

## One man's real life story of prostate surgery

Steve, this is the header from my friend, retired aviator that I worked for as BDE Surgeon in the late 80's. Thought the perspective had some use as teaching points for Urologists in training and other personnel in the hospital - the letter pretty much covers the outpatient, inpatient and postsurgical experience. Deleted the patient's name.

This is the narrative of recent (this month!) prostate surgery of a good friend of mine. Well written, but prepare to be disappointed in the current military non-battle hospital system.

The real story.

For those who have not had their Prostate Specific Androgens (PSA) checked I advise it. When I signed on with AB Tech my blood screen said my PSA was "elevated" but no one said what "elevated" meant. Mine was 10, then I made an appointment with the urologist at Ft Belvoir and got checked out. We all know what that means!!! The Doc said that he couldn't feel anything but we set up a date for the biopsy, just to check things out. He gave no indication that 10 is a bad number. The clerk also said to be prepared to be bed ridden for three days after the biopsy. This turned out to be not true in the end.. .sorry Freudian slip.. . In typical MSOSA fashion, the day for the biopsy came and we were swamped in MSOSA. I called and tried to reschedule. No response. I called several more time in the following months and got no call backs. So I figured it couldn't be too bad if they would not return my phone calls. WRONG! !! It turns out that the doctor was getting ready to retire and I fell through the crack. Finally, I began to worry and got an appointment at the clinic at Ft Myers to get my blood pressure under control and check my PSA. This time it was 15.7. 15.7 is no Buena per nada. But again the doctor gave no alarm, but said perhaps I should see a urologist.

I feel the need here to differentiate between prostate and prostrate. One is a gland, the other is FLAT.

The guy who saved my life was Marc Erlandson. He was working with (Maj.) Dr. Douglas (who, by the way, is around fifteen years old.) at Belvoir. When Marc found out what my PSA was he called Dr Douglas and they took me in immediately. He set me up for a biopsy. His assistant is a retired Navy Corpsman. For those of you not familiar with the Navy and Marines ... the Marines have no corpsman. The Navy provides them. Unfortunately.. .or fortunately.. .depending on how you look at it, those who go with the Marines become like them.

My "nurse" was about my height, thick, heavy body hair, and heavy body. About 225-250 lbs. Just the sort that you want poking around your private parts while you are in a gown with your back side exposed. The biopsy proved to be Hi Tech, The Doc inserted a "small" tube (read Little League Bat) in a certain place that we guys do not talk about. In contained more stuff than James Bond ever even thought about. It had ultra sound, and displayed the readings on a television screen with coords, and was just within my sight (if I were a Crane).

(For those of you of the younger generation, note the use above of the subjunctive mood, This was taught in school before Walter Cronkite [my old friend who attended the Univ of Texas and dated my mother's friend Sue Steward, and to whom I fed the information on the death of Sean Flynn {son of Errol}, who killed the subjunctive mood in the American version of the English language by saying on live TV "If I was" in 1970.) Never forgive him.

Back to the biopsy. The Doctor was able to maneuver this object, with great ease for himself and much less for me, to achieve the angle and position for the specimens that he wanted to take.

The Doctor told me I would feel a "Sting and a Pop." This high tech device would locate prostate coordinates and angles and drive a needle into the area (the Sting) to gather the core, and then extract it with great force by way of an air balloon popping at the base to extract it (the POP). This became repetitive. "Sting and a Pop." "Sting and a Pop." Et al The "Pop" was much more painful than the "Sting." I suggested to the doctor that perhaps some positive motivation might be in order. Like, if he knew how many of these things he was going to take, he could begin a countdown. This might save some of the teeth that I was beginning to grind down. He agreed, and I was happy to find that there was only six more. Then he cheated at the end (that word again) and said that he thought he would take one more after the six.

Since the tumor was so large he put me on female hormones to reduce it and lower my testosterone level. It is the testosterone that feeds the cancer. The good news is that the day of my operation the PSA was down to 1.4. The bad news is I went through menopause, heat flashes (had to carry a fan with me) got bitchy at times, had a constant urge to rearrange the furniture or cook something. The good side of it is that my hair stopped falling out, and even grew back some. I do not recommend this as a solution to hair loss, however.

Finding out you have cancer may not bother some people but it floored me. I came home and started to learn how to deal with it. After a couple of days I could not go to sleep. I had pains in my groin, my back, and my hips. I could "feel the cancer growing." So, at two in the morning I drove from Williamsburg to Walter Reed, and asked to see a Doctor. They put me thru a battery of tests and (God, I don't know how the doctor kept a straight face) the Doctor came in with the results. He said "Colonel, I'm afraid you have sprained your back." Feel like a fool???? But that is the sort of state it can put you in.

The Military is now under managed care. In the old days you would report to the hospital the night before. Today you are on your own until report time. I came up the Friday for the pre op and they took all sorts of tests. My Doctor told me to be at the hospital at 0730 on Tues. On Monday, Lynette and I rode the train up, took the metro to the Tacoma stop and a taxi to Walter Reed. There is no Cab station at the Tacoma stop, which is unfortunate since is such a nice section of the city. (attempt at obvious humor). You have to hope a cab comes along and then jump out in front of it. (New York Style) This cab turned out to be "DC Cab." My driver had Cerebral Palsy. He could talk but you could not understand him. His head rolled from side to side, his eyes rolled around and his arms did not work too well either. Although we were six blocks from the hotel, he did not know the location. We settled for the area target, (Walter Reed), since he had no idea where the hotel or anything else was. How this guy got a license, I will never know. Gave him a big tip. I do not know

if it was because I felt sorry for him or if it was because I was so happy to get there alive.

There is a nice hotel on the post called the Mologne house where patients and their family can stay. They provide van service to the hospital and back. Just because it is the way I am I went up to the Surgery clinic on Monday to check out everything. They said that they had been looking everywhere for me. Some of the tests that they gave me on Friday are only good for 72 hours. They also said that my report time was 0545 not 0730. I asked them why, if they knew that, did they give the tests to me on Friday. No answer. No answer on how they had planned to let me know that I was due there earlier than previously told. I went back to the lab for more tests.

The major theme at the hospital is bureaucracy, compartmentalization and lack of information flow. The doctors, nurses, people who bring you the food, etc all seem to operate under different chains of command.

At 0545, the appointed hour, we who were about to die assembled in a waiting room with spouses and/or friends. They issued us booties and gowns. They had to go through five gowns to finally give me one that had the ties, etc in place to make it usable and not covered in tape from the last victim. They then took us in groups, like a tour of homes, of the waiting area, the other features and finally to the prep room. Very jolly. But for a man who has had nothing to eat for 12 hours and no morning coffee!!!! The Prep Room had beds lined up like horse stalls, separated by curtains, and we were each placed in a bed. Long wait follows. The next feature in the proceeding was the attack of the chaplains. You could hear them coming. They started at both ends of this lineup of beds, and worked the crowd, lots of loud laughing, passing in the middle and continuing on down the line. So, each person got a minimum of two chaplains. I suggested to them that perhaps it was not the best advertisement to have so many chaplains in the attack position (as if they expected something to go wrong).

Quiet again. Then, the attack of the lesser doctors, the students, the anesthetist/s. They were all so happy and loud for so early in the morning. The pulmonary physician, (who was sort of a cheer leader and gave me OJT on my aspirator in spite of the fact that I have been using one for 12 years and have been instructed by multiple doctors), proceed to place a shunt in my right arm, to allow the drugs to be placed in my bloodstream, all while carrying on a loud cheery dialogue.. He was so carried away with himself that he drove the needle through the vein and out the other side. Lynette saw that and sat down. He said, "Daughters are that way." I said "She is my wife." One ship without air in his sails. The entire group then picked up and moved to my left arm, which was so far unsacred. They were a bit more careful on the next try on the other arm.

Once I was hooked up, they came and offered me another deal, and that is really how they presented it. They said "you don't have to have this, but we strongly suggest you take it. An epidermal spinal tap with morphine. I said "Sign me up. Pain is not my game." Then they rolled me over and put on the spider web. If anyone ever offers you one, TAKE IT. I can see how people can get hooked on that stuff. I can't remember much of what happened the first three days, but the morphine is great. The last words I remember were "He is a hairy one. We are going to have to shave him." I noted later that they kept their word.

Marc was a godsend. He came on Tuesday, stayed with Lynette thru the operation and my achieving some form of awareness, and got her back to the train. He visited, brought flowers and cards, and finally came to the hospital and drove me home, late on Friday. I do not think he got home until midnight. That is many hours out of his life and you have no idea how much I appreciate it.

The Doctors were great, but the shift help needs some strong adult supervision. Over the next few days there was an endless stream of people giving me shots, putting "stuff" in my bag. They would mumble something like "I'm giving you a MUMBLE. MUMBLE." Or "you are getting a banana bag." When I had no idea what a banana bag meant. They had drainage containers that looked like miniature footballs, connected to tubes in my stomach. Three on each side of my navel and others down below. They would come in and say "I have to empty and measure your Foleys. Of course no one explained what a Foley is and I thought for some time that measuring my Foley meant something else. I figured it out over time. Great minds. On Thursday they gave me the morphine pump, which allows a measured amount of drugs over a set time. It became my great buddy.

My roommate was a very young First SGT, mid thirties, (Married to an Army Cpt, who was supposed to be having his retirement party that Friday. On his retirement physical they discovered that he had kidney cancer and the party was postponed. Actually, the party moved into my room. His wife, parents, Bn Cdr, Co Cdr, Staff etc. . . it was a never ending parade. I gave up any idea of modesty, and plowed on.)

On Wednesday noon I became aware of the fact that I really needed to pay attention to what was going on. They had a young PFC who was ending his enlistment this month. Now does this tell you something about the quality of help. He is getting out as a PFC!! Well, he waltzed in on Wed and said, "Today we are going to take out everyone's catheter." Now, I knew that the Doc had to cut my Urethra and sew it back. These things do not heal in one day. More like 21. I told him that he was not touching me and to get the head nurse. We solved that problem. My roommate was not so lucky. They took his out and he was blocked and they reinserted it without any pain killers. Meanwhile the doctors were placing bets on how much urine they would get out of him. I had to turn my face to the wall. But over the next few days they attempted to give me medicine that was for my roommate. He would call for something and they would deliver it to me. He got my phone calls and vice versa. In my stupor, I kept looking at my arms and all of the holes, bruises, tape and shunts. I wondered why I had a shunt on both arms, since the one on my right was never used. Only when I was being cleaned up for release did we discover that the one on my right hand had fallen out days ago and there was just a mass of tape that looked like a shunt was there. They found the shunt under my bed. Great AIDS control.

I could never get a straight answer on when I might be released. At noon on Thurs, The doctor said that if I could pass gas and have a bowel movement, I could go home. These are things I have had some practice in but I had no food since Monday and suggested to him that perhaps a prerequisite to having a BM is having something to move. He said that I was right and that they were going to put me on solids beginning noon that day. Lesson. . . No matter what the Doc says, If he doesn't put

it into the computer, it is not real. I got another IV bag for lunch and protested, but they said that was what was in the computer. Doc could not be reached. Same thing that evening. I did not have the strength to fight. The next morning I lost my temper and, in return, got some of the worse steamed pancakes and sticky grits (no butter) that I have ever eaten. What a horrible combination. I managed to eat about 1/4th of it.

We were joined by survivors from the Africa bombings, which intensified the action on the floor. Their real world family members joined in to raise the activity level. I heard yelling about the press sneaking in claiming to be family members and the head nurse reprimanding "no one gets in here unless I say so." In another confrontation, a doctor (Colonel) enjoined a corner-side melee because he had ordered up a patient at 1100 and no one brought him/her down to surgery. He had finally given up around 1230 and gone to lunch. The nurse (a Maj) on the floor went right back at him (with group assembled) that it was their job to get the patients ready, but it was surgery's job to pick him up within 30 minutes. Makes you wonder what happened to the patient in that hour and a half

On Friday mng, after milk of magnesia and other drugs I got a "GO" on both of my stations and asked to be released. Doctor was nowhere around, but there was a 2nd year AF Med Student (around nine years old) who got into my computer file and began preparing the release documentation. I called Marc and told him what was going on and that I would call him when we were about an hour out from release. The AF kid called "noonish" and said things would be ready in about an hour. We finally got out of there at 1730 but still had to go to the pharmacy to pick up my DRUGS.

FOLLOW ON..

Three major pains.

The incision is from the navel to the base of the penis. Twenty five staples. Looks like a zipper. One of the last words I heard Dr Douglas say was "your testicles are going to swell." Understatement!!! Catcher's mitt size is how it turns out. Stomach swollen to basketball size, legs and feet swollen so that I look like the Pillsbury Dough boy. Have to keep feet elevated. Can't sit yet except the old one cheek on the stool trick. I have to wear a catheter (read telephone pole) for three weeks. They are really top drawer with the catheter bags. I have a Super economy "Splash Guard II" which hold 400 ml, and a back up attached which holds 2000. I look like one of the astronauts getting on the shuttle when I am carrying this thing around at home. On Monday, while I was waiting for the test results, an old soldier wearing the latest catheter fashion tried to get into a cab from a wheel chair there at Walter Reed. I was helping him when I notice he had it strapped to the wheel chair. Fortunately I was able to head off the tragedy.

Then, for the well-dressed catheter wearer, they issued me a James Bond, strap on your ankle, discrete, bag with Velcro straps. The trouble is that it does not hide the tube running down your leg. DARK Jump suits are the recommended wear for the fashionable. The ankle bag really impresses the folks in the men's room.

Went to the hospital at Ft Eustes on Thurs to have the staples removed. Was told to come back on Friday when they had a doctor in Surgery. Came back on Friday and was told that there were no doctors because it was organization day. Sent to Urgent Care. The doctor there was not happy that I had not been seen as a follow up (She was Filipino and English was her second language, her backup was a Colonel from some middle Asian country, hair longer than mine). So I spent Friday in the hospital going through multiple tests with neg results. She asked such positive questions like "Are you always this fat, are you always this pale??" I wanted to ask if she was always that short. In the end I passed all of the tests but they could not find a staple remover. This went on for hours. The only motivator seemed to be that shift change was at 1600 and that they could not go home until they took care of me. Many staple removers appeared after an extensive search throughout the hospital. I asked the doctor how the removers worked and she said "I don't know, Let me ask." Then they lined up both shifts, since it was shift change time, to observe my staples being removed and let those who had never done it have a shot at practicing on me. Twenty five staples!!!! There is more but this is enough. You get the picture.

Friends have been wonderful. Starting with AB Tech. I could not have made it without Marc and the support of the group. My neighbors here have been great also. One cooked us dinner, another waters my plants, another mowed my lawn, and on and on. It is great to have fiends.

Well, as Scarlet says, "tomorrow is another day." Hope to get the pole out soon. That will make life much more tolerable.

The future. The doctor recommends radiation as a clean up procedure. I will go with that.

Once again thanks to all for the support. I will keep you posted.