

LESSON 15

Pain that Comes and Goes



Conversation

Doctor: How long have you been having this pain?

Patient: It started in June. So for more than five months now. My stomach hurts after some meals, but not always.

Doctor: You should have come in earlier. Let's get to the bottom of this. Have you changed your eating habits during this period?

Patient: No, not really. Well, that's not true. I'm eating the same foods, but less. You know, the pain seems to come and go.

Doctor: How strong is the pain exactly? On a scale of one to ten, how would you describe the intensity of the pain?

Patient: Well, I'd say the pain is about a two on a scale of one to ten. Like I say, it's not really bad. It just keeps coming back...

Doctor: How long does the pain last when you get it?

Patient: It comes and goes. Sometimes, I hardly feel anything. Other times, it can last up to half an hour or more.

Doctor: Is there a type of food that seems to cause stronger pain than other types?

Patient: Hmmm ... heavy foods like steak or lasagna usually brings it on. I've been trying to avoid those.

Doctor: Does the pain travel to any other parts of your body - chest, shoulder or back? Or does it remain around the stomach area.

Patient: No, it just hurts here.

Key Vocabulary

pain

stomach

to hurt

to get to the bottom of something

eating habits

to come and go

on a scale of one to ten

to keep coming back

to last (an amount of time)

heavy foods

to avoid

chest

shoulder

back

Dialogue Quiz

Choose the correct answer to these questions based on the dialogue. Each question has only one correct answer.

Q: How often does the patient have this pain?

- a. After every meal
- b. After some meals
- c. Between meals

Q: How long has the patient been having stomach pains?

- a. For less than five weeks
- b. For more than five months
- c. For less than five days

Q: Has the patient changed his eating habits during this period?

- a. No, not at all.
- b. Yes, he's eating different types of food.
- c. Yes, he's eating the same foods, but less.

Q: How severe is the pain?

- a. Not very severe
- b. Extremely severe
- c. Not at all severe

Q: What types of food causes stronger pain?

- a. Vegetables and fruits
- b. Sweets
- c. Heavy foods like pasta and beef

Q: Does the pain occur in other places besides the stomach?

- a. Yes
- b. No

Reading & Discussion

A Word with the DOCTOR

by: Dr. John Winsor

Going in for an operation

Every week, I refer to patients to hospital for some sort of surgical operation.

Having seen the surgeon in the outpatient clinic, they join a waiting list knowing that the next step is a sudden **summons** to a hospital ward, a period of sleep and, in most cases, waking up with a **scar** somewhere on their body.

All this can be a frightening experience but you can lessen your **anxiety** by preparing yourself for it and asking a few questions along the way.

So many times I have heard patients say: "They didn't tell me a thing." But what do you need to know?

If I were going to have an operation I would want to know how long I will be in hospital, how soon can I expect to get back to work, will I need to **take it easy** when I come out of hospital, and what will be the **restrictions**?

But the most important thing anyone should know is if the operation is really necessary.

Don't be afraid to ask the surgeon why the operation should be done and what the risks are. Is there any **alternative** treatment?

Remember, you have to give your **consent** for an operation. It is your body that is being cut and you need to be sure in your own mind that it is going to be **beneficial**.

Once you are positive about the necessity of the operation and the risk, then your mind is ready for the ordeal and your recovery will be that much more **assured**.

Physical fitness is as important as the mental preparation for surgery. You should be able to climb a couple of flights of stairs — one or two at a time quickly — without getting out of breath.

Being overweight contributes to breathlessness and that leads to breathing problems during and after a general **anesthetic**. **Sluggish**, overweight people also get more chest **complications** after surgery.

The same goes for smoking. Smokers are six times as likely to suffer from **post-operative** chest problems as non-smokers. So try to cut down on both cigarettes and calorie consumption.

Drinking alcohol on a regular basis makes you **tolerant** to other drugs, especially anesthetics. It affects the liver and its ability to destroy drugs, so don't drink every day and cut down on your overall consumption.

Some medicines may have to be changed or stopped prior to an operation, so discuss this with your doctor. Women taking the pill may be advised to stop it several weeks ahead or **carry on** if it's a minor operation.

After the operation, follow the advice given and do any special exercises you are taught — they will be **vital** to your recovery. Do a bit more activity each day and you will soon recover your bounce.

Vocabulary

- **summon** - To request to appear
- **scar** - A mark left on the skin after a surface injury or wound has healed
- **anxiety** - a state of uneasiness or tension caused by apprehension of possible future misfortune, danger, etc.; worry
- **take it easy** - relax
- **restrictions** - limits
- **alternative** – option; choice
- **consent** - permission
- **beneficial** - causing a good result; advantageous
- **assured** - made certain; sure; guaranteed
- **anesthetic** - An agent that causes loss of sensation with or without the loss of consciousness
- **Sluggish** - lacking energy; inactive; slow-moving
- **complications** - A secondary disease, an accident, or a negative reaction occurring during the course of an illness and usually aggravating the illness.
- **post-operative** - after an operation
- **tolerant** - able to withstand
- **carry on** – to continue
- **vital** - absolutely necessary; essential



Reference:

<http://esl.about.com>

<http://www.englishmed.com/>