The Surgery

An orchiectomy would entirely remove my left testicle due to suspected testicular cancer.

January 5, 2017 By Justin Birckbichler

Friday, October 28, was my surgery, just ten days after my initial call to the doctor. If there is one thing that I have learned, it's that cancer is not always a slow-moving process. In my head, the task of discovering, diagnosing, and treating cancer takes months, if not years. Even factoring in when I made the initial discovery in mid-September, it had been less than six weeks since this all started.

Mallory took off work to take me to the hospital. We arrived around 6 am to arrive for prep work. I had to change into a gown, and then they started prepping me. The prior evening, as part of my pre-op appointment, a nurse had drawn blood, and they had to put in an IV line in the morning. I do not like needles. I do not like them here or there; I do not like them anywhere. I especially don't like them when they don't work right the first time and they have to put in a second.

Dr. Dumont came in to discuss the surgery with Mal and me, which was called a "radical inguinal orchiectomy." In layman's terms, they would be entirely removing my left testicle. Dr. Dumont had told me this when I had initially met with him, but it was still something that I was not fully ready to hear. Why couldn't they just remove or biopsy the affected area? Due to the anatomy of the scrotum, this was not possible. It would potentially cause even more harm to my body. In nearly 95% of cases, a testicular tumor is found to be malignant. Trying to biopsy it inside me could spread cancer cells more quickly and could leave behind precancerous cells that hadn't yet been detected.

Losing a testicle, even with cancer confirmed, was more than just physical.

In addition to internally preparing for the trauma of surgery, I had to grapple internally with the fact that I would be losing 50% of my testicles. Much of my college vernacular revolved around the word "balls." If you were taking charge of life, you were grabbing life by the balls. You chickened out? You have no balls. Literally now, I would have less balls than most people.

Biologically, there would be no impact. You only need one testicle to produce testosterone and sperm, and it just takes one sperm to father a child. Dr. Dumont did share that there would be a psychological impact. Something that is a direct physical manifestation of my manhood would be removed from me. I hesitated in telling people, because I didn't want them to think I was less of a man. When I shared that fear with those who knew, they assured me I was more of a man for doing this surgery. I smiled, but deep down, I knew I was literally less of a man.

In deciding to share this news on ABSOT, I knew I had to be… on the ball. Some people may look at me differently now, knowing this information, but I wouldn't be doing my story and the journey of others justice if I omitted this fact. It is a very common treatment for suspicion of testicular cancer; one that is used in nearly all cases where a solid mass is present. One of my goals with ABSOT is to destigmatize men's health issues. Losing my testicle was something that I felt I needed to keep hidden at first due to my own personal (and on a larger scale, societal) views, but I know that sharing my story may help others to share theirs and get a conversation going.

Overall, the shock of losing one testicle has subsided. As my father put it, "It sucks to lose one of your balls, but keeping it and letting the cancer kill you would be truly nuts."

But right before an orchiectomy is a different story.

Losing an integral part of me still hadn't completely sunk in, even after Dr. Dumont's thorough explanation, but I knew, as with everything that had happened to me so far, there was only time to act, not react. After Dr. Dumont left, the anesthesiologist visited. We got into a slight argument over if wisdom teeth anesthesia counts as real anesthesia, which apparently it doesn't. Finally, they took Mallory to the waiting area and wheeled me to the operating room. I remember entering the room, and then nothing.

About two hours later I woke up. There was a nice nurse attending to me. Sadly, there are no funny stories about me coming out of anesthesia. The nurse talked with me a little bit, brought me water and juice, and walked Mallory back. I was told that the surgery went well and the mass had been sent off for biopsy. I got dressed, used the restroom, and was discharged.

My incision is on my groin and is about as long as my index finger. The pain started almost immediately. We had to stop at Panera to get me some food so I could have my first round of Percocet as soon as we got home.

While the surgery seemed like the biggest obstacle at first, the real pain was soon to begin.

Click here to read the next part of my story, where I begin the long process of recovering from surgery.

On Thursdays, I am chronicling my journey from discovery to the beginning of chemotherapy. To read through my story up until this point, please click here.

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