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## **My Body's Three Saviors**

A few years ago, three women helped save my life: the Explorer, the Warrior, and the Lover.

“Whatever it is...it has to come out of there.” Doctor Jennifer, the explorer, is talking to Shelley, my wife and lover, in hushed tones as though *whatever-it-is* should not be heard by other patients in the recovery area. I'm waking up from a routine colonoscopy. In my haze I turn my head enough to see the frown on this spindly young doctor. Even in the fog of anesthesia, I sense Doctor Jennifer is going to begin using the C-word. A more pervasive fog descends as Shelley drives us home and tries to calm my anxiety. The mist of fear makes me blind to the colorful trees of autumn.

Shelley is holding my hand the next day while another doctor performs an endoscopy and takes photographs of the tumor. The day after that a technician performs a CT scan that reveals hernias in addition to the tumor. Since I have no visible hernia, I find it distressing to learn that my athletic body of seventy-five years seems to be going into the trash can all at once.

On the referral of Doctor Jennifer, Shelley drives us two hours upstate for an appointment with a well-known seasoned surgeon (SS). In the examining room a testy nurse says the SS needs to see the tumor for himself.

Shelley says, “You already have photographs of the tumor. Why does my husband need another invasive procedure?”

The testy nurse says, “The sigmoidoscopy is non-negotiable.”

After I finish prepping in the toilet, testy nurse instructs Shelley to leave the room. The SS arrives finally with several medical students and instructs me to adopt an awkward kneeling position on the footrest at the end of an examining table (butt up, head down). It's a good position for prayer, but I'm too anxious to ask God why I'm kneeling so close to the floor without even a prayer mat. So while I receive the scope with the requisite amount of wincing that comes from having no sedative and no prayers, the SS explains in hushed tones to the students about the tumor. One of the young female students rubs my back. When the exam is over and Shelley returns, the SS says the rate of survival for my stage of cancer is 87 percent. Good chance to beat the odds. When I ask about laparoscopic surgery (the least invasive type), the SS says not for men. "The male pelvis is much smaller than a woman's." Huh? But then the SS is probably leaving the hospital after December anyway. He doesn't say retire, but that's what I think he means. One of his competent colleagues will slice my pelvis open, probably while the SS is vacationing somewhere in the Caribbean. I leave with doubts and an appointment for a full-body MRI. On the drive home, Shelley says, "I didn't like him. He was condescending."

Not wanting to admit my growing anxiety, I say, "He's supposed to be the best in the state."

"It didn't even sound like he'd be the one doing the surgery."

At home I go online and review the bland biographies of those colleagues of the SS who might become involved in my case. I want a Super Surgeon, not one of the Seasoned Surgeon's henchmen. What to do?

Shelley contacts a friend, who puts her in touch with a woman in our town whose husband died shortly after his surgery with the same SS and his team. When this woman contracted cancer a couple years later, she rejected the SS and chose a team of surgeons at a large Boston hospital.

So Shelley sets up a surgical appointment for me there with a well-known doctor who also teaches at Harvard. My loving wife seems determined that I survive. Soon we are in Boston.

In the examination room, I feel no relief. The city, the hospital's crowded corridors, the sirens — not the atmosphere for a man who once lived in Boston but fled to the country long ago. But when a smiling little woman with a long skirt and white doctor's coat enters and immediately cups her hands around one of mine, my heart eases. Doctor Lilliana, the warrior, says, "I know you don't want to do this again, but I would like to see the enemy. I promise I'll be gentle. Then we can form a plan to defeat the enemy."

So the gown, the toilet, the prep procedure again. But this time no kneeling in a humiliating position, no medical student observers, and no banishing Shelley from the room. I lie on my side on the examining table and at some point Doctor Lilliana says to me, "If you look up at the monitor, you can see the enemy." I do so with no real enthusiasm for another candid picture of my bowel. After she removes the scope, I sit at the end of the examining table and breathe deeply. She rolls her stool up against my knees and cups my hand in hers again. "I know you're scared but try not to worry. You're going to be okay. We're going to defeat the enemy."

Ten days later I'm back at my local clinic to see about radiation and chemotherapy to shrink the enemy before surgery. The radiation doctor has a habit of twisting his body and looking away when we talk, as if the answers are out in the atmosphere. He sends me to his radiation team, women who have me change into the johnny and lie down beneath the Zap-a-Tron while they mark my pelvis for the radiation gun and while I hope they refrain from zapping anything down there except the enemy. Later Shelley and I meet my oncologist, who has a reputation for being intelligent, good with patients, but condescending with nurses. He says I can take my pre-op

chemo as pills at home but that the post-op chemo will be through infusions here at the clinic. Shelley is dubious about the need for post-op chemo, but Doctor Nickerson says standard protocol is to do it that way for Stage-2 cancer. He says, “You’re in good shape for your age, and you don’t smoke. You should tolerate the chemo well.” I think Shelley and the doctor might lock horns, but she saves her grumbling about him until the ride home, suggesting oncologists whom friends have said were smart *and empathetic*. But he has a soft voice and smiles despite seeing so many cancer patients. He presents logical reasoning behind treatment protocols. So I decide to stay with Doctor Nickerson.

My mother stops eating much and is sleeping more during the day. Because we live near her, I’ve overseen her livelihood for the past twelve years. But now she seems to be nearing the end. As caring for her becomes more complicated and my energy is being compromised by daily radiation treatments, Shelley takes the responsibility of having Home Healthcare come to Mom’s house. They recommend Hospice. Mom dies at home on December 2<sup>nd</sup> at the age of one hundred. In the depth of another trauma, I feel a strange emptiness about Mom. I have no tears. When I’d told her shortly before her death that I was being treated for colon cancer, she’d said “You’ll be fine,” which had been her reaction to all the trials of our lives, even the long years that she’d suffered my father’s physical and verbal abuse and allowed him to threaten to “kill the kids.”

Back in Boston, I feel nervous in Doctor Lilliana’s examination room again. She presents two surgery options: reversal surgery (two surgeries that leave the anus intact but often produce an unpredictable colon) and colostomy surgery (a permanent hole at the waist with a pouch attached). I’ve researched both options and decided I don’t like the idea that an unpredictable colon would force me to be forever anxious about diet and access to the nearest toilet.

She says, “I think you’ve made the best decision.” She says we should schedule surgery, which she’ll perform with laparoscopes and robotic arms, proving she is an expert on the “smaller” male pelvis. After guiding us to her assistant to set up a surgery date, Doctor Lilliana grabs my hand again and smiles. “You’re so cute.” Then she hustles away.

I don’t believe “cute” really describes a small, anxious man, but her remark makes me feel as though she sees more in me than a damaged patient. Actually she’s cute too, and I love her despite the knowledge that she will soon be cutting me up.

My interaction with Doctor Lilliana confirms to me that the best person to perform cancer surgery is a well-regarded specialist of the opposite sex who thinks you’re cute. One who holds your hand and tells you not to be afraid. One who says your surgery will be easier because you’re not fat. One who says that robotic arms are the best tools for defeating the enemy. The greater the emotional investment the doctor has in you, the more likely he or she is to pull your mind out of its dark places.

In January, two weeks before my surgery, Shelley drives us to Boston and the hospital again to meet with a consulting nurse who will instruct on how to prepare for surgery and a stoma nurse who will mark my skin for placement of a surgically-created hole in my abdomen where poop will leave my body after Doctor Lilliana removes part of my colon. The stoma nurse uses her magic marker to draw the X-target three inches to the left of my navel and instructs me to keep that area dry until surgery. I wonder again how something so foreign can actually be happening.

I try to console myself with the knowledge that famous people have had stomas. The stoma nurse points out photographs on the wall in their hallway outside the examining rooms: President

Eisenhower, actress Loretta Young, football player Jerry Kramer. Later I read about Napoleon Bonaparte, who is often pictured with his right hand in his shirt, a method some say he developed to conceal his goat bladder ostomy bag. But famous company does not mean I can shed the feeling my body will soon be broken. I will need to hide my ostomy bag under long jerseys and sweatshirts.

In early February, Shelley and I check in to a hotel near the hospital, where I begin drinking nasty solutions to clear my colon. Early the next morning we walk to the hospital. Soon I'm flat on a cart outside the operating room, being prepped by some guy who says he climbed the same mountain on which Shelley and I were married thirty-five years ago. I tell him the wedding party drove to the top. He asks me if it's okay for him to insert an epidural (which from my recollection was used to relieve Shelley's pain during childbirth). Who wants pain? Go for it, I tell him.

Eight hours later I share a hospital room with a frail, bearded man who looks older than me and has some mysterious virus that is causing an open sore on his leg and making him seriously ill. While Shelley is at my bedside every day, the bearded man has no visitors until a woman who says she is a professor at the college where they both teach. According to ongoing medical discussions at his bedside, his open sore could be contagious. So I avoid our common toilet (by virtue of my catheter and ostomy bag). I avoid shaving until the head nurse says I'm beginning to resemble an old man. Succumbing to the criticism, I ask a cheerful student nurse to hold a pan of water so I can shave without entering the contagious toilet to which the bearded man has been shuffling. Even so, I fear I'll probably leave the hospital with the deadly virus. But when I leave five days later, I conclude maybe being cute wards off the deadly variety.

A few days after returning home, a Home Health Care nurse arrives to inspect a drain in one of the four small sutures across my abdomen and a suture in my rear. Then a wonderful physical therapist arrives to help alleviate the rear-end muscle spasms that are inhibiting urination. A social worker arrives to see if I'm depressed and urges us to update our advance health directives, perhaps in case bending over for more rear inspections sends me into cardiac arrest.

Weeks later I have minor surgery to insert a port into my chest, and then chemotherapy drugs are dripping into the port every few weeks. Halfway through my treatments, a hospital chaplain stops by my seat in the chemotherapy room and starts talking to Shelley and me. He says he writes a column for a local newspaper. A few days later he emails me his article "Writing is Healing." He writes, "I had a strange and disturbing thought. It originated from reading a compelling book, *Writing as a Way of Healing*, by Louise DeSalvo. She shares many wonderful perspectives on how writing heals. It's not only the act of writing that heals, it's the memories. Not as in remembering someone's name, but in recalling events. Medical staffs term it *narrative medicine*."

So I continue scribbling stuff at home, mostly about raising a son who, as a child, asked so many questions about life and God and death that I was never sure how to answer.

Once I finish chemotherapy, I begin to feel stronger after a couple weeks. I'm walking a mile with Shelley each day, performing yard work, and joining my son occasionally on the tennis court as his doubles partner. Despite my improvement, I can't shake the feeling of being broken. The numb toes and fingers from the chemotherapy, a nagging open sore on one toe, a bulging hernia that will need surgery, and daily visits to my stoma are constant reminders that my body, and perhaps my mind, will never be whole again.

I begin the process of healing in the chemotherapy room, observing others who are struggling, asking my empathetic nurses about their lives and families. Some of these guardian angels have stories that move me. Many have cancer in their family. All seem to take comfort in making a connection with me beyond the manipulation of the chemo bags. If other oncology patients are not waiting to check in, the nurse scheduler with the authoritarian voice leaves her booth to hug Shelley and me.

The chaplain and I continue to exchange emails about angst and writing, mostly giving one another book recommendations. Oddly, we do not discuss prayer, which is probably a more private and solitary journey. I continue to thank God for each day, requesting that He be with me on my journey and asking Him not for some miracle but for enough mental fortitude to keep working on the reclamation of my body.

I join the online Inspire network, where cancer survivors express their fears, questions, and stories. I find comfort and useful information in the discussions of these survivors as they speak to solving day-to-day problems associated with recovery. Some even provide humor. One woman announces her 34<sup>th</sup> anniversary with a stoma named "Sam." Another counters that she has spent 38 years with "Helen." One contributor describes a cookout in which his "Chief" is known to most participants except a new guy who declares in some random discussion involving beer that everyone has an asshole. The man with the Chief says he does not have one. The new guy expresses disbelief, as in, "What you been smoking?" An offer of a hundred dollars is extended to new guy if he will put his hand down Chief's pants and find anything to stick his finger in. After much laughter from the cookout crowd, new guy stutters "ttthat's nnnasty," jumps in his



pickup truck, and drives off. Crude humor? Definitely. But I suppose every cancer survivor needs a coping mechanism.

Shelley is my coping mechanism, having been with me through all of it. She is a stellar example of love when a husband is at his worst. She emails my progress to friends and tells of those who are praying for me. Her friend Joan sends me a napping blanket similar to the one she used years ago during her recovery from breast cancer surgery.

And yet, I feel broken. In his book, *Just Mercy*, Bryan Stevenson writes, "I guess I'd always known but never fully considered that being broken is what makes us human. We all have our reasons. Sometimes we're fractured by the choices we make; sometimes we're shattered by things we would never have chosen. But our brokenness is also the source of our common humanity, the basis for our shared search for comfort, meaning, and healing." I must try to see this view.

Shelley emails friends whenever follow-up CT scans in radiology and colonoscopies with Doctor Jennifer indicate a good outcome. My explorer is smiling on these occasions now when I'm coming out of the fog of anesthesia. Many friends write notes of love and encouragement. I write them my thanks. Knowing my interest in birds, Shelley's mom sends cards with bluebirds and cardinals, noting her love for me and those of her friends who have me in their prayers. My son tells his friends that his dad is beating cancer.

How fortunate, I think, that I've received mercy from so many and have begun to write my way toward healing. Often I look up from my computer, glance out the window at a bright yellow goldfinch at the bird feeder, and know how grateful I am to be seeing the world in new colors. I think how fortunate I am for my three saviors.