

# Left Cerebellar Stroke Recovery - Dr. Bevan Choate

**Dr. Bevan Choate had a left cerebellar stroke caused by a vertebral artery dissection. He recently released a book about his ordeal and a newfound love of painting with a pallet knife.**

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Transcription:

Bill Gasiamis 0:00

Are you back in any way in your capacity as a surgeon or a doctor? Are you doing any of that stuff? Are you still on the road to recovery?

Bevan Choate 0:07

I am so I'm back in the capacity of like a clinical neurologist. So I can see patients in the clinic, you know, make diagnoses prescribe and I can do some very minor procedures in the clinic.

Bevan Choate 0:23

I'm still not quite to the place I need to be to do any significant operations like in an operating room, I still have some left-sided left-hand ataxia, my balance is a

little off.

Bevan Choate 0:41

And the balance issue is not enough to really, you know, preclude surgery or anything but the left-hand fine motor manipulation is still fairly off. You know that may keep me out for a while.

Intro 0:56

This is the recovery after stroke podcast. With Bill Gasiamis, helping you navigate recovery after stroke.

Bill Gasiamis 1:09

Hello, and welcome to another episode of the recovery after stroke podcast. My name is Bill, thanks for being here. Now, if you are a regular listener, or you just come across the podcast for the first time.

Bill Gasiamis 1:23

Please do me a favor, please comment, like and share this episode, because it's likely that you found out about the podcast, because it was shared, somebody commented about it, or you did a Google search.

Bill Gasiamis 1:36

And it came up on your feed and you needed to hear about it and you needed to know about it. And you appreciated it when you found it. If you're one of those people, then please repay the favor to whoever it was that commented, liked, shared, or had an interaction with the podcast which put it up higher on the Google search results or on the algorithms that give you information when you start searching for them.

Bill Gasiamis 2:05

The reason being is because I started this podcast, because I was missing this type of information when I was recovering. And my aim is to get in front of as many stroke survivors and their caregivers as I possibly can. So that they can be inspired by all the amazing stories of recovery, resilience, overcoming stroke, that all my fabulous guests are going through and sharing.

Bill Gasiamis 2:30

If you think the show deserves it, I'd love it if you leave the show a five star review. It will help the show rank better, like I said on search engines and it will

help newly diagnosed stroke survivors find it easier. And it could make a massive difference in their recovery. And I hope it's making a massive difference to your recovery. And it's something that you're looking for that you really needed.

Bill Gasiamis 2:53

And it is really a big deal to me when I get the feedback from people telling me how much they love the podcast that it makes putting in the at least eight hours that it takes to get every podcast episode, recorded and edited and live really worthwhile doing. So that's what it means to me.

Bill Gasiamis 3:14

If I get this type of feedback now there has been some feedback. And I have seen a spike in comments. But I want more. I want more five-star reviews or more amazing comments because it really is uplifting and it makes a difference to me. And hopefully it'll make a difference to other stroke survivors.

Bill Gasiamis 3:34

Now I want to share a couple of comments that people left Talent Searcher on the Apple podcast app left a comment regarding the interview that I did with one of the guests which had a stroke because of cracking his neck. The comment goes thank you for this podcast, inspirational, courageous and informative.

Bill Gasiamis 4:01

Now Brass Anchor and I love the names that people leave behind Brass Anchor said very informative and worth the listen. Thank you Bill for an incredible series shedding light and sharing wisdom, the interviews and stories the guests share are touching and informative. So it's making a massive difference it is people are loving it. And more people need to see this.

Bill Gasiamis 4:25

I've noticed that as more podcast episodes are being reviewed and as more people leave a review, the show is increasingly reaching more and more people and that's all I could ever ask. And enough of that from me for now. Because I could go on about that for ages.

## **Introduction - Dr. Bevan Choate**



Dr.  
Bevan  
Choate  
is a

urologist, artist, and author of *The Stroke Artist* a

Bill Gasiamis 4:47

Now, this is episode 197 And it's another cracker. My guest today is Dr. Bevan Choate, a surgeon who experienced a vertebral artery dissection that led to a left cerebellar stroke, when he was age just 35. Since then, about a year or so ago, he has taken up painting with a palette knife and written a book called *The Stroke Artist*, Bevan Choate, welcome to the podcast.

Bevan Choate 4:47

Thank you. I appreciate it.

Bill Gasiamis 5:21

My pleasure, thank you for being here. Tell me a little bit about what happened to you.

## Left Cerebellar Stroke

Bevan Choate 5:26

So, yeah, so it was December 3, of 2020. I was you know, kind of set the stage I was in the prime of my career as a neurologic surgeon, and just getting up one morning to go to work just like any other day, woke up terribly dizzy, and just hit the ground like a ton of bricks. And room was spinning, double vision, couldn't seem to even stand up.

Bevan Choate 6:06

Things were spinning so much. And my wife finally convinced me to go to the emergency room. After you know, some refusals and things like that. And well,

you know, once I was there, the sort of conservative management things weren't really working out. And so they asked if I wanted a CT scan, I said, sure.

Bevan Choate 6:33

Because I really didn't want one, but I got one. And, you know, there was a, what they called a large hypo density in my left cerebellum, indicating I'd had a pretty large ischemic stroke. And if a neurologist can basically read that CT scan, then, you know, it's pretty bad. So yeah, I'd had a left cerebellar stroke, and, you know, that was sort of the ground kind of fell out beneath me, you know.

Bill Gasiamis 7:10

Why didn't you want a CT scan? Afraid of what it was going to reveal? What you knew it was going to reveal? Yeah,

Bevan Choate 7:17

I mean, a combination of like, you know, I think I know what's best for me, you know, like a little bit of hubris, a little bit of maybe in the back of my mind, if I get this CT scan, then I know what it might mean. And you know the way the presenting symptoms were, you know, I was kind of like, I'm 35 years old, there's no way in hell, this could be anything serious, right?

Bevan Choate 7:44

Like, it's probably an inner ear issue. And it definitely wasn't so you know, it said, yeah you know, this looks like pretty obviously a stroke. And I said, Yeah, I see that. And, so then it was, it was rushed to the, you know, the University Hospital. The problem was, presumably, you know, I had this sometime, you know, in the middle of the night while I was sleeping, so we had no idea when the stroke actually began including blood flow and everything. So, it wasn't like, I could get TPA, or anything like that, and the nice magic window, So I had to be taken, really to the only hospital equipped to handle a stroke in New Mexico, which is a pretty rural state.

## **Too Young To Have A Left Cerebellar Stroke**



Bill Gasiamis 8:50

Yeah. You know, we talk about doctors, most of the time, not very lovingly on this podcast, not that we're rude, or anything like that. It's that a lot of people have had the experience of medical doctors where they've done exactly what you did to yourself, which I'm 35, I walked in there, I told them, I was having a stroke, and they looked at me and said, you're too young, it's not that, just go into the waiting room and wait.

Bill Gasiamis 9:24

Is it that? What's the what's the word? How can I get there? Is there that much naivety in the medical professionals that work in the hospitals, that stroke doesn't happen to young people because it happens in utero, it happens at every age. And then of course, it happens at a greater quantity in people who are above a certain age, say call it 65 plus, but is there that much naivety that somebody presenting with stroke symptoms, isn't having a stroke simply because of their age?

Bevan Choate 10:08

I don't know, if it's, you know, I think when you're sort of like a budding physician and that sort of thing, you you always want to go zebra hunting, as they say, you want to find all the interesting things. And, at some point, it kind of gets beaten out of you that, more like beaten into you that, you know, common things occur commonly. And, when you haven't seen maybe a stroke happened to someone younger than 50 in 10 years, you know, it's just sort of a shock, or a surprise to everyone.

Bevan Choate 10:54

I mean, in my situation, I don't think anyone was really putting on airs, or, you know, sort of saying, like, well, you know, I don't really think this is a stroke, it was more like myself saying that, in my situation, probably not qualified to really, you know, obviously, make my own self-diagnoses, but because what I deal with is more like, genital urinary tract type stuff.

Bevan Choate 11:29

So, I mean, my extent of stroke knowledge was more like, you know, the very obvious things like, unilateral weakness, and, but, you know, like, with an atypical presentation like this, it was just not really on my mind at all, you know, I mean, I was healthy, I still am, but, you know, I, you know, I didn't have high blood pressure, my lipids were normal, I ran 12 miles a week went to the gym.

Bevan Choate 12:02

I just thought, you know, like, how impossible would that be for me, you know, so it just really wasn't I mean, I guess you could say that it was in the back of my mind, something like that was in the back of my mind. But I was kind of like, okay, don't, you know, don't freak out. Let's think about the most common thing here. And I said, Well, it's probably like, you know, benign, positional paroxysmal vertigo. That's what it is. Right?

Bevan Choate 12:31

And, then definitely was not so. So yeah, I don't know, I think it's just really interesting when to talk about, like physicians in the realm of, of like neuroscience, because, you know, when you're in medical school, they teach you, you know, all of these deductive reasoning skills and things like that. And, I mean, we use them, but not all the time. And according to, I think it was a, like, a neuroscientist in California had done a study about this, I can't remember the exact person.

Bevan Choate 13:12

But it was, like, tried to understand how physicians actually think when like, and I think they did the study on ER, physicians, and really, they're more like, they're more like A.I computers than they are these like, deductive reasoners. Like, it's all about pattern recognition and stuff like that. So when you see a healthy 35-year-old guy come into the ER, you may not instantly have stroke on your differential, you know, it's probably maybe in the top 10, but it's either nine or 10.

Bill Gasiamis 13:46

Yeah, I do understand. Now, when I say we have, you know, sometimes we don't say nice things about doctors, it's because doctors are a bit put on a pedestal, and sure enough, they deserve to be there to an extent, right. And then, we are the majority of people that go into a hospital are completely ignorant about anything medical, until something goes wrong with them.

Bill Gasiamis 14:17

And then we go to the hospital, and we want this perfect diagnosis. We want the doctors to be on their game 24 hours a day, seven days a week to work it all out, you know, like they do on the TV shows in half an hour, and solve the problem in the next half hour. And when that doesn't happen, we feel let down and we feel like the reason has got to do perhaps with the doctors or the hospital or the nurses or somebody could have picked it up or done better or whatever.

Bill Gasiamis 14:51

And we don't understand the pressures that all of the medical staff face within a hospital, let alone do we understand what happened at home for them that day, let alone do we understand how they are just human. And they make mistakes. And sometimes things don't go right. And that's really difficult to accept sometimes when you're looking for blame, when you're looking for a way to understand what happened to you and why it happened to you.

Bill Gasiamis 15:23

And there's no direct answer for some people with strokes that don't have a cause they just occur. And it's like, alright, it was probably the doctors, this is I'm this way because the doctors stuffed up or whatever. So I feel like you guys are also scapegoats. But I know for a fact, I wouldn't be here without doctors, not one single doctor, who helped, who helped me.

Bill Gasiamis 15:49

They all contributed to me being here interviewing you today? Every single one of them doesn't matter whether they did, supposedly a fantastic job or a terrible job, every single one of them contributed. So did the nurses so did everybody. So I'm not making that comment lightly. The one that, you know, we don't speak of doctors quite nicely, but it's not from a lack of wanting to or having faith in their abilities or being completely totally grateful for our outcome and what they did. It's more from that I think early on that situation where we're looking for a way to



reason our way out of what's happened to us. And there just isn't one really there isn't.

Bevan Choate 16:47

Yeah, it's interesting that, you know, one of the first things people asked me when they find out that I had a stroke, they're like, Well, what caused it? And I'm like, Well, you know, it was a left vertebral artery dissection. And then after I tell them what that is, then they're like, Well, what caused that? And I'm like, Well, I don't have an answer for that. You know, we did the million-dollar workup. And, there is no answer. And, you know, people don't really necessarily like to hear that.

## **Unbelievable Causes of Stroke**

Bill Gasiamis 17:22

Not I did a few interviews, just before this one, I've done another two today, but the ones I did last week, which is not yet released. One of the guys clicked his neck, he did that thing that we all do, and caused himself of vertebral artery dissection.

Bill Gasiamis 17:46

And some of the people that I've spoken to that have had either carotid artery or vertebral artery dissections came from the most benign movements, one girl looked down in the wrong direction with a hair or something, and it caused a dissection. And it's like, the craziest thing, and it's just so unbelievably difficult to wrap your head around that. But that's an injury that occurred just like sometimes you strain your back, or you roll an ankle or you do something to your thumb. That's just one of those things. It's just seems benign, but it happens in a place that's serious. And important. And as a result of that, it leads to, for some people, catastrophic injuries because of the clot.

Bevan Choate 18:45

Right, and yeah, and I got all of those questions. You know, were you doing Brazilian jujitsu? Did you go see a chiropractor? Did you get in a car wreck? You know, and the answer was all No, you know, it's just, who knows exactly what I did.

Bevan Choate 19:06

But when I look back on it, and the timing and everything, and like, yeah, I guess

because, ydou know, there usually is like, some degree of neck pain that precedes it by maybe two to four days. And, I do remember that, but I always had neck pain. You know, I'm a surgeon, so my neck's always hurting. And so I didn't think it was any different. But, now, you know, looking back, it does make a little more sense.

Bill Gasiamis 19:38

Yeah. So looking down is something that you do a lot. And I've interviewed people that have had dissection because of Brazilian jujitsu. I've interviewed people that have had a dissection from a collision in a car. So all those things that you've mentioned, And in one of those interviews, I'm pretty sure somebody mentioned that the doctor who treated that person in that particular part of the United States mentioned that you have lumberjack's disease.

Bill Gasiamis 20:14

And it's like, well, what's Lumberjack's Disease? Lumberjacks, or people who fell trees look up all the time to see where the trees falling. And they are at high risk of dissections, in either the carotid or the vertebral artery.

Bevan Choate 20:30

Strange.

Bill Gasiamis 20:32

Right. So it makes me wonder chiropractors, I've obviously interviewed people who have had a stroke, because they've been to chiropractors and then I've heard, just through general conversation with people that I know about women who go to the salon to get their hair done, they laid back in that sink where they have the hair washed, and that causes dissections and strokes. And it's like, oh, my gosh, so many ways.

Bevan Choate 21:03

It's like they can't do anything. Yeah, you know, one of the comforting things, though, about that is that I heard or read that. You know, it's only about 40% of vertebral artery sections have like an identifiable traumatic cause. So there's still 60% out there that are just kind of idiopathic, or meaning. We don't know why the hell it happened.

Bill Gasiamis 21:35

Yeah. Yeah. Fair enough. So that first day, you're in hospital, you get the

diagnosis? And then, what happens? What's going on for you in your head? And what are you thinking?

Bevan Choate 21:54

You know, it's just one of those things where, you know, it's so absurd that you almost just don't believe it. But in the back of your mind, you do and then, you know, you start spiraling, like, is my career over? Is you know, this and that, and that?

Bevan Choate 22:13

You're just not in a very good place, frankly. You know, it was weird, because the hospital that I went to was where I trained as a resident for five years, and so many of the people that took care of me, and, you know, anything from the technicians, to the surgeons, I've known a lot of them. So, it was a very weird scenario. Good in many ways, and, you know, sometimes more awkward than others.

Bevan Choate 22:14

So ultimately, like, very good, you know, but yeah, it's strange to have your friend come in and see you and you have a catheter, you know, sticking out or something like that. But, you know, ultimately, I'd say it was a good experience. So I don't know exactly what I was thinking it was just kind of all over the place. You know, I was worried, and scared mostly.

Bill Gasiamis 23:26

And you're swapping roles. Normally, you're the caregiver. And now, you're being treated. That would be bizarre. And especially when you're in that place where you're very familiar with being the caregiver. And now the roles have reversed, and you have to be the person who gets cared for.

Bill Gasiamis 23:59

And I can see how comforting it is to appoint because you're around familiar people, but then you're also in an unfamiliar role, you're playing a different role, and you have to be vulnerable. And these people are seeing your most vulnerable. And perhaps they haven't done that yet. They haven't had the opportunity yet, because prior to that, they experienced you as this up-and-coming doctor and surgeon.

Bevan Choate 24:32

Yeah, so it was very bizarre and I remember one of the general surgeons, he's now trauma surgeon who I essentially trained with, he had to place my tracheostomy tube and, and the rumor mill was that he was he was sweating bullets. It's like, nobody wants to have a doctor as a patient. And then to take it one step further, no one wants to have a surgeon as a patient.

Bevan Choate 25:05

And to take it one step further, no one, no one wants to be a surgeon who has to operate on another surgeon. And so, so I think he was pretty, you know, sweating bullets. But I think ultimately, he did a very good job. And I totally commend him for, you know, his equanimity through all the whole thing you know, he got it done.

Bill Gasiamis 25:27

Yeah, it would have been professional sweating bullets on the outside, perhaps, but on the inside, being cool, calm and collected and getting the job done, and getting the right outcome. I mean, I remember going into my pre-surgery appointment with my surgeon, the day of the craniotomy and she was just full of life, she was just beaming, and she was alive. And she was having a laugh with her residents. And I went in there and felt just completely 110% confident in her ability to get the job done. And my AVM was near the cerebellum. And she said to me, was four centimeters in from the ear. And then she had one of the residents and had my scans on the screen and told him to explain to her the approach to the AVM exactly how they were going to go about it. Yeah. And he got it wrong.

Bevan Choate 26:35

Oh, no.

Bill Gasiamis 26:37

She gave him an elbow in the ribs and said what? Try again. Yeah. And he had to try again, any here to make sure that he got the steps, right. And the approach was the correct approach. He got the approach from the top rather than from the bottom. And he got a couple of those little things wrong in front of me and my wife, we were both listening to that. And we, we kind of laughed at him while she was gently reminding him of the correct approach and what they were actually going to do rather than what he thought was going to happen.

Bill Gasiamis 27:23

So that was interesting to be there and experienced that. But I also remember chatting with her about the surgery months before when I said the previous surgeon that I came from Tommy that, that they can't operate. And you're telling me that you can is this something that you've done before? And she just looked at him? And she said, Well, this is what I do every day. Yeah, of course, I've done this before. We can do this, and it will be a good outcome. So if at times, if the time comes, it'll be fine.

Bevan Choate 28:04

I love that question. You know, if patients asked me that all the time, especially since I'm young, and my you know, my go to answers. Yeah, I've done it like once or twice. Just to just to give them a little, you know, a little confidence, right?

Bill Gasiamis 28:20

Yeah, absolutely. Just to make them feel silly for asking the obvious question. Right. Right, that they fear made them ask Otherwise, they wouldn't have asked.

Bevan Choate 28:31

Right.

Bill Gasiamis 28:34

So 35? Well, we'll say is young because I was 37. And that was 10 years ago. And you're 30 you're only 36. Now, so

Intro 28:50

if you've had a stroke, and you're in recovery, you'll know what a scary and confusing time it can be, you're likely to have a lot of questions going through your mind. Like how long will it take to recover? Will I actually recover? What things should I avoid? In case I make matters worse, and doctors will explain things that obviously, you've never had a stroke before, you probably don't know what questions to ask. If this is you, you may be missing out on doing things that could help speed up your recovery.

Intro 29:20

If you're finding yourself in that situation. Stop worrying, and head to [recoveryafterstroke.com](http://recoveryafterstroke.com) where you can download a guide that will help you it's called seven questions to ask your doctor about your stroke. These seven questions are the ones Bill wished he'd asked when he was recovering from a stroke. They'll not only help you better understand your condition. They'll help

you take a more active role in your recovery. Head to the website [nowrecoveryafterstroke.com](http://nowrecoveryafterstroke.com) and download the guide. It's free.

## Getting Back To Professional Life After A Left Cerebellar Stroke

Bill Gasiamis 29:53

What have you been able to do and get back to since the stroke you back in any way in your capacity as a surgeon or a doctor, are you doing any of that stuff? Are you still on the road to recovery?

Bevan Choate 30:06

I am. So I'm back in the capacity of like a clinical neurologist. So I can see patients in the clinic, you know, make diagnoses prescribe and I can do some very minor procedures in the clinic, I'm still not quite to the place I need to be to do any significant operations like in an operating room. I'm still working towards that. But that may take a little more time, but I have regained quite a bit of ability.

Bevan Choate 30:40

You know, I still have some left sided left hand ataxia, my balance is a little off, I mean, that's not the balance issue is not enough to really preclude surgery or anything but the left hand fine motor manipulation is still fairly off. And so that, even though I'm right hand dominant, but that may keep me out for a while. So I'm still doing, rehab and things like that to try to get back to full capacity. But I'm not certain that I'll ever be like, fully back to 100%. In that in that regard. Yeah, things are definitely improving.

Bill Gasiamis 31:24

Yeah, I can relate to that. 10 years out, things have improved a heck of a lot. My left hand is still a little bit off the game, it's still numb, and it's still a little bit off the game. And coordination is mostly Okay. When I get tired, it just decreases a little bit, and I get a little bit wonky on my legs. And my left side wants to go to sleep before my right side for sure. Yeah, so that's interesting. Has this experience made you a better doctor?

Bevan Choate 31:57

Absolutely. I don't know. I mean, it's kind of like, especially, I guess. I mean, yeah,

like, in one sense. You know, being a urologist who has been catheterized. That's a huge thing. You know, that's like, it's funny, because I used to tell people, Oh, it doesn't really hurt coming out, it just hurts going in.

Bevan Choate 32:23

And then I had one, and then I'm like, Oh, I've been lying to people for the past nine years. So yeah, I mean, there's lots of like, practical examples, but I would say like more than anything, just the ability to kind of like really empathize and get down to the level of like, what someone goes through when they are in fact sick.

Bevan Choate 32:49

When surgery is planned and things like that. What are some of the things they think about? Like, what are their concerns? I think it was like, Harvey Cushing was the famous doctor who once said, it's not enough to treat the disease, it's not enough to treat the diseased organ, but it's you have to treat like the entire patient.

Bevan Choate 33:18

And, essentially, like the world in which he exists, so it's kind of like, I mean, you can't plan to do something that might have a risk of someone, like losing their entire career over and stuff like that people have different motivations. People have different needs, financially, physically, emotionally, in their lives. And I think I'm just a little better, or like more in tune with that, I guess you could say, now, certainly.

Bill Gasiamis 33:55

Yeah, that makes complete sense to me. So the interesting thing that you said about the catheter is, after surgery, they removed my catheter. And that was a task. And it was an interesting experience, to say the least. But then, the night after the surgery, I had a real crazy temperature and things were going horribly wrong and they didn't know why. And my amazing, amazing nurse just pulled out all stops to make sure that I was, well, ice bags all over my body, you know, the whole box and everything. And then he actually and I was half out of it. And then he actually leaned into my ear and said, Look, we're going to have to put the catheter back in.

Bevan Choate 34:49

Yeah, that's funny. I had a male nurse as well. And I was awake, initially because I just hadn't urinated in a very long time, and I think it was more than anything was just, it just wasn't on the forefront of my mind. Because of all the stress of everything going on that whole day. And, you know, like, four hours quickly turned into like, 20 hours without urinating, and then, the guy's like, we're gonna have to place a catheter, and I said, Yeah, we probably should.

Bevan Choate 35:23

And I gave him all kinds of pointers, I'm like, I do this every day, I've placed 1000s of these. I gave him all these pointers. And then he looked at me like I was trying to sell them a timeshare or something. And he did not take any of my advice. And then it was the most painful, awkward experience. And I'm like, Look, man, I'm this is like a master class right here. And he just did not care. No, not at all. It was painful.

Bill Gasiamis 35:53

Yeah. And that minus did a great job. He was still painful getting it in. But I wasn't going to argue with him. I was really unwell. I wasn't going to at all, give him a hard time about it, just do what you have to do. And he got it in. And then of course, we had to take it out again. You know, short amount of time, and in two or three days, it went out and in and out again.

Bill Gasiamis 36:19

And it's something that you remember, you definitely remember. But it happened while I was being extremely well cared for. That's so kind of takes the the difficult part of the experience away, because I know that this guy was going out of his way to support me. And one of the challenges that he had was because it was so late at night, he wasn't getting enough of the support from the attending doctor at the time. And the doctor failed to pass on some information about blood tests or to order blood tests or something like that.

Bill Gasiamis 37:06

And the next morning my surgeon walked in, and she was debriefing with both the doctor and the nurse. And she said, Where are the bloods? The nurse said, I ordered them last night, but I haven't received them yet. And she looked at the doctor. And she'd just toss shreds through him in front of me and everybody. I said to him next time and experienced nurse gives you this information, do not under any circumstances, ignore them.



Bill Gasiamis 37:37

And make sure that you deliver the bloods that they are requesting from you. So knowing that those two people, and I know that doctor deep down had my best interests at heart. But knowing that those two people really had my best interests at heart took away all of the difficulty that I experienced in the treatment that they were offering me, it was like, Okay, it's just part of the process. I've got to go through.

Bevan Choate 38:08

Right. Yeah. I think, having been in the in the medical field, like, kind of recognizing some of these shortcomings and things. I'm like, Yeah, I know, that sometimes happens. I know why that would happen. And all these other things. So I think it was helpful in the sense to kind of, at least it gives me some peace of mind that I'm not getting angry over silly things like that.

## **Writing The Book The Stroke Artist By Dr. Bevan Choate**



Bill Gasiamis 38:37

So, was the book something at the front of your mind? Was writing a book is something at the front of your mind? Before all of this?

Bevan Choate 38:49

No, not at all. Actually, I can say, zero. You know, I've never thought of that, at all. I mean, the only thing outside of neurology that I was doing before all of this, in terms of extracurriculars was spending time with my, she was my fiancée at the

time. Now wife, but doing that fly fishing and painting, so I started painting with palette knives and things like that during COVID.

Bevan Choate 39:29

But I had no aspirations whatsoever to write a book. And that thought occurred to me more as like a suggestion. So one of my urology colleagues, I was telling him some of these stories about being catheterized and like, some of the vivid dreams and things I was having under sedation, and he said, you know, some of these things are really interesting, funny, whatever. Are you sure you shouldn't really write these things down? And I said, No, I don't really want to remember a lot of these things. I just flat out told him no.

Bevan Choate 40:11

And then he said, well, think about it. And so I said I will, you know my left hand is completely useless right now. It's like feral, maybe I'll just write some of these things down, almost like a journaling exercise or something, just because I do need to work on my typing skills. It's, unfortunately, a pretty big part of my job. And so, it started more as like an occupational therapy, rehab exercise and then, after a few pages, it just seemed like it kind of wanted to take a life of its own on and I was like, well, this may be valuable to other people, like to have this perspective.

Bevan Choate 40:56

And to maybe, kind of gain some insight on how to recover from stroke, and maybe how to deal with like, a really horrific life-changing event, maybe with themselves or a family member or something like that. So I've said, maybe there's some value to this. And so, when I was in physical therapy, occupational therapy, doing an intensive daily therapy, that I actually said, Okay, I think I'm really gonna try to do this and write a book.

Bill Gasiamis 41:31

Let me tell you, it's a weird thing I'm going to say, it's really good when a doctor knows what it's like to have a stroke. But I hate that you have to know about it the way that you learn about it, it's terrible. I wouldn't wish that on anybody I'd rather you never knew. But now that you know, since you know, absolutely, the best thing that you could be doing is educating people on the stroke journey from a doctor's perspective, because I think you are going to make the lives of stroke survivors far better.

Bill Gasiamis 42:11

Simply because now you have both filters, you have the doctors filter, and you have the stroke survivors filter. And bringing those together is such a rare, unique thing. And we struggle as survivors who don't have a medical background or don't know doctors, we struggle to bring the worlds together, and then to also impart on the MediCal, fraternity how they need to go about treating us differently than they treat somebody who's got a broken leg.

Bill Gasiamis 42:52

And I'm sure, and I know they do, generally speaking, but it's the information that I've missed, for example, at every meeting with my doctor, because my brain is not comprehending what they're saying. It's the fatigue that makes it impossible for me to actually retain any of the information that I'm hearing from the other side of the desk. It's all that stuff that, it's all the noise, the extra noise and the sensitivity to light, and the crazy things that happen when you're trying to do rehabilitation.

Bill Gasiamis 42:52

And walking drains you for an entire day, because you just started to learn how to walk again. And that's the hardest thing you've ever done. So your insight is so useful. It's such an amazing thing. And now, I think you're in a unique position to dramatically improve people's lives and putting it in a book is such a great gift to us. And I hope that it does, it offers you, it gives you more back than what we're getting. I expect that it will but it's such a great gift to stroke survivors who don't have your background who don't know what you know about the medical world.

Bevan Choate 44:14

Yeah, it's very interesting. Like there are definitely things that I didn't know. Obviously, things that I learned along the way and areas where I think there could be some improvement and, sort of things that I had to kind of figure out for myself.

Bevan Choate 44:39

One example would be like there's not or at least, I don't know, maybe it was just me, that maybe I wasn't seeking it out well enough but there are a lot of us out there you know, and I didn't find until very recently that having a community and like a fellowship of stroke survivors is just so crucial. And it is like a thought, there's just a thought that never crossed my mind initially, because you have so

many things on your plate, it's like, I gotta get my hand back to this good, I need to walk without a walker, I need to learn how to drive again, I need to do all these things.

Bevan Choate 45:30

And you know, one of the most important things, having a solid, emotional foundation and place of support where you can go and talk things out, you know, not having any of that stuff. It was kind of confining, it made me feel very isolated, and in many ways. And now that I'm like, I guess you could say active in a support group. It's just, it's incredible. It's funny, the first meeting that I went to was on Zoom.

Bevan Choate 46:10

And they recorded the meeting, and they sent an email out to show me the recording. And I was smiling, like ear to ear smile the whole entire time. It was like a 45 minute or two an hour group. And there was not a second there I wasn't smiling. It was just cool to like, meet all these other people that were like me, that experienced the same hardship, if not way worse, or maybe a little better if they were lucky, but it was just a great group of people.

Bill Gasiamis 46:49

Yeah. And it allows a doctor to hang out with people that normally wouldn't hang out with. You know, just simply because of the world that you work in, you wouldn't hang out with a lot of these people. I've had people on the podcast, that are doctors, and I've had people on the podcast that were gang members in LA. And let me tell you, there's no difference between me them and you when it comes to talking about stroke recovery and our desire to get better, and share and learn from each other and turn this thing that happened to us into some kind of a positive to find a positive spin on it.

Bill Gasiamis 47:36

No difference between the three extremes of life no difference at all, you know, and it's just so amazing to be able to have me, and I never expected to have a gang member who has been involved in terrible things in his life before. He grew out of that, and then became middle aged and then had a stroke, and then a doctor who's 35, who's doing surgeries and things like that. I've never hung out with people at that speck, either side of that spectrum before. It's such a world expanding thing to be able to experience you know, in the most positive way.

Have you by any chance got a copy of the book nearby?

Bevan Choate 48:29

I do actually. I have one. Here. I believe you give me one second. Yeah. Here it is. It's called the stroke artist.

Bill Gasiamis 48:54

And tell me a little bit about the book as far as what it's about.

Bevan Choate 49:01

So it generally starts out as just kind of like, what happened to me, sort of chronologically, maybe a little bit of background and then and then kind of straight into what the experience was mostly like the absurdity the hilarity of some parts of some of this stuff, as it goes on, it goes through some pretty terrible things happen. I had to get a total of three brain surgery, well, I wouldn't say brain surgeries but, skull then brain surgeries.

Bevan Choate 49:43

And a lot of time in the ICU, a lot of time under sedation. During the sedation period, there were these like, it was almost like living in a just a different world. Like kind of a vivid world, basically, that to me was just as real as you and I are talking right now, but it's kind of funny. In the stepdown hospital I was asking my wife, all of these questions, you know, as if they had happened as if they were real.

Bevan Choate 50:19

And she said, What are you talking about? Are you crazy or what? I said yeah, I think so. And so then from there, we went through, like a stroke rehab program, kind of just detailing the experience, sort of what that's like, what the expectations were, what kind of therapy I was doing, and that sort of thing.

Bevan Choate 50:19

And then, the end is more like, what's kind of like all my perspective on this stuff, and How's it changed? And, how are things gonna go moving forward? And that sort of thing. So it's just kind of a big summary of the whole process. It's a fairly short book, but I think that's good in the in the modern era.

Bill Gasiamis 51:10

Yeah, with the attention spans being. I love some of the things on the back page.

You know, there's a paragraph there that says, brave and irreverent. The stroke of an artist is an unforgettable firsthand divulgence, of facing the unthinkable tragedy, and emerging victorious to tell the tale.

Bevan Choate 51:33

Yeah. I mean, the victorious in the sense that I'm here talking to you now, you know, whether I'm going to be a urologist again, and my full capacity, time will tell, but, it kind of puts things into perspective, those things may all be secondary in the grand scheme of things.

Bill Gasiamis 52:00

Yeah. And that'll evolve and emerge. And it'll all happen, as your recovery continues to occur, and things become clearer to you and things become to come into your awareness. And, you know, it might be that your role is completely different in this space.

Bill Gasiamis 52:20

But it is still involved with influencing the medical world about how to go about better supporting or dealing with stroke survivors and their families. So you just never know. And that's one of the amazing things about putting yourself out there like this writing a book is putting yourself out there in a way that you have never done before.

Bill Gasiamis 52:49

Far more visible than your role inside of a hospital ward and inside of a theater. And we get to have a deeper insight into the mind of a human stroke survivor, surgeon, doctor, that we very rarely get to have. And again, that's another gift that we get to have, because of this shitty experience that you had to have.

Bevan Choate 53:23

Yeah. I appreciate that. It's well put, yeah.

Bill Gasiamis 53:28

My pleasure. The other thing that I like, I'm gonna read pretty much the whole back of the book here is at 35. Dr. Bevan was a successful surgeon and the captain of his own ship. Suddenly, in the blink of an eye, he was alone and adrift, the victim of a massive stroke.

# Accomplish The Impossible



Bill Gasiamis 53:46

And then you've got quotations. Your thinking, self begins to panic, you're revving the engine with the pedal to the floor, but the clutch is still in first gear. You have been told by every impassioned therapist, that the brain is an amazing thing. And they all have a story of Methuselah returning to rollerblading at six months after his stroke.

Bill Gasiamis 54:13

That was worse than mine. So you ask yourself the impossible. You say, Look, you son of a bitch. We are going to do this. Even if it kills us both. And you make something happen. The first few times you look like an absolute fool. You stumble, you literally dropped the ball, you are failing, but at least you are doing it in style.

Bill Gasiamis 54:39

Then, after lots of failing, you begin to start succeeding. You accomplish the impossible. Your soul, your being, your amazing brain just won a battle that puts you that much closer to winning the war. Men, water couple of paragraphs there, there is some powerful stuff.

Bevan Choate 55:04

Thanks. Yeah, it's just kind of my personal experience with some of these things like, I don't know, walking, for instance, like, anything, I mean, it's how many skills do our therapists ask us to try to do and then, at some point, we just have to kind of do it, out of thin air, use some previously unused part of your brain to try to make up for maybe a part that's now gone.

Bevan Choate 55:40

And so yeah, it's very difficult, as you know, right. But it's incredible, what I think people can do, you know, I'm not the only one that's experienced something like

this, I think, several, you know, 1000s, if not millions of people have, but yeah, it's a pretty incredible process.

Bill Gasiamis 56:13

In hindsight, do you think that your career set you up for a really good outlook on stroke recovery? And did it help you with your thought process of, you know, how to tackle this, and perhaps seeing all those amazing stories of people that you've helped to recover from serious stuff? That didn't help?

Bevan Choate 56:38

Yeah, I think people's, it's kind of weird to put these in the same sentence, but maybe like, people's willpower, and maybe even, like, their spirituality and things like that. Definitely do have a bearing on, like, their medical and surgical outcomes. I can't quote any papers, but it's like one of those things, you just know it when you see it? And so I think it's definitely helpful.

Bevan Choate 57:16

Yeah, it's difficult sometimes to always, you know, like at least in my initial recovery, I was kind of like a sponge. I was like, oh, because, and sort of with a sponge that has a slant towards, am I going to get better? Am I going to get better? You know, everything you hear that's positive, you kind of put that in your pocket and keep going. But the negative stuff you're like, well, it may not be me. I don't know. But yeah, so.

Bevan Choate 57:45

But I will say that, I think those things are important, I think a lot of the things I heard were very helpful. Some of the things that I heard, that I know, you know, people were coming at it from, they were in definitely in my corner. But to me, it sounded very different. When people were saying like, well, you're gonna be okay. I mean, you're so young, right? Like, you're gonna be fine. You're so young. And I'm saying like, Well, do you know that? Like are you a qualified? You know, are you a prophet? Or are you a qualified, medical person to say something like that?

Bevan Choate 58:31

Because, you know, when I heard people say stuff like that, it kind of felt like it put all the burden on me. Like, if I don't get 100% better, it's going to be because I was lazy, because I should have been able to do this, I was young, I am young, I should be able to make a full recovery. Right. And they don't know that and you



don't know that. And so I think it's, some of the promise of that is a little kind of much for maybe a young stroke survivor to hear.

Bill Gasiamis 59:04

You know, what I think that is, I think, because I had the same experience, I think it's the other person. It's obviously more about them than it is about you, but it's the other person trying to convince themselves that you'll be okay. So that they don't have to deal with your lack of being okay, or your death or your total and permanent disability or whatever it is. So what they're doing is they're putting it out there. They're hoping that you're gonna say yes, so that they can go home and sleep at night.

Bevan Choate 59:41

Right, right. Yeah. Yeah, I think. Yeah, and that's fine. You know, I mean, in a situation like that, I mean, it's kind of like, you know, I I don't know how things are gonna go for me, but you know, it's things might as well you know, go go pretty well for you. You know, it's Yeah, that's fine. That's, that's great. But yeah, and you know, like, there are many times in my hospitalization where I came pretty close to dying. Not that I necessarily remember those I feel more sorry for like my family members and my wife. But But yeah, I heard a lot of, well, if you if you survived that, then you know, basically getting back to 100% will be will be, you know, walk in the park, and then it's not it's, it's, it's definitely the hardest thing I've ever tried to do in my entire life.

Bill Gasiamis 1:00:40

Yeah. And, you know, on the other end of the spectrum of that version of response from somebody that comes to visit you is the is the doctor that says to the patients, you'll probably never walk again, or let's expect not too much from them, it's probably all they're going to regain in a psych or God, like, why would you say that? What's behind the mind of a doctor who gives an opinion like that, rather than makes a statement based on facts on solid evidence.

Bevan Choate 1:01:17

Yeah, I think there are definitely some situations where there are just there are not enough facts or data points, like for the physician to to make an accurate statement. And then there's the situation where they probably do have enough data points, but they would they seem to want to, like set expectations low so that if they are exceeded, then then you both look good.

Bevan Choate 1:01:46

And so it's kind of like, Yeah, you get a lot of this, I guess, sort of negative self talk or negative thinking and in the medical field too often. And I think it's, I think it's, you know, like, has to do more with like brain chemistry, where if you say, Oh, well, this thing probably won't go well, tomorrow, you know, the, the hand were dealt is bad, like things will probably not go all that great. Well, if they don't, then you know, your brain gets a little dopamine hit, because think you are correct. And if you're wrong, and things go really well, then the brain gets a massive dopamine hit.

Bevan Choate 1:02:32

So it's like a it's a win-win either way, you know, and I think that's, I think that's not totally unique to doctors, I think a lot of do this, they'll say, oh, this meeting is not going to go well, tomorrow, or my presentation is going to be bad, or this job interview is going to go poorly. And I mean, I don't know, it's just a it's a really negative way to live. You know, I don't think people find that way of living, very fulfilling, but But you know, I think, but yeah, it definitely is more, you know, pervasive in the medical field.

## **Setting Expectations**

Bill Gasiamis 1:02:35

It's just, you know, there's more at stake in the medical field, you know, when you're giving that kind of feedback to somebody just way more at stake, and you could set the person off, down a negative spiral of, you know, losing hope. And what I feel doctors should be doing is offering hope, where all hope seems lost, because let's face it, that's what you actually do. When you take somebody into the surgery, and you use a scalpel to open them up.

Bill Gasiamis 1:03:44

Before you amazing people existed, there was no hope for those people. And now surgeons only in the last 100 years, are offering hope, where there was no hope before. So they've done all this amazing stuff, and then they're dropping the ball in that space. You know, some doctors are dropping the ball in that space where they could offer hope, but we understand not set the expectation too high so then people are let down because you said I was going to be 100% better or whatever.

Bill Gasiamis 1:04:22

No, no, we don't want that either. But we also don't want doctors to just decide that we are probably not going to see much better results than that. And to be blind to be unaware of their own blind spots. I suppose that's what it is. Actually, that's where I'm coming from, you know, and I get and I get the doctors, they want people to get better. That's what they do for a living. It's just sometimes those words come out of their mouths and all the lots of people that I've interviewed on the podcast will tell me That's what they experienced. And they are grateful that they prove their doctors wrong. And that's kind of like a win. Well, ha, I proved them wrong.

Bevan Choate 1:04:40

It's empowering on their part for sure.

Bill Gasiamis 1:05:15

But I never hear from them. I never hear from the people, the people that that are not on my podcast are not the ones that are that haven't done well. You know what I mean? I'm not getting contacted by people to be on the podcast, when they are doing really, really badly, and they don't want to, and they don't recognize any part of their life and life's terrible and all that none of those people are contacting me. So I'm wondering about them and where they are and how we can reach them. And I'm hoping we're reaching them and just offering them hope here. That's, that's what I want to do.

Bevan Choate 1:05:51

Yeah, to your point about the expectation setting. You know, I've seen doctors operate on both ends of the spectrum where the promise patients the world, which is not, which is totally wrong, and then there's the ones that are like, you know, this is probably not gonna go well, you wouldn't say it that way. But you know, I mean, they're hinting at that. And, and, yeah, you definitely have to find a middle ground.

Bevan Choate 1:06:19

And just, I think it's weird, because like, some patients will just, you know, more than anything they want to be, I think they want to be, you know, they always say, shoot me straight, you know, like, tell me exactly what is going on, what's the prognosis, and this and that, and sometimes, you know, we could lose sight, and how we deliver that information.

Bevan Choate 1:06:42

I think it's important that you, have to be you know, truthful, honest and open, but I think you can have a little more tact and, I think, yeah, and to the people that have you that may not necessarily get the outcomes they want. I think one of the things is like, my whole perspective on like, the kind of my life even like, a lot of things going on in my life after the stroke is that I try not to really set goals anymore.

Bevan Choate 1:07:20

That sounds pretty bad, right? Because we're all told, since we're kids, that we've got to have goals, and we've got to achieve them and everything. But I try to, like, live in such a way where I have, like, either repeatable habits or, you know, like repeatable habits that bring me joy. Like, for instance, I started trying to run again. And from a guy that used to run at, you know, 30 miles a week, I hit a, like a little benchmark the other day of half a mile.

Bevan Choate 1:07:55

I was totally proud of myself. And the only reason was because I did just a little bit more like every day, and I wasn't like, Okay, well, I think I'm going to start with two miles, because, anybody should be able to do that. That's not true. I mean, and I think sort of, you know, tempering those things that we call goals down to like, things that we may look forward to and need to kind of have some sense of fulfillment like, and just keeping them and more of a habitual format, I think is very good, and it can be very fulfilling for people.

Bill Gasiamis 1:08:36

Now, one of the people that I met very early on, probably 10 years ago, very early on in my recovery, was somebody who had a stroke and following his journey to getting back to walking. And I remember, one of his first posts was that he managed to walk, I think it was, you know, 10 meters or some very small distance. And he said, it only took half an hour or something like that.

Bill Gasiamis 1:09:05

And it was phenomenal to read his post about how something that he would have done without thinking about just weeks earlier. Yeah, happened to become one of the most dramatic experiences of his life, after the stroke, to get to walk that short amount of distance and only took that long is like, wow, okay. So what I knew from that was that he had, in his mind, the goal was to work, walk further,

and in a shorter amount of time, at some point, no deadline on it, no timeline.

Bill Gasiamis 1:09:47

Just let's see if I can improve on yesterday and go a bit better than next day. And was it hard on himself when he didn't improve? He was just up and getting up and just trying to get further and further and now About 10 years down the road, he's still has a, a walking a four, a four stage walking cane or not sure what they called, and, and is quite mobile and quite active in getting back to work in the capacity. That in a field that he was previously involved in, and his life has improved his life is getting back on track, he does face a lot of challenges and struggles that other people don't.

Bill Gasiamis 1:10:35

But he's not letting those things stop him from going after his wins, and he hasn't said this to me, but it's exactly what he's doing. He's doing small repeatable things that as a result of that, get him at the beginning, very small gains, and then those gains just compound and they become greater and greater. And then 10 years down the track, he's looking back going, look how far I've come. Figuratively, and literally.

Bevan Choate 1:11:08

Yeah, cuz if I've said, Well, you know, I should be able to run two or three miles now, you know, because before I could run this for you know, if I tried to do that I'd likely fail. And to be honest, at this point, I would, you know, fail. And then I may say, well, you know, I'll get back to it. And then I just never would, as simple as that, you know? So, yeah, I think there has to be a little bit of a psychic shift when it comes to how you view fulfillment and things like after stroke. And I'm not saying you have to lower your standards, but they're just different, you know?

## **Evolving After A Left Cerebellar Stroke**



Bill Gasiamis 1:11:52

Yeah, they are. They're still high standards. They're just differently oriented. And, the approach is different. And how hard you're gonna go has to be different. And how gentle on yourself has to be different? Because I like to think that the people that go through something like we've been through are evolved, it may not appeal that way, at the beginning, but they are evolved, they are living a life, that very few people get to live in experience.

Bill Gasiamis 1:12:35

Most people get to live in experience, this is just me making up stories, perhaps the quote unquote, normal life. Very few people get to experience that evolved version of life, because it's growth that happens, you've, you have another perspective on life that lots of other people don't get to have. And I don't necessarily want that to be a negative thing for people.

Bill Gasiamis 1:13:03

I don't want it to only be negative, I want them to also experience it as a wow. Like, as a wow moment, not only this is difficult, horrific, terrible. And all the things that could be why can't Why can't it be an evolved version of existence of being that very few people get to experience and therefore that makes you wiser, greater to be able to empathize with a far larger group of people in our community than before? Yeah. And and use that to make your life and their life better.

Bevan Choate 1:13:50

Right. Yeah. And totally agree with that. It's it doesn't all have to be been doom

and gloom, as they say.

Bill Gasiamis 1:13:58

No, definitely doesn't. So your book, the stroke of an artist is available, where if people want to reach out to A, connect with you and B, buy the book, where would they go?

Bevan Choate 1:14:12

You go to [thestrokeartist.myshopify.com](http://thestrokeartist.myshopify.com), or the stroke artist is also on [amazon.com](http://amazon.com), which I think is probably the easiest way.

Bill Gasiamis 1:14:31

Yeah, yeah. Excellent. And it's a real, inexpensive purchase. I say, it's not that expensive to buy. You can also get it on Kindle, which is the electronic version. And, you know, probably the only thing missing is the audio version of it. Did you manage to get an audio version out?

Bevan Choate 1:14:58

No maybe later down the road, I gotta see where I'm at. But yeah, not quite yet. Would you want to do the audio version for me?

Bill Gasiamis 1:15:12

Well, you never know. I might, too. But you know, what I love about audio books? is I, I download the ones, especially where the author has narrated the book. Because then I get to hear in the author's own voice, and expressions, what they're trying to say, in words in the book.

Bevan Choate 1:15:35

Yeah, absolutely.

Bill Gasiamis 1:15:36

And it's a far better experience than an aussie guy, trying to read the book of an American guy, who's a doctor and a surgeon. And this guy over here is just a trades person who's only ever worked as a painting contractor.

Bevan Choate 1:15:50

Okay, all right, fair enough.

Bill Gasiamis 1:15:53

I'm not, that good of an actor, that I can pull off a surgeon from the United States,

I couldn't do it. So anyhow, it's just something. And the reason I mentioned that is because lots of people can't read after a stroke. And at some point, they may love to hear your book instead of read it. And it's just something for you to think about for the future. No pressure there.

Bill Gasiamis 1:16:23

And that's why I love the podcast is because I get a video version that goes on YouTube, for people who want to look at us, I turn the audio version for podcast, Apple, iTunes, or Spotify. And, then I get somebody to transcribe everything that we've said and put it into a document that they can download from my website.

Bevan Choate 1:16:48

Yeah, I mean, I completely understand that, you know, I certainly couldn't read. You know, immediately after the stroke, it took me a while, I had to wear those, for a while I had prism glasses I started with an eyepatch then it went to prism glasses. And then I went to plus one readers. And then ultimately, my vision after lots of vision exercises. Gosh, I didn't even know there was such a thing. But yeah, now my vision is, at least I feel like it's back to normal. I think it's back to normal.

Bill Gasiamis 1:17:28

Yeah, that's great. You know, the worst gift that somebody could bring to you after a stroke in hospital is a book that's that thick, and expect you to read it.

Bevan Choate 1:17:37

Exactly I mean, I couldn't read text messages I was kind of a nightmare. And, you know, the prism glasses, they need to try to make those look a little more chic. You know, they're pretty bad. One of the nurses in the rehab hospital asked me, she saw me wearing the prism glasses, you know, and for those who've never seen them, they're like, these gigantic Coke bottle, you know, circle glasses. And, you know, she said those things work? And I said, Oh, yeah, like, nobody hits on me anymore.

## **The Little Things**

Bill Gasiamis 1:18:18

Yeah, and they, they work to keep everybody away. I know the ones you see those little things that really make a massive difference for some people who are in recovery, right is not having to wear something that looks so terrible. That would



really make a huge difference. You know, with children. Now in Australia, at least I don't know about anywhere else in the world. Prosthetics a lot of prosthetics are getting pimped up with, you know, Marvel characters or the Disney character or whatever, so that the child sees this thing and instead of being repelled by it, is drawn to it and wants to have it on because look how cool it looks.

Bill Gasiamis 1:19:06

And can you imagine all the amazing feedback and comments they get rather than stairs? And the oh my god, they get all these? You know, beautiful responses which are well, I love Spiderman, perhaps oh my god, isn't that a pretty Disney character or whatever? It is like those little things make a huge difference to the way people feel about how their identity has changed since that experience of their your health has impacted them, you know?

Bevan Choate 1:19:43

Right. Yeah, absolutely.

Bill Gasiamis 1:19:47

Bevan, I really appreciate you reaching out and filling out the form and saying Kombi on the podcast, man. It was a great pleasure to receive that email and then have you on the podcast get to know you a little bit and Share your story. And hopefully, hopefully you go from strength to strength. And your book makes a big impact on people who need to read it. And your career evolved so that you can get back to doing what you love as well as hopefully improving patient outcomes. Just because you're a doctor who had a stroke.

Bevan Choate 1:20:24

Yeah, I appreciate that. Yeah, it's weird. Obviously, I didn't think about you know, any of these things. Like, initially right after the stroke, over this past year, I'm kinda like, yeah, I don't know, you know, like, maybe I could probably help a lot more people in this space than then what I was doing not that, you know, what I was doing wasn't, like, my career or whatnot, and what I wanted to do, but yeah, it's just kind of given me a whole new perspective. And seems a very cool, community, you know?

Bill Gasiamis 1:21:04

Well, I'm not glad you're part of it, or Thanks for being part of it.

Bevan Choate 1:21:10

Absolutely. I'm glad to be a part of it. Now. That's for sure.

Bill Gasiamis 1:21:15

Thanks for being on the podcast.

Bevan Choate 1:21:17

Absolutely, man. Thanks for having me on.

Bill Gasiamis 1:21:19

Thanks for joining us on today's episode. I really appreciate it. I told you it was gonna be a cracker. Dr. Bevan Choate, unfortunately, has become a stroke survivor. But isn't that amazing? The kind of role that he's decided to take after his experience with a stroke and the message that he's trying to put out there and the impact that he's trying to make as a stroke survivor for the rest of the stroke survivors and the rest of this community. I think it's to be commended. And I really appreciate him sharing his story.

Bill Gasiamis 1:21:51

Go ahead and check out his book in the shownotes you'll find the links to his Instagram and where you can get the book. And I really would love to encourage you to comment like and share this episode. If you're watching on YouTube. On YouTube comments, subscribe, hit the notification bell to get updates of new episodes as they become available. The more interactions the episode has, the more the algorithm will push the episode out to the people that need to see it and the greater the impact the interviews will make. Thanks again for being here and listening are really appreciate you.

Intro 1:22:27

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Intro 1:22:57

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Intro 1:23:22

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Intro 1:23:46

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