

How to Give Yourself a Shot

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"I won't look at you or the needle," I say as I pull up my sleeve.
"Only the kids look at me or the needle," says the healthcare provider as she swabs my arm with alcohol. "Adults look everywhere else."

I tilt my head and shift my weight, "Really? Say more. Do lollipops still work? Oh, you use stickers now? Are they all Sponge Bob? Can I take one?"

I do not care about lollipops, stickers, or what works with kids. I don't remember getting shots when I was little, but my sister Emily says, "You were the worst! You did the herky-jerky; you screamed. The nurse had to call Dr. Moore back in to hold you down. I kept my mouth shut and took it, but you caused a stink. I was so embarrassed."

Stalling with healthcare providers between the swab and the needle is a standard part of my *modus operandi*: rubbing alcohol evaporates from your skin in approximately 60 seconds. But most healthcare providers don't wait – like figure skaters in competition, their transitions are quick, pre-planned, and appear seamless: swab skin, dispose of wipe, uncap needle, steady patient arm, administer injection, place medical waste away from patient, apply pressure and bandage, dispose of waste, and give patient sheet with instructions for aftercare.

If you wait for the alcohol to dry, it no longer stings. This was the first lesson I received on how to give yourself a shot. It was 2013 and I had just been diagnosed

with a relapsing-remitting course of Multiple Sclerosis (MS), a progressive neurological disease. The diagnosis came after the discovery of 11 demyelinating lesions in my brain (five of which were active) and one lesion on my thoracic spine. I experienced my first symptoms seven years before – a week-long loss of peripheral vision in my left eye. The optometrist diagnosed stress. Later, after attempting to ghostwrite a book while working full-time, I took off a heeled pair of boots in front of a fire and noticed that the soles of my feet felt as if they were covered in sand. Within three weeks, I could not tell you if I had shoes on. The tingling stopped after a round of steroids post-diagnosis, but the feeling like my feet have sand on them persists. Clinicians call my temporary loss of vision optic neuritis; I am told my foot condition is called neuropathy.

While there are pills available to treat MS, my first neurologist recommended that I opt for a weekly interferon shot– “you can give it to yourself at home. Biogen, the drug manufacturer, will send a home health rep out to your house to teach you how to do it.”

I remember shaking my head. “I can’t do that.” I would rather clean the cat box. Rake leaves off a concrete walkway. Speak on live tv. Anything but sticking my skin with a needle on purpose. There are generations of dentists that have laughed with my mother about the howls I made before Novocaine.

“Shots are the easiest place to start,” said the neurologist. “There are over a dozen medications you could try – each of them has a different mechanism that aims to delay relapses and postpone the progression of your MS. But many pills and infusions have a greater risk of severe side effects, including the risk of progressive multifocal leukoencephalopathy (PML), a brain infection that can be fatal. The interferon medication I am recommending has been on the market since 1996 – it has one of the most well-established safety records of all MS medications. If you are risk-averse, this is the one I recommend.”

I didn’t know much about MS. I knew a former co-worker with primary progressive MS had used a cane – and went on disability before she was 30, fully expecting to need a wheelchair sooner than later. I was told that the National MS Society now estimated up to 20 years between diagnosis and a cane for many people with MS and that medications were helping more people continue to work and enjoy

greater mobility. I resolved to opt for the shot – even though I hated the idea of needles.

“Can you do this? Can you really give yourself a shot?” My parents had long since divorced and remarried but were united in their skepticism. My husband Ken reassured them, “I’ll help her through this.” I remember Ken winking, “If you need it, we are going to get fabulous parking.”

As promised, Biogen sent a health provider for a home visit. The shot administration device appeared to have been designed after focus groups with people who are needle phobic. The first option presented to me was a medical device that is called a pen but looks like a barrel: three times longer than a ChapStick and as wide as a first grader’s glue stick. There is an auto-injector button on one end. The button only works when you pull the protective cover off the other end of the barrel, push down gently to unlock the needle, and press down on your left or right thigh at a 90-degree angle. You count to ten as the needle emerges from the barrel, administers the medication, and leaves a small prick of blood behind.

The first time I tried it without a healthcare provider, it took me 15 minutes to set up, and I still forgot how the safety worked. I kept pushing down on the button, but nothing happened. Then I heard a loud click and felt it pierce my skin. I pulled the auto-injector out and \$1500 worth of medication sprayed across the room.

I cried. “I can’t do this, Ken!”

“Yes, you can, honey.” I got a bear hug.

Biogen sent a follow-up provider out within a week for follow-up training. Ken got a new role: button pusher. The process of administering the shot – also got a new name “shot night.” When I tell new friends it is shot night – they ask what my favorite liquor is, I say “it’s not that kind of shot. It’s a date with a needle and a quest to avoid the kind of side effects that you may have after a COVID-19 vaccine. It is the kind of self-care you give yourself if you do not want a hangover in the first place.”

On the appointed day, we followed instructions. First, in the morning, the shot was moved from the refrigerator to a quiet place in the linen closet. Next, I drank three to four liters of water. *Being well-hydrated can reduce the severity of side effects.* An hour before, I took two ibuprofen. Then I changed into shorts and took an ice pack from the fridge to chill the site. *Ice numbs the area for the needle.* Next, I washed my hands with antibacterial gel. I opened the alcohol swab. *Hold it at the ends, and place*

the swab in the center of your target injection site. Circle the swab outwards. Leisurely throw the swab away as you wait for the alcohol to dry. Then I sat down, positioning my knees at a 90-degree angle. I called for Ken. With one hand, I pressed down on my thigh, gripping the pen in my hand. Ken pushed the button. Click. *Commit don't quit.* I held onto the barrel as we counted to 10, then pulled out the device revealing a 25-gauge needle, five-eighths of an inch in length.

"Good job, honey," said Ken. I capped the needle off.

We observed a tiny drop of blood and a circular indentation mark about a quarter inch in diameter. On went a Band-Aid. I wrote the shot location, medication lot number, time, and date down in a journal. Over the next ten days, a circular rash would slowly appear from underneath the skin – spreading up to two inches in diameter and lasting for up to five weeks. This rash, mild fever, fatigue, and flu-like symptoms are on the list of common side effects of the medication.

After six months of the shot ritual, I went back for a follow-up MRI as I have every year since. The lesions are still there, but they no longer light up with contrast dye – my MS is said to be in remission.

A new version of my medication came on the market – a medication with a longer release that can be administered every 14 days. This version also comes with a better injector: instead of a circular cone, the auto-injector is shaped like a rectangle. Like the earlier version, you take the cap off and push the safety down. But this version has no button to deploy - all you need to do is push and as you do you can watch the medication go in as a window at the top of the device moves from stripes to a green check mark. There are also more options for injection sites: left and right thigh, stomach, and the backs of your arms. The injection spot reactions still emerge and remain for weeks. The flu-like side effects occasionally show up, but I can knock them out in a few hours if I take two Tylenol and go to bed early.

I do not need a button pusher. I do not need an observer. I procrastinate, now opting for an administration time of around 11 pm. *I drink water. I take Ibuprofen. I put on an ice pack for at least five minutes. I wash my hands. I take the ice pack off. I check to see that the area around my injection site is cool to the touch. I use whatever hand sanitizer is closest. I open a packet of rubbing alcohol and swipe – starting at the center and moving outwards.* I remind myself to *wait for the swab to dry. I position the needle at a 90-degree angle. I release the safety. I push down.*

Commit don't quit. I watch the green stripes at the end of the device turn into a check mark. I pull out the device. The needle disappears and locks inside the device. *I put on a Band-Aid, cap the used device, and climb into bed.* I no longer use a journal to document my shot administration – I will see the evidence of the shot for weeks. The mark stays on my skin – no lotion or serums will clear up the red marks that come from within. I take my ability to walk, swim and work as a sign that the medication is working. I am living with Multiple Sclerosis.

“I took my shot.”

“Good job, honey.”