

History of Migraines from mom and head trauma (several concussions) from H.S. sports

### **End of past December**

had been migraine free for three years...

very severe headache - goes to the clinic and then is referred to the ER  
worsening condition...

Cat scan... clean but only 97% correct... Spinal tap to be sure. "clear the table"

Maybe a headache in a day or two but everything is fine. Went through the doomsday situations post spinal-tap, but did not bring up the most common side effect.

"to be fair"... the emergency room is concerned with life threatening situations - attention is diverted quickly.

### **January 1**

headache returns intensely - nausea - disorientation - bed ridden for 5-6 days... (missing school)

Trip to Hall Health - most likely a new headache pattern. treated like a migraine, but with no effect.

Back to hall health (different doctor) same migraine conclusion and prescribes a different medicine... also ineffective.

Desire to see a specialist - neurologist, but finds out there is no way to do so without a referral from a primary care provider - the gate-keeping role.

### **2-3 Weeks later**

A third doctor finally refers him to a neuro-ophthalmologist. No appointments until the first week of March... nor any contingency...

Severe pain episode in lower back - trip to the ER

"Same song, different verse"

Other symptoms including loss of feeling in hands a feet.

Back to hall health (3rd doctor) - refers to a regular neurologist with a slightly earlier appointment.

Only 3 options - go to hall health, to the ER, or wait for the appointment. Lack of mobility. Control. Expensive. No progress. Spiraling downward. Time of uncertainty.

Uses friend/family network to talk to an Anesthesiologist.

Likely a post-dural puncture headache (text-book answer), which can be debilitating.

A blood patch can be performed, to stop a leak which is building pressure in the head.

Anesthesiologist helps schedule surgery, but it would only help with the headache and there is no guarantee that the problem would be fixed. It is decided that it is not worth the risks and that it would be better to wait it out.

### **Mid-February**

There is a cancellation at the neurologist's office and he takes the appointment. MRI to test for tumors and EEG to test for epilepsy. Emotionally jarring implications and time to wait for the results.

Both tests come out okay. Diagnosed as stress and tension aches. An invasive medicine is prescribed, which, has to be metabolized and the dose has to be worked up to. Symptoms start getting better anyway, so he decides not to take the medicine because of the side effects.

"For me, the biggest problem has been navigating the system"

"never came out of his mouth that it (pdph) was a possibility"

Advice from guide - need to keep appointment with neuro-ophthalmologist as a way out. Otherwise no options... back to square one and more difficult to navigate the system.

