

SEMI-COLON;

Memoir of a Colon Cancer Survivor

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Part 1: The Good News Is...

July 26, 2009

For some time I've been dealing with a medical issue, which many of you already know. A number of concerned folks have been asking me what the outcome of recent doctor's visits and tests is. I've talked to those closest to me (including family and friends). I've decided to put it into writing and let the rest of you in on what's going on with me.

The short answer: I was recently diagnosed with colon cancer and I will be having surgery soon to remove it. I expect to be out of work for a month for recovery and then back to normal.

The longer answer is more involved and will also answer many questions people have. If you care to learn more, including events that led up to the diagnosis, my attitude about the situation, prognosis, etc., then please keep reading. If not, I understand completely. At least now you know and the mystery is revealed.

Why write about it?

I gave a lot of thought to whether or not to write about this and share it with people via the Internet. Ultimately I felt it was a good way to tell my story one more time, to inform people who want to know more details without my having to retell it in person. I am pretty open about things and I don't mind sharing my experience with people who sincerely want to know (rumor mongers and nosey people, not so much).

I have told the story, discussed my feelings, and discussed the possible prognosis quite a few times already. I love that people care enough to want to know, but I am getting tired of telling the tale. Each time I relive some of the emotions. I am already physically fatigued at times. This gives me something to point people to who want to know while giving myself a break from talking about it.

How it began

Around the early part of May I developed symptoms, rather suddenly (or so it seemed to me); constipation being the most obvious – and uncomfortable – one. There was also a trace amount of blood. Not enough to worry me but enough to make me think ‘Hm. That’s odd.’ I tried home treatment, thinking it would clear up soon.

After a couple of weeks it didn’t clear up. In fact, the feeling of needing to use the rest room increased in frequency and it eventually starting interrupting my sleep at night. I was also losing a little weight (about 20 pounds over the last 3 months). These were the symptoms that people around me may have noticed.

None of the symptoms were as embarrassing as the gas, however. Good lord, the flatulence was worse than anything I’d ever experienced. It was though that cancerous tumor was emitting a deadly poison in attempts to keep any threat away from it. I know that seems counter-intuitive but it became like mega-bad. Of course, like my other symptoms, it got progressively worse, as well.

I called my hospital and had a “telephone visit” with a doctor (not my regular physician). She ordered a battery of tests. I submitted the samples needed and the tests all came back negative. That is, there was nothing abnormal showing up.

I realized, practically speaking, that I could be looking at any number of things, from diverticulitis, to spastic colon, colitis, up to and including cancer. Mentally I was prepared for whatever it was, because whatever it was we were going to diagnose it, get rid of it, and I was going to go back to a normal and long life. But really, if the tests so far didn’t indicate cancer, what was the likelihood of that?

The “telephone” doctor contacted my regular doctor to refer me to the gastroenterology department for follow up.

The “scope” of things

I remember seeing my assigned physician (a formality required to get the necessary referral; God love the HMO) and talking to him about the situation.

“It looks like they want to scope you,” he said.

“Scope me? That doesn’t sound pleasant,” I said, trying to keep things light.

“It’s not,” he said rather matter-of-factly. Now, my doctor is a pretty straight shooter. He comes across as dry and direct but I rather like that about him. He doesn’t mince words or blow smoke up your backside. He just tells it like it is. And he does have a sense of humor. It’s just that he doesn’t inject it if it will affect his straight shooting.

I was scheduled for the procedure, called a sigmoidoscopy, for Friday, July 18th. For those who don’t know (which included me not long ago), a sigmoidoscopy is when they insert a sigmoidoscope – a device like something out of War of the Worlds with an extending neck, a light, a camera, a claw, and both an air blower and a suction device – you-know-where that goes up into your colon for a tour.

During the procedure they go up into your sigmoid colon, which is the roughly the last third of your colon. All told the journey’s distance is about two feet or so. Doesn’t sound like much but, as my doctor said, it isn’t pleasant.

The day before the procedure I had to be on a clear liquid diet. Clear liquid diets suck. It left me feeling perpetually hungry. Only Jell-O® and chicken broth, with its chicken-noodle-soup-like aroma, could fool my body into thinking it had been given real food, although that only lasted a short while.

The day of the procedure I went in and was quickly prepped. I laid on the table facing the monitor, able to take in the video presentation of my innards in real-time, just like the doctor. Of course the doctor was “driving” and didn’t have to endure to near-constant discomfort and cramping as my body reacted to the “scope.” But I digress.

He found and removed one polyp, but he also found something far more worrisome. A tumor, about 4 centimeters in diameter, in my lower colon. When I saw it on the screen I knew it was not good. He biopsied it, took a few pictures, and then the procedure was done.

Afterward, we discussed what we’d seen.

“That doesn’t look good,” I said. He hid his upper lip and shook his head. “So, it’s cancer,” I said.

“Well, I’ll send the biopsy tissue to the lab and put a rush on it.” Great. Non-committal comments from the doctor. Not my bag.

“So, there’s a chance it will come back negative?” I asked with feigned hope.

He shrugged his shoulders, sighed and said, “Even if it comes back benign, it’s still ugly and will need to be removed.”

Like quicksand

That’s when everything hit me at once. I have a cancerous tumor and am headed for surgery. I confess that, despite my being “mentally prepared” to hear the words, I wasn’t. I felt queasy, light-headed, and it was hard to focus on what else he was telling me.

That following Monday the GI doctor called with the biopsy results. The fact that he called rather than sending the results by mail told me that the results were not what I was hoping for. Reality had really sunk in, like an overweight explorer sinking in a pit of quicksand. (Thus the witty header. Heh!)

I went through a variety of emotions. Anger, sadness, fear, blah, blah, blah. But you know what? I decided I didn’t have time for all that. It’s normal, it’s healthy, etc., but I began looking at getting healthy right away.

I’ll try anything once, twice if I hate it

I learned I would be scheduled for a full colonoscopy prior to the surgery. Seems the abbreviated scoping was good for the diagnosis but they need to check the entire colon to make sure they don’t go in and miss something or some such. My doctor says the likelihood of finding another tumor is very remote but they need to look anyway.

That will be this coming Tuesday. I’m not looking forward to it. The good news is that it includes IV sedation, unlike the previous procedure. The sedative will “take the edge off,” according to the doctor who makes non-committal statements. That doesn’t inspire a lot of confidence that it won’t hurt like hell but I’m told painkillers are also available via the IV if I need them.

The following day (Wednesday) I have a consult with the surgeon. Of course, he’ll need to use a scope to take a look for himself.

Now, I have to say that with all of today's modern medicine and technology, you'd think they could record the colonoscopy on a DVR and send a Windows Media file to the surgeon or maybe, say, have him present to make his personal observations. Something just to minimize the number of times I have to endure "scopes" of various kinds going up my ass. [shrug]

I'll also be set up for a CT scan to get more info on the tumor, determine if it's spread outside the colon walls, etc. Still waiting to get a date for that but it should be soon.

Tom Brady missed a season, I can miss a month

The surgery will likely be scheduled within a couple of weeks of my consultation with the surgeon, or so says the charge nurse. The surgery itself doesn't bother me. I'll be out, they can cut out what they need to, stitch the colon back together and be done with it.

The recovery time is another matter. I'll be in recovery for about a week. No food or water for two days to give the colon time to heal, then on to a liquid diet for a bit before I can start eating anything. I plan to take a month off to continue recovery at home.

Will I miss work? Honestly yes, I will. I love my job and most of the people I work with and around. Do I miss it enough to lose any sleep over being gone for a month? Nope. I rarely take sick leave or vacations. I need this so I will take the time and rest. I owe it to myself.

There ain't no fat lady on my stage

This experience is not the final chapter for me. There is more to be written. Some 75% of people with colon cancer who have the surgery go on to live 5+ more years (the time at which the chance of recurrence drops significantly). I plan to be among that 75%.

Yes, I still have some lingering anger and fear, but overall I am trying to be happy, to laugh, and to look toward the future. As someone at work is fond of saying, "It is what it is." And so it goes. I have two choices: give up and die, or not give up and live. I'd be pretty f-ing stupid to even hesitate in deciding which I am going to do.

What do I want?

What I need most right now is support. Some of you have already shown it and I love you for it. Whether it's a funny cartoon, a hug, or excusing my sometimes dark jokes, I really appreciate people continuing to be themselves around me and allowing me to be myself.

I am not depressed, I do not seek pity, and I apologize in advance to anyone who is made uncomfortable by my sense of humor about this. But this is my ordeal and I choose to be positive and to continue with life. That includes embracing those positive people in my life – my family and my friends – and sometimes telling jokes.

The next time you see me if you find it awkward not knowing what to say to me, just smile and say “Hey, Mark. Good to see you!” That's enough. Really. I already know I have cancer, and now you do, too. We don't have to talk about it if you don't want to. I'm fine with that. If you do want to talk about it, go ahead. If I'm in the frame of mind to talk about it also, I will.

Let me end this with a quote that I posted on my Facebook page. It's as appropriate to this situation as any I've ever been through:

“Rarely am I where I wanted to be yesterday but tomorrow I'll look back and thank God I was there.”

God bless, good gaming, and I'll see you tomorrow.



Colon Cancer Alliance

Author Mark Arsenault is donating a portion of the proceeds of this book to the Colon Cancer Alliance, the nation's leading colon cancer patient advocacy organization, to help fulfill their vision for a world free of colon cancer. Colon Cancer Alliance staff know firsthand how devastating this cancer can be. They also know it doesn't have to be this way.

The organization is working to knock colon cancer out to the top three cancer killers by championing prevention, funding cutting-edge research and providing the highest quality patient support services. Though the Colon Cancer Alliance began as a simple online support group, the passion and vision of those involved established a community that is now nationwide and provides support and empowerment to thousands of patients and their families every year.

Learn more at ccalliance.org.

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