

A funny thing happened on the way to the lunch counter...

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In August of 2015, the medical industry began taking an unprecedented and mostly unwarranted interest in my affairs.

To wit:

- August 24: I have my annual physical. As part of the lab work, a urine sample is requested. The ensuing series of unsuccessful attempts to get myself to produce this sample is worthy of an *I Love Lucy* episode (viewer discretion advised) and ends 45 minutes later with my shame-faced placement of an empty vial on the tray outside the bathroom door, as witnessed by a 5-deep line of grumpy-looking laboratory (im)patients. At lunch, the PYT cashiering at Corner Bakery gives me the Senior Citizen's discount automatically. Without asking.
- August 25: Having been buzzer-summoned at Fuzzy's Tacos at the height of the lunch rush, on the way to the counter to pick up my food, I lose control of my legs and arms. I manage to land right in front of the pick-up counter and pull the stack of plastic buzzers down on myself as I go down. I never lose consciousness or anything of that sort. Just sort of march my way down to the floor, the way a middle-school clown might pretend to march down the stairs behind a sofa. Once on the floor, if I try to move, my body just feels like a big wobble of jell-o. It's an interesting sensation. I'd like to do this some more, but people are talking to me. "No, I don't know what's happening." "Yes, you may call an ambulance because I have no idea what this is." "Could you tell my friends over at the table in the corner that they have a man down?" "If you need to drag me out of the way of the pick-up counter, please feel free to do so." This last to a waiter, who declines and tells me not to worry about it. To one of my friends from work, who has wandered over to see what's the deal: "Here's my phone. Can you call my wife and tell her..." (what? that I'm lying on the floor at Fuzzy's?) "...something?" The ambulance comes. I'm placed on a stretcher and carried

out, quite prominently and somewhat to my dismay, at head height. With all eyes on me, it occurs to me that I have a responsibility to announce that it was not the food. (I think I do not overreach when I say that I acquitted myself adequately in this regard.)

- Once in the ambulance, the paramedic takes my vitals and finds everything normal. This being the case, and because of my apparent lucidity, he offers me a choice: Either he can take me to the hospital or, if I can tell him the day of the week, he can release me and I can save the cost of the ambulance ride. I say, "Since we're at Fuzzy's, this must be Tuesday." I'm released.
- After that I spend a couple of days at the hospital, getting various MRIs, scans, and such. The doctor at the hospital says "mini-stroke". My PCP says "not so fast--mini-strokes leave no trace" and I've lost some sensation down the back of my left leg all the way down to my heel. Scans do not discover the source/cause of the stroke. But the neurologist is happy, so I'm happy. Plus now I have a ready-made excuse for stuttering, stumbling, forgetting a word, not hearing my wife in the other room, and throwing the occasional elbow in the direction of various offspring.
- The cardiologist, not so much with the happy. The transesophageal EKG showed that my heart is in pretty good shape, but I have a heart defect that many people have and never notice. It's an opening between the upper chambers of my heart. The working theory is that, under duress, it could allow a clot to pass through and go straight up to the brain. If you ask why the clot wouldn't just take the long way around and get there eventually anyway, I'll have to pass--here my grasp of the cardiovascular model fails me. (Plus, I have had a stroke, so what can you expect? See how that works?) The cardiologist wants to perform a procedure to close this opening. I recognize "procedure" as code for heart surgery, which is, of course, not infrequently associated with phrases such as "cracking the sternum" and "spreading the rib cage." I play it cool and express my curiosity about the nature of this procedure. The fact that he wants to go in via an artery "near the groin" does nothing to allay my disquiet, since "near the groin" is code for "NEAR the GROIN." He puts me on a blood thinner. AND aspirin.

- Remember the physical way back at the start of this? The bloodwork comes back and my PSA is high. My doctor wants me to visit the urologist. Any given urologist can be as friendly as he or she likes, but never assume that he or she is a nice person. This particular urologist "examines" me (that was his word for it), then declares that I should have a biopsy. I grit my teeth and acquiesce, thinking we can just get this over with as soon as possible. But that was not his full measure--oh, no, not at all. He then proceeds to draw out the suspense by leaving town for vacation before we could schedule the biopsy. And the biopsy has to be scheduled at least two weeks out, so that I have 10 days to stop taking the blood thinner and the aspirin, because the prostate is a waddayacall vascular organ. Then he needs a letter from the cardiologist saying that it's okay for me to stop taking the blood thinner and the aspirin. The cardiologist says okay to the blood thinner but not to the aspirin. The urologist says that's okay--he'll be VERY VERY CAREFUL not to nick anything that would have me bleeding out through my bum. In the meantime, I stopped taking the blood thinner and the aspirin the day after the first examination by the urologist, so it's all moot and medical professionals, if you'll pardon my saying so, covering their asses. And mine, I suppose.
- On the day of the biopsy, the nurse helped to set my expectations. During the biopsy, she says, I will hear a sound like a cap gun when the doctor takes each sample. Between this and the knowledge that the prostate has the diameter of a walnut, I am really glad she reassured me in this manner, because if you had asked me, I would have said that someone had shoved a snapping turtle in there and was waving it around an area the size of a basketball. But it is difficult for me to be objective in these matters, and I fully admit that I was looking the other way at the time.
- What is not a good mix? I will tell you what is not a good mix: Blood thinners and hemorrhoids.
- The procedure proposed by the cardiologist has since been declined for coverage by Cigna. Not recommended by the FDA, unless one has suffered a second stroke (it's like the government thinks no one has ever read *Catch*

22). Still, by the cardiologist's own admission, it will reduce my risk of a second stroke in the next two years from 3% to 1.6%, so I'm sort of with the insurance company on this one. Plus there's the whole groin thing.

- April 8: I have a follow-up with the neurologist. He says I don't need to see him again. For one thing, he tells me in his Brazilian accent: "Part of your brain died. Go live your life. It's six months later and everything that's going to get better has gotten better." For another thing, he's moving to Arizona. Ciao!

So that was pretty much it. Except the next year, the FDA gave the green light, so I had the heart thing done near my groin (does human anatomy involve tesseract or something? it's all very confusing), and now I have a plastic rivet in here somewhere.

I'll say this: When one looks at the calendar and sees upcoming appointments with a urologist, a neurologist, and a cardiologist, it is completely natural to imagine that there is a rap song to be written there. However, the only thing I have been able to rhyme with "cardiologist" is "fartyologist", and that is sort of beneath me.