

My pump

How Diana Maynard came to use an insulin pump

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Introduction

MiniMed 508 insulin pump with remote control



There is no doubt that the insulin infusion pump has changed my life. Not only has my diabetes control improved considerably, but my emotional and physical state has also vastly improved. My HbA1C is currently at 6.7, whereas 2 years ago it was over 10, and about 5 years ago it was in the teens. I feel full of life – my energy levels have increased, my mood has altered and my outlook on life has once again become positive.

A small black box

All this due to a small black box the size of a pager? It sounds too good to be true, like one of those advertisements for vitamin supplements or weight loss methods you find in magazines! And yet almost everyone I know who uses a pump has a similar attitude. Although in countries such as the USA and Germany, CSII (continuous subcutaneous insulin infusion) pumps, or insulin pumps as they are more usually known, are fast becoming the treatment of choice, in the UK, less than 1% of the diabetic population uses them, and most have to fund it themselves.

Unable to maintain stable blood sugar levels

I was diagnosed with Type 1 diabetes in 1980, at the age of 8, and gradually progressed from one injection a day to an MDI regime. In about 1998 I started to develop background retinopathy, and despite extensive laser treatment, it had progressed to the proliferative stage by 1999. I was registered first partially sighted, and later, blind. Despite a lot of effort, I was unable to maintain stable blood sugar levels, and I grew more and more desperate for a means of control if I was to prevent my complications getting any worse. After much investigation and research, I decided that I had nothing to lose by giving a pump a try. To my surprise, my doctor was very supportive, and the clinic even agreed to pay the cost of the consumables, although not the cost of the pump itself. I finally got "hooked up" at the beginning of April 1999, and although there have been some minor mishaps along the way, I haven't looked back since.

Increased flexibility

The thing I love most about the pump is not the freedom from injections, as one might expect, but the increased flexibility it gives me. I'd been giving myself 4 or 5 injections a day for years, and with the new insulin pens and very fine needles, it was no trouble at all. I could inject at the table in a restaurant and no one would even notice. But I never got used to the rigidity that diabetes imposed on me – the fact that I couldn't do things spontaneously, like play a game of tennis, stay away overnight unexpectedly, or eat at an unusual time. With the pump, I can eat what I want when I want, I don't have to get up at a certain time in the morning to take my insulin, I can be more spontaneous about exercise – in short, I can be "normal". Not only does this make my life generally easier, it has a huge psychological impact on how I perceive myself and my condition.

Attached to something 24 hours a day

Photo of Diana Maynard



Many people have reservations about the thought of being attached to something 24 hours a day, seven days a week. For me this was never really an issue, although it did feel a little strange at first. But you can't feel the infusion set at all, unless there's a problem with it, and besides, knowing the pump is there is something I find reassuring.

I did have problems with how I was going to wear the pump though. Although it is small (about the size of a pack of cards) it's not always easy to find a place to put it, especially if you're not wearing clothes with pockets. At first I wore jeans a lot, and attached it to my belt or waistband with the clip that comes with it. Being a ballroom dancer, and keen on a variety of sports, it was sometimes tricky to find a way to wear it. With the help of other pump users, some ready-made pump accessories, and a bit of ingenuity, I started coming up with some solutions. Even with a skimpy dance costume, I have successfully managed to wear the pump and dance without anyone noticing it, or it falling off!

Responsibility

Wearing a pump does bring with it some responsibility. Because you only use short-acting insulin (in my case, Humalog), if for some reason the insulin supply is cut off, you can go into DKA in a matter of hours. So you have to be vigilant, and do regular blood tests. This wasn't a problem for me, since I was doing between 5-10 tests a day anyway. If my blood sugar level does rise, I can correct it very quickly with an extra bolus. Or if I suspect there is a problem with the pump or infusion set, I take the insulin by syringe until I've solved the problem.

Perceived lack of support

One of the major hurdles to the use of pumps in this country is the perceived lack of support available. Many medical professionals have little or no knowledge of pumps and are therefore reluctant to promote pump therapy to their patients. There are, however, valuable support mechanisms available in the UK. The pump companies offer training and backup support; some hospitals have now set up "centres of excellence for pump therapy"; there are some very good books on the market; there are a handful of local pump groups, both for patients and medical professionals; and there is a website and associated discussion group at <http://www.insulin-pumpers.org.uk>, which I help to administer.

Conclusion

What more can I say? Pump therapy has changed my life, and in spite of occasional inconveniences that it causes, you would have to wrestle it off my dead body to get me to give it up and go back to injections.

Author: Diana Maynard <d.maynard@dcs.shef.ac.uk>. Diana Maynard is not a medical professional. She has Type 1 diabetes and uses an insulin pump. The information given here is based on her own personal experience. [More about Diana Maynard...](#)

