amputation hit home. As I settled back into ‘normal’ life, living day to day with the additional difficulties was, and remains, difficult. I was diagnosed with mild depression, for which I have received cognitive behavioural therapy. This has really helped me and I would encourage anyone going through a major trauma to consider counselling.”

“I want to reassure anyone going through a similar incident that it is not the end of their world. Life certainly goes on. Some adjustments are needed and you may not be able to do everything you did before, or to the same level, but there is generally a way around things.”

“Do not be afraid to ask for help and it may be that people close to you can see changes within yourself that you cannot. Listen to loved ones. Counselling isn’t anything to be frightened of and talking about feelings, both good and bad, is great for the soul! There are charities out there for financial help if needed, so don’t feel like you have to go through something alone.”

# TANIA'S Story

## INCIDENT

Motorbike vs. Pedestrian

## INJURY

Traumatic brain injury

**O**n 9th August 2007, Tania was struck by a motorcycle whilst waiting to cross the road. She was twenty-six at the time and working as an International Marketing Manager, who travelled the world on business. She had recently completed a Masters in Marketing and had a 1st class degree in Management Sciences.

The motorbike had been travelling at speed and hit Tania whilst overtaking another car. She was thrown over thirty metres by the impact and knocked unconscious. The accident was reported by a passer-by and due to the severity of the incident, London's Air Ambulance were called to the scene, alongside the London Ambulance Service.

Tania had sustained substantial injuries to her whole body and it was decided that the most appropriate treatment was to anaesthetise her, allowing the doctors to take over her breathing, protect her brain, minimise her pain, and transport her quickly to The Royal London Hospital.

"I will never forget that morning", reflects Mariam, Tania's mother. "The Metropolitan

“ We were told that Tania would never walk again due to her injuries; but I was unable to accept the finality of the word never; especially knowing my daughter’s personality and the constant progress she was making.”

Police phoned and told me Tania was involved in an accident. I was shocked, I couldn’t believe it, I started panicking. Essex Police took me to The Royal London Hospital. They said this could be my last visit.”

Tania was in a very serious condition. She had sustained a traumatic brain injury, had a chest injury, numerous fractures in her arms and legs and her pelvis was shattered.

“Her injuries were unbelievable. After a scan, she went straight to theatre. It felt like they had to put her back together. The worst part was her head injury.” Tania spent six weeks in an induced coma and underwent numerous operations.

Over time, Tania’s physical health slowly improved and after four months in The Royal London Hospital she was transferred to Northwick Park Rehabilitation Unit. Alongside her physical ailments, Tania had extensive cognitive and behavioural deficits, which made her care difficult, as she started to act out against her carers. Although it was obvious her change in character was due to her brain injury, her behaviour continued to deteriorate and she regularly lashed out at carers physically. For a short time, her physiotherapy was even stopped, as the physiotherapists couldn’t work with her.



# “Do not give up hope”

After six months she was moved to Blackheath Neurological Rehab Unit, in the hope that specialist care could help improve her behaviour. During this time her physical health kept improving and an X-ray showed that the bones in her legs were healing. But, unfortunately her behaviour got worse; she even started swearing at carers, something she never did prior to the accident. After ten months, she was moved to Northampton Neurological Rehabilitation Unit, in the hope that again a more specialist unit would be able to cope with her behaviour.

Incredibly, Tania learnt how to walk again, during her time at the rehabilitation unit; something that people never thought would

be possible. However, her behaviour was only getting worse. At this point Mariam made the decision to take Tania home and look after her personally.

“When she started walking, I took her home for a few days”, reflects Mariam, “I then asked if she could stay with me for a week and after that I asked for another week, until I finally decided to keep her home with me.”

Mariam completely dedicated herself to Tania and slowly her behaviour and personality completely changed. “Of course things were difficult...but she was like a sponge and was quick to pick things up. I hate the word never. Tania is still progressing; every little thing gives you hope and confidence that it is going well.

Tania’s disability is a hidden disability. It’s very difficult. Of course she has good days and bad days, but the majority are good.”

Tania has made a phenomenal recovery and has fully recovered physically. In regards to her memory, her short-term memory is continually improving and her past memories are completely unaffected by the accident. Tania is now able to lead a life that is almost entirely independent, with the continued support of her mother and some additional carers. She has amazed many with her continual progress and continues to do so.

Advice to patients: Do not give up hope; whilst it’s not easy, it is not impossible to recover.

## Head injury timeline

- Six weeks in ITU in a coma
- Four months on the trauma ward
- Six months in Northwick Park Rehabilitation Unit
- Ten months in Blackheath Neurological Rehab Unit
- Six months in Northampton Neurological Rehab Unit
- Home

“Tania is still progressing; every little thing gives you **hope and confidence** that it is going well. Tania’s disability is a hidden disability. It’s very difficult. Of course she has good days and bad days but the majority are good.”

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# JOSÉ AND KATIE'S Story

## INCIDENT

Mountain bike accident

## INJURY

Spinal cord injury



*In memory of  
José - Antonio Barretta.*

**A**t approximately 8am on 25th April 2015, José took his dog, Bradley for a morning walk in Oxleas Woods. He took his off-road mountain bike, to give Bradley a good run. It was a damp morning but they went along a route they knew well. While going down a short 45-degree slope, his front wheel hit a rock and the bike stopped. José was thrown over the handle bars and landed on his head. He remembered Bradley licking his face and then barking until someone arrived.

José was found by a passing dog walker who rang '999'. He was conscious but struggling to breathe; he was unable to move, but in no pain. Paramedics were tasked alongside a London's Air Ambulance road crew, due to the severity of José's symptoms. The first paramedic arrived and José tried to give his name and address, then he cannot remember any more.

Just before 9:30am Katie, José's wife, received a phone call. There had been an accident.

José was taken to The Royal London Hospital, where it was discovered that he had a fracture of the first vertebra in his spine, a fractured skull and numerous other fractured vertebrae, which had caused severe damage to his spinal cord, from the level of the second vertebra down to the seventh. He underwent an operation to stabilise his neck and was kept sedated on a ventilator for the first few days.

“It was hard to take in what the doctors were saying”, explained Katie. “We knew it was a very serious injury and although it was positive that he was alive, we were only looking forward hours at a time. Getting him to Stanmore Spinal Injury Unit was the best hope he had, however the chances of him coming out of intensive care alive was never more than 50/50.”

In the days after his operation, the sedation was slowly reduced and a tracheostomy was inserted to help his breathing. He started breathing exercises and despite all the odds and occasions where his heart even stopped due to the lack of oxygen, he rocketed from having short five-minute bursts off the ventilator to spending forty-five minutes off at a time.

“José was always pushing for more. He was very athletic and had been training for an Alpine cycling trip. He worked as

“With an injury as extensive as José’s no one was sure whether he would be able to breathe unaided.”

an electrician in Canary Wharf and each lunchtime for some light exercise he would run up the dizzying stairs in the skyscraper, not once but twice. In hospital, there were difficult times. The first time he was hoisted into a wheelchair was hard, as the realisation dawned that it took two people to help him into the chair.”

After spending just under a month at The Royal London Hospital, José was transferred to the intensive care unit in Stanmore, a specialist orthopaedic hospital. After a month in intensive care, he was transferred to the spinal rehabilitation ward, to continue his physiotherapy and occupational therapy.

At this point he was breathing without the aid of the ventilator or additional oxygen in the day and could sleep without the ventilator for a few hours at night. The speech and language therapists started adding vocal physiotherapy, to help improve his speech.

“With an injury as extensive as José’s, no one was sure whether he would be able to breathe unaided. But three months after his accident his tracheostomy was reversed and he started eating soft foods, which really illustrates how each spinal cord injury is truly unique.”

During his time in Stanmore, José was let out on day release and it was the first time since the accident that he had a date with Katie. She remembers the day well; “Two nurses took us off-site to a pub away from the hospital and we confused the server by asking for two tables for two”, recalls Katie. “This was José’s first trip out to the real world and a big milestone. We were both nervous, but we encountered no problems and no staring, and I managed to feed him without choking him or making an unsightly mess.”

After three months in Stanmore, José had completed his rehabilitation and could go home. “We moved the furniture to make it as accessible as possible”, said Katie. “Initially they wanted to put his bed in the back-dining room, as it was the easiest to get the wheelchair into, but this would then be the only room he could enter. I decided it would be more “normal” to have his bed in the front room and still use the sitting room where he could sit and see friends. The hospital environment is made to be wheelchair friendly, but things were more difficult at home, in and out of the house. It was very isolating in a sense, as José was surrounded by everything that he used to be able to do and enjoy. That was hard”.

“José found it difficult to express what he wanted when the occupational therapists came to the house. So, we sat down and created a word map of the most important aspects of recovery for him. His main goal was to share a bed with his wife.”

“José was only home for five weeks before he was rushed to the local hospital with pneumonia. It had started off as a

“At New Year, José was let out of Stanmore for ‘day release’ and all he wanted to do was to see the New Year’s day parade. Our attitude was ‘if that’s what he wants then we will make it happen - but it wasn’t easy.’

mouth infection but it developed into a much bigger infection.” Before he could be transferred to Stanmore, José had two respiratory arrests, one of which left him with partial brain damage. “The brain damage left him much more laid back, he

didn’t worry as much about anything”, stated Katie.

Whilst José was in Stanmore recovering from the infection, Katie and close friends and family started to find ways to keep his spirits up. “At New Year, José was let out of Stanmore for ‘day release’ and all he wanted to do was to see the New Year’s day parade. Our attitude was ‘if that’s what

he wants then we will make it happen, but it wasn’t easy.”

When José returned home, the family settled into a new routine with 24-hour live-in carers. As they got used to their new routine, they made the decision that they needed a holiday. “It was quite an undertaking, as we had a high list of requirements. We needed a place that was accessible to wheelchairs, an adjustable bed that we could share, a hoist, shower chair, a spare room for the carer and not to mention somewhere that accepted dogs. After lots of searching, we found a beautiful place in the Peak District and there were lots of places nearby that we could explore. José even went caving. I learnt a lot from that

trip, mainly endurance. There were highs and lows, at one point it was just José and I, and I couldn't get the wheelchair into the car – that was the moment I felt so vulnerable and scared.”

“Throughout his recovery, we knew time was limited, so we didn't want to sit at home. We just found a way to make it work. If José wanted to do something, then we found a way to make it happen. The weekend before José died, it was a beautiful sunny day and he wanted to see and smell the bluebells in the woods. So, that's what we did and it was beautiful.”

José died nearly a year to the day of his accident.

“Every day I replay the events of both the day of his accident and the day José died, and wonder at the things that could've been. But you can't keep torturing yourself with what if's. I have a close group of family and friends, who are such a tremendous support. Also, our dog Bradley is the best therapy, he makes me get up and out every day.”

Although José had a short life after his accident, he lived life to the full, surrounded by his family and close friends. His determination and drive helped him reach a point that astounded clinicians – he could breathe without a ventilator and even eat a regular diet. He took charge of



his medical management, which helped Katie know the values that were most important to him.

“My advice for patients would be to always remember who you are. Recovery will take time, a lot of time. But if you can remember what was important to you before the trauma, that you are still the same person, then the trauma won't take control of your life; cling onto your independence. José always made his own care decisions. This was important, as it put him in charge.”

Advice for friends and families – encourage your loved ones to take time when making decisions and give them space. When his friends raised money for a new wheelchair, José was asked to decide what features he wanted. Although he was grateful, he found this upsetting because he wasn't ready to think of himself as a wheelchair user. Remember, it's not like deciding what you want to eat for dinner, there's a difficult journey to the point of acceptance and that will take time.

# Useful Resources

## After Trauma

### AfterTrauma

A website that connects and supports survivors of traumatic injury and their families.  
[www.aftertrauma.org](http://www.aftertrauma.org)

## Amputation

### Limbless Association

Providing information and support to UK amputees and the limbless community.  
[www.limbless-association.org](http://www.limbless-association.org)  
Helpdesk: 0806440185

## Bereavement

### Cruse Bereavement

a national charity offering bereavement support.  
[www.cruse.org.uk](http://www.cruse.org.uk)

### Child Bereavement UK (CBUK)

Provide support to children and families who have been bereaved.  
[www.childbereavementuk.org/support/young-people](http://www.childbereavementuk.org/support/young-people)

## Brain Injury

### Brain and Spine Foundation –

Improving the quality of life of people affected by neurological

problems by providing expert information, support and education  
[www.brainandspine.org.uk/about-us](http://www.brainandspine.org.uk/about-us)  
Helpline: 08088081000

### Headway

The brain injury association  
[www.headway.org.uk/home.aspx](http://www.headway.org.uk/home.aspx)  
Free helpline: 08088002244

### The Silverlining Brain Injury Charity

Rebuilding Lives After Brain Injury  
[www.thesilverlining.org.uk](http://www.thesilverlining.org.uk)  
Telephone - 02031742051

## Burns

### Changing Faces

Supports people who have any condition or injury that affects their appearance.  
[www.changingfaces.org.uk/Home](http://www.changingfaces.org.uk/Home)  
Support service helpline: 03000120275

## Mental Health

### UK Sobs

Providing dedicated support to adults who have been bereaved or affected by suicide.  
[www.uk-sobs.org.uk](http://www.uk-sobs.org.uk)  
National helpline: 03001115065 (9am-9pm everyday)

## Samaritans

Offering a safe place to talk at any time.  
[www.samaritans.org](http://www.samaritans.org)  
Support line – 116 123  
Email – [jo@samaritans.org](mailto:jo@samaritans.org)

## Road Related Incidents

### Brake

The Road Safety Charity – Help and support for anyone injured or bereaved in a crash  
[www.brake.org.uk](http://www.brake.org.uk)  
Helpline: 08088000401 (10am - 4pm Mon to Fri)

### Sarah Hopeline

Providing support to those affected by injury or death on the TfL transport network  
[www.tfl.gov.uk/incidentsupport](http://www.tfl.gov.uk/incidentsupport)  
Email – [incidentsupport@tfl.gov.uk](mailto:incidentsupport@tfl.gov.uk)  
Tel - 03432225678

## Spinal Cord Injury

### Back Up Trust

Transforming lives after spinal cord injury  
[www.backuptrust.org.uk](http://www.backuptrust.org.uk)  
Support line - 02088751805

## Spinal Injuries Association (SIA)

[www.spinal.co.uk](http://www.spinal.co.uk)  
Free advice line: 08009800501

## Victim Support

### Victim Support

Support for anyone who has been a victim of any crime or has been affected by a crime.  
[www.victimsupport.org.uk](http://www.victimsupport.org.uk)  
Support line: 08081689111

### The Homicide Service

(part of Victim Support)  
[www.victimsupport.org.uk/more-us/why-choose-us/specialist-services/homicide-service](http://www.victimsupport.org.uk/more-us/why-choose-us/specialist-services/homicide-service)

## Contact

If you are a patient or a family member and would like to contact London's Air Ambulance, please email Frank:

[f.chege@londonsairambulance.co.uk](mailto:f.chege@londonsairambulance.co.uk)

For more information about London's Air Ambulance, please visit [www.londonsairambulance.co.uk](http://www.londonsairambulance.co.uk)



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