

PART 1) GREETING: WHICH LANGUAGE TO SPEAK; HARD TO GET AN

APPOINTMENT

01:00:00 **DR. COUN:** [in English] Do you prefer to speak in English or Spanish?

ALTAGRACIA W.: [in English] Spanish.

DR. COUN: Spanish is better, right?

ALTAGRACIA W.: Yes!

DR. COUN: Okay, that's what I thought.

He told me you spoke English but we always speak in Spanish, right?

ALTAGRACIA W.: Yes, I can speak English, but not as perfectly as my language.

DR. COUN: Spanish is better?

ALTAGRACIA W.: Of course.

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01:00:22 **DR. COUN:** Good! So how's everything? How can I help you today?

ALTAGRACIA W.: Well, it's been a while since I was here. You know your appointments are hard to get.

DR. COUN: I know it's hard. Thank you for your patience.

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We're trying to change my schedule and it's a problem that we're trying to fix, but it's difficult. So thank you for your patience. I know it's difficult to get me. But here we are at last.

PART 2) PATIENT IS TAKING A NON-PRESCRIBED MEDICINE

01:00:45 **ALTAGRACIA W.:** Yes. I've been having pain on my backbone. I have a prescription here that someone got, and -- where did I put it?

DR. COUN: A prescription for what?

ALTAGRACIA W.: For pain. It really stops the pain of-- I took one of those pills and the pain in my hip went away.

DR. COUN: Who gave you that medicine?

ALTAGRACIA W.: It was a friend of mine who has problems with her back also.

DR. COUN: Okay.

ALTAGRACIA W.: Where did I put it?

01:01:12 **DR. COUN:** And so -- I have a question. When you saw me in November, that was your last time with me, you were taking *my* medication, the one I prescribed for you, right?

ALTAGRACIA W.: Yes, yes. That one works, but sometimes the pain is so strong--

DR. COUN: Are you still taking mine? Lyrica?

ALTAGRACIA W.: Lyrica. Yes, that helps me. It relaxes me.

DR. COUN: And are you still taking it?

ALTAGRACIA W.: Yes, I take it.

DR. COUN: It's twice a day, right, that you're taking it?

ALTAGRACIA W.: Uh huh.

DR. COUN: And the dose is 50mg, or...?

ALTAGRACIA W.: 50mg.

DR. COUN: And so she gave you another sedative?

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01:01:53 **ALTAGRACIA W.:** She gave me the prescription so I could show it to you.

DR. COUN: Uh huh. And how many did you take?

ALTAGRACIA W.: [?] They stopped the pain away right away. It's for the pain, because I'm still taking yours.

DR. COUN: You took only one pill?

ALTAGRACIA W.: Uh huh.

DR. COUN: One time?

ALTAGRACIA W.: Uh huh.

DR. COUN: Okay. That medicine is a very powerful anti-inflammatory medicine.

ALTAGRACIA W.: Uh huh.

DR. COUN: It's like cortisone. It's called a steroid.

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In general, I have to advise you, generally it's not a good idea to take medication without talking to a doctor.

01:02:25 **ALTAGRACIA W.:** Uh huh. No, I just had one pill.

DR. COUN: But--

ALTAGRACIA W.: I got to the house and I said, "I'm in really bad pain," and she gave me one pill and I liked it,

and I said “let me show the doctor,” because... [you know what happened to me the last time.]

DR. COUN: With just one pill, it can still be dangerous. A bad reaction, side effects, you never know if there’ll be an interaction with a medicine you’re already taking. So it’s a good idea to always talk to me. Do you have my phone number? Do you know how to call me if there’s any confusion?

ALTAGRACIA W.: I don’t have your direct number.

01:02:54 DR. COUN: In future, if someone gives you a medicine and you want to take it, please call me. Okay? And on the phone we can discuss it, okay? Because really, I generally don’t recommend that type of medication for pain like yours. We have a lot of options to calm the pain. That medicine is a very powerful medicine that we can use if it’s absolutely necessary, but generally it’s a medicine to avoid and I don’t recommend it.

ALTAGRACIA W.: Okay.

PART 3) NEGOTIATE NEW PRESCRIPTION

01:03:28 DR. COUN: Okay? Now, you are taking my medicine, right? Lyrica.

ALTAGRACIA W.: Yes, Lyrica.

DR. COUN: Twice a day. And do you think that since you started taking it last year, the pain has improved?

2:08:30 ALTAGRACIA W.: Yes, the pain has improved.

Now, what I think, and remember I had therapy, and during therapy it was very, very controlled.

But time went by and it’s back to the same thing.

Sometimes my whole leg cramps and I can hardly walk.

DR. COUN: The pain passes through the leg.

ALTAGRACIA W.: It goes through the leg. It's very strong.

DR. COUN: Of course.

01:03:59 **ALTAGRACIA W.:** You sent me for some tests and they came back with just the dislocated disks. [?]

DR. COUN: Yes.

ALTAGRACIA W.: But sometimes I think it might be something else. It's very uncomfortable with my whole leg cramped up. [??]

DR. COUN: Yes. When someone has a herniated disk, what we see is exactly what you're describing. When there is a herniated disk problem -- I showed you a picture last time--

ALTAGRACIA W.: Yes, you showed me everything.

DR. COUN: Okay. So remember that--

ALTAGRACIA W.: It's outside, yes.

01:04:30 **DR. COUN:** Yes, but the nerve coming out of the spinal cord goes through the leg, so the pain in your leg is coming from the herniated disk, right? So the problem is not the leg; the problem is the herniated disk. The disk is pinching the nerve where the spinal cord nerve comes out. Okay?

ALTAGRACIA W.: Okay.

DR. COUN: Right? Like we discussed before. So this is a very common problem. And generally, to treat a herniated disk there are two options, as we discussed before.

The first option is what you're already doing. Medicine to calm the pain, and physical therapy to improve the strength of the muscles that support the spinal cord. And most people will improve, and it's possible to go on living, okay? Without any problems. They'll have pain once in a while, and for some people the pain goes away completely after a while. But in a lot of people with herniated disks, they're always going to have the herniated disk. So it's very probable that you're going to have a little pain once in a while, unfortunately. And the important thing is that you have a good medicine to ease the pain when you have it, so you can live a normal life. So you can function well. The other option is an operation.

01:05:52 **ALTAGRACIA W.:** No, I don't want that.

DR. COUN: Me either, okay? I'm not recommending operating. I'm not a big enthusiast [fanatic] of operations if they're not necessary,

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What I'd like to recommend to you is,

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first Lyrica, which is a medicine, as we discussed before--

01:06:07 **ALTAGRACIA W.:** Yes, we talked about that medicine.

DR. COUN: It's a special medicine that works little by little to help you when there's a pinched nerve. I'd like to double the dose, from 50 to 100. Taking it every day, twice a day even if you have no pain.

ALTAGRACIA W.: Yes, because – now, yes.

01:06:25 **DR. COUN:** I also want to give you a good relaxer to keep at home, that you can take when it's necessary. It's called Tramadol. Tramadol is a very particular medicine. It's not an anti-inflammatory. It's not similar to Ibuprofen. It's a medicine that isn't narcotic, but it's *almost* narcotic. That is, it's powerful; it will calm the pain; it's to keep at home and take when you're in pain.

ALTAGRACIA W.: Only with pain.

DR. COUN: It's possible it may make you a little sleepy.

ALTAGRACIA W.: Okay.

PART 4) NEGOTIATE NEW TREATMENT: STOMACH BAND

01:07:01 **ALTAGRACIA W.:** Another question, about sugar level. The insurance guy here gave me this. [**she hands him a brochure.**] He told me it might have to do with obesity, [?] The problem of it going up to almost 123, a big jump from the last time I had it done.

DR. COUN: [**looking at computer**] When were you tested last? In January, right?

[?]

ALTAGRACIA W.: Yes, you told me to get it in January, but I couldn't get in to see you then. [????]

DR. COUN: The sugar you had in January was almost the same as in September and the year before. [?] But it is high, you're right. You don't have to take medication for your sugar, but as we discussed before, there is a risk of diabetes.

ALTAGRACIA W.: That's why he's talking about that information, to see what you recommend, because --

01:07:52 **DR. COUN:** [**looking at brochure**] Of course! I'll communicate with **Luis R.**, your insurance rep, the one who spoke to you.

I'll speak with him. And what he can offer you is excellent services, where he can educate you on a diabetic diet.

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I'll check your blood again at the end of this month, in May, and we'll make an appointment for you to come back in four weeks, you don't need to call. Okay? You don't have to hassle with that. Luis will make the appointment. You can come back and see me here soon, to talk about your sugar level again, and to make sure your back pain is improving. And he'll contact you about the services they can offer you.

01:08:28 **ALTAGRACIA W.:** Yes, because he says that there's a service he showed me, very important, for losing weight. It's a device that's placed--

DR. COUN: Well, that's another option. Are you interested in having an operation?

ALTAGRACIA W.: I would like to, because that way the weight will go down completely, and we'll control the sugar more easily, although I'm going to do the diet too.

DR. COUN: Okay. That's something – it's a very, very different question, right? The thing with this is, [**looking at brochure**] it's a new program at Bellevue, where they're operating, not to cut the stomach, but to –

ALTAGRACIA W.: It's a device.

DR. COUN: yes, it's a device that tightens it, and when you do that you won't eat like before.

ALTAGRACIA W.: I would like that.

01:09:18 **DR. COUN:** You'll – you'll lose weight fast, but you have to remember something. It's not something that's easy. It's not an easy decision. We can make an appointment with them to talk with them. But it's a difficult operation. It's an operation where you have to go back to Bellevue on a regular basis to get checkups. They'll explain all this in much more detail, but it's not something as simple as going once, you lose 50 pounds and that's it. **[he laughs]** It's a change in your life. A big, big, big change in your life. But if you're really interested in having it done, yes, it's possible that it's an option, because with your weight and sugar problems--

ALTAGRACIA W.: It's very dangerous.

01:10:10 **DR. COUN:** Well, yes, **[puts down brochure]** and there's no doubt that there's a relationship between sugar and weight, and when you lose weight, the sugar level will improve naturally. There's scientific evidence that says that those operations can cure --- cure!-- diabetes in people who have it. There's no doubt. So yes, we can do it. We can call Bellevue today and make an appointment [with them] to discuss that option. [Okay.]

01:10:35 **ALTAGRACIA W.:** Uh huh. I'm interested, very interested.

DR. COUN: Let's do it.

ALTAGRACIA W.: Cut it out from the root. If there is something affecting it that can be eliminated, I'll do it.

01:10:43 **DR. COUN:** But you have to remember something. If you have the operation, even if you have the operation, it's very important that you continue the diet afterwards.

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It's not a magic operation.

ALTAGRACIA W.: I know!

DR. COUN: It's part of the changes that you have to make. Exactly.

PART 5) WRAPUP

01:11:03 **DR. COUN:** So okay, today what we're going to do is call the desk at the Bellevue Stomach Surgery clinic. I'll contact **Reyes** to talk to you about the diabetic education to do at home. I'll arrange for a blood sugar test at the end of this month, make you another appointment with me, and for the pain I'm going to increase the strength of the pill for your back, Lyrica. Twice a day but stronger than before. And a second pill, Tramadol, that you can keep at home and take when you have pain.

01:11:36 **ALTAGRACIA W.:** When I have pain, okay.

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2:19:02 **DR. COUN:** Any other questions for me today? No?

ALTAGRACIA W.: How's the baby?

DR. COUN: The new baby?

ALTAGRACIA W.: The new baby.

DR. COUN: I'll show you pictures in the other room. He's going to be 10 weeks old on Friday.

ALTAGRACIA W.: I saw him. He's adorable.

DR. COUN: Thanks very much. Yes, he's sleeping well, eating well, fat and peaceful. We're lucky. Thanks.

ALTAGRACIA W.: That was the last question.

DR. COUN: Yes, thank you very much. Everything's good, and the older one--

ALTAGRACIA W.: Happy with his little brother.

DR. COUN: Yes, yes. We're lucky, no doubt about it. Thank you very much.

ALTAGRACIA W.: Okay.

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01:12:19 **ALTAGRACIA W.:** Oh, I forgot about something very important. I haven't been able to have the mammogram done, either.

DR. COUN: Oh, so you need a new referral? [?]

ALTAGRACIA W.: Yes, because I had two appointments and I had to go on a trip with my mother. [?] I couldn't -- That's what I forgot that was very important.

DR. COUN: Yes, very important. You're right. Let's make the appointment for you right now.

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01:12:41 **DR. COUN:** Your medications. Here are the pain pills, the sedative for you to take when it's necessary, it's called Tramadol, to keep at home. You can take it every 8 hours if you have pain. Again, that medicine can make you a little sleepy. Okay?

ALTAGRACIA W.: Okay.

DR. COUN: The other one that you're already taking, I doubled the dose from 50 to 100mg. One twice a day, every day, even if you don't have pain. Okay?

ALTAGRACIA W.: Okay.

DR. COUN: That's yours.

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This is for the blood test, you have to fast. It's the end of the month on the first floor. - [????] - Luis will make the appointment with me in a month, the appointment for the breast exam, and he'll call Bellevue to make an appointment with the doctor in the special clinic. Okay?

ALTAGRACIA W.: Okay.

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01:13:27 DR. COUN: So we'll see you soon.

ALTAGRACIA W.: Okay.

DR. COUN: If there's any confusion, if you don't understand something, please come back, okay? But we'll see each other soon to make sure the pain is improving and to discuss everything and see how everything is doing.

ALTAGRACIA W.: Good. It was a pleasure.

DR. COUN: As always. [shaking hands]

ALTAGRACIA W.: Okay. [laughter]

DR. COUN: Take care.

ALTAGRACIA W.: You too.

DR. COUN: You can wait outside and Luis will prepare the rest and call you with the information.

ALTAGRACIA W.: Okay.

DR. COUN: Okay.