Don’t Squeeze the Charmin!

There are only so many incurable, life-altering diseases that one is really game for. And I think I have already reached my quota.

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As I have observed in past postings, when one has cancer there is far too much doctoring that takes place. In addition to the regular visits to the oncologist, I must also see certain other members of the medical establishment to make sure that none of the secondary problems that can arise from my cancer — such as, for example, other types of cancer — are brewing. And then, just like those not burdened with cancer, I still must maintain my other doctors’ appointments: PCPs, dentists, optometrists, urologists and so it goes.

Given that my medical dance card is already quite full, I am most reluctant to have to try and work in yet another examination of any type. Unfortunately, however, there are two irrepressible forces at work: First, I am aging. This should not be news as, I believe, most others are also in this boat. When that reality is coupled with the second force — cancer and its mysterious manifestations — it becomes harder and harder to just rely on an apple a day (notwithstanding that there seem to be way more types of apples available today than are necessary).

It is against that backdrop that I recently was forced to make a call — this time to a new gastroenterologist. The troubles necessitating this action arose during the 2018 basketball season. I was not of course playing any basketball; rather, I was engaging in my preferred method of participating in such sport, which entails only two things: beer and nachos. (It is shockingly easy to make high-quality nachos at home; if you want to know how, just drop me a line. You’ll be awfully glad you did.) But because the universe is a cruel and largely unjust place, those two culinary delights are often not the most compatible with one’s digestive processes. At the same time, and more importantly perhaps, these tummy troubles also coincided with the immediate lead-up to my commencement of chemotherapy and the substantial anxiety that thoughts thereof produced. A coincidence? I thought not.

Yet, after the months of chemo — during which these issues were the least of my problems — the gastric revolution resumed. And intensified. Being a non-scientist but not a non-believer in science, I tried to approach this issue using the experimental method. This meant abstaining from certain foods to see if such self-denial had any causal relationship with my bodily business. I tried laying off dairy, but to no avail. I then cut down on acidic foods, but my innards were as cantankerous as ever. I even contemplated laying off gluten, but then realized I don’t eat much gluten anyway. Finally, I decided to try some probiotics as the combination of the chemo plus over 18 months of

prophylactic antibiotics may, I postulated, have been taking their toll on my personal biosphere. Alas, the probiotics did nothing for me, which actually was a good thing because apparently they can be quite detrimental to one with a compromised immune system such as mine. Lesson learned/death avoided.

Although I had previously seen a very good GI doctor — in large part because one of the gifts of my leukemia is the possible two-for-one of the addition of colon cancer — I decided to call a different one. This new examiner of the unmentionable regions has a sterling reputation. Although such prestige would typically be a source of comfort, given the disproportionately large number of hypochondriacs in my immediate circle, the reality is that this doctor had firsthand knowledge of virtually every tuchus I know. Furthermore, this particular physician is also a friend of the family. I am admittedly rather shy by nature, but I just don't know if I could be comfortable at a cocktail party talking to someone who sees me principally as the appendage to a particularly impressive transverse colon.

Nevertheless, on a very recent Thursday I found myself filling out forms in this doctor's office. I did not know what to expect from this appointment, however. In fact, shortly prior to the appointment, a family member (who shall remain nameless) suggested that there would be an "inspection" of sorts as part of the examination. This 11th hour piece of news made me quite concerned as I felt inadequately prepared for such an event and did not know where I could find a bidet on such short notice. I am quite hygienic, but I am not French — nor Japanese — after all. Fortunately, however, this was one of those odd doctor examinations that commence with patient and doctor sitting across the doctor's desk from one another, like you were there to discuss your taxes or the preparation of a will (which, depending on how the conversation went, might still be in the cards).

After a number of questions, almost all of which were repetitive of those I had carefully answered on the aforementioned forms, we progressed to that part of the program about which I was most keenly interested: His thoughts on what it is that is plaguing me. Since I had fairly recently had a colonoscopy (I don't recommend it) as well as an endoscopy (which I actually did find quite restful), we were left with the rather unsatisfying conclusion that I probably have some type of Irritable Bowel Syndrome. But like many a syndrome, no one really seems to know much about them. The doctor characterized this as a "functional" disorder, which literally seemed dead-on since I was not functioning quite right. (I guess this is why this doctor is so good.) Nonetheless, to make sure that something more sinister was not at work — which with a cancer patient is always a very real possibility — he wanted to take some blood and send it off to a lab. Of greatest potential concern was another dreaded "C" word — Celiac.

I know several people — close friends and family members — who suffer from that inability to co-exist with gluten. And I knew that I wanted no part of that. It would be wrong of me to compare such a diagnosis to cancer, so I won't. Yet, I was greatly fearful — not just due to the remaining lifetime of missed pizza and assorted baked goods — but that I would be adding on yet another chronic disease. At a certain point, it just becomes too much to bear. There are only so many incurable, life-altering diseases that one is really game for. And I think I have already reached my quota.

Of course, in my line of cancer, waiting for blood test results is disturbingly commonplace. Yet it never becomes any easier. Despite this knowledge, I grossly miscalculated as it was clearly foreseeable — in retrospect (if that makes any sense) — that a blood test would be on the agenda. And it was also predictable that this doctor, great as he is, is not as sufficiently deft with blood as my hematologist so as to have his own lab in-house. Rather, this was a decidedly non-hematological operation of shipping off my vials of already unsatisfactory blood for further analysis. And though we live in the era of instant gratification, there is no Amazon Prime of blood tests. One is forced to wait, which really means to agonize and worry. A lot.

Mercifully, the results finally came back negative (which is a positive) on the ensuing Monday. I was relieved, but the worry that I endured took yet another heavy toll on me. And while we have ruled out Celiac, which I celebrated by ordering both pizza and pasta for dinner, we still do not really know what is wrong with my descending colon and the parts leading thereto. The only thing that is certain from this experience is the following: Never schedule any doctor appointment where there is any possibility of blood work for any later in the week than Tuesday or, in an absolute emergency, Wednesday. There is almost nothing worse than needlessly suffering through 48 hours of worry. Except, perhaps, for Celiac. And, probably, cancer.

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