

Busy and stressful, the next few weeks zipped by. My sister visited from Seattle, offering her support. I returned to my primary care physician for a pre-op physical, blood work, EKG, chest x-ray (bilirubin normal). A death in the family required a trip north to San Francisco. And a procedure needed to be in place for notifying friends and family about my upcoming operation. Not wishing to be another cancer victim on social media, I assembled a list of people that Joy could email with updates.

Now a week out from the operation, I was required to donate blood. (Interesting fact: God the Good Hospital validated parking for blood donors, but not surgical patients.) According to Walsh, less than one percent of robotic prostatectomy patients needed a blood transfusion. Hence the hospital would probably return my blood in an old Gatorade jar with a celery stalk. After the procedure, I received ferrous sulfide pills to be taken 3x a day at meals. These iron pills turned my poo black. Everything I expelled looked like Satan's dung. Lovely.

Four days out from surgery, I returned to the hospital for an extensive medical debrief. A nurse keenly noted all my old diseases and illnesses with an emphasis on previous operations. I mentioned the appendectomy scar on my abdomen, assorted wounds to thigh and calf, knee surgery—too many marathons—basal squamous cancer surgery involving skin grafts to my snout. (Fortunately the graft took, or I would have ended life looking like a star-nosed mole.) Shoulder surgery to sand down a bone spur. There's no rebate on the human body and I'd wrung fair use out of mine.

On Friday, September 20, Joy and her mom treated me to an Italian dinner at a nice restaurant. (I wouldn't eat a full meal again for some time.) Weekend nutrition would consist of pills, laxatives, antibiotics, magnesium citrate, then nothing including water after midnight on Sunday.

Over the weekend, munching popsicles, I checked in again with Walsh. What exactly would happen to me Monday? Not pretty. My stomach and pubic area would be shaved; a breathing tube shoved down my mouth to the lungs; I'd be pumped full of gas, then tilted practically upside down; eyes packed in Vaseline to keep them moist during the three and a half-hour procedure. Then robot arms would cut out my prostate. If Earthmen were kidnapped by an alien race and treated that way, there would be a savage war in space until every alien molecule pulsed a cold, radioactive blue.

('I know a guy whose cousin was there. He told me the whole thing.'

'No shit.' 'Pumped 'em full of gas, then packed their eyes in friggin' Vaseline.' 'Son-of-a-bitch.' 'Then these 'bots ripped out everybody's prostate. They use 'em for kids' toys.' 'Alien filth. We oughta fix their asses.' 'Don't worry. We fried 'em all with space napalm.')

Pithy dialogue aside, there were ergonomic reasons in play. As said, the robotic prostatectomy surgeon—Trachmann—would have to work in a tiny space amongst bladder, rectum, sphincter and nerve bundles that control erections. To create elbowroom, the medical team would pump in carbon dioxide and bloat my abdomen, spreading out the organs. There is even a medical term for this, insufflation—the act of blowing something into a body cavity. (Say the word. Roll it around. Whisper 'insufflate' as if to a lover.) Then the bottom of the operating table would be elevated so my big feet rose above my head. This would cause my intestines to shift into the upper abdomen, giving Trachmann yet more working space for his fine robot arms. Next, sharp little surgical instruments, looking like a pencil with dagger handles, would be placed in my abdomen through small incisions (very close to my old appendix scar). Called trocars, these dagger handles act like Starbucks splash sticks. When the surgeon's ready to insert a robot arm or a ray of some kind, out come the trocars.

Walsh continues: “. . . surgeons make an incision just above the rectum. The prostate is gradually separated from the rectum, bladder, urethra, and vas deferens [sperm transport ducts]. The seminal vesicles are removed along with the prostate, and then the bladder is linked once again with the urethra.”

I can study aircraft reports and pilot profiles all I like. But if I want to fly to Chicago, I’ll need to trust the pilot. Having researched, I knew Trachmann cut his surgical teeth on old school, carve- ‘em-up-the-belly stuff. If the high-tech robotic

prostatectomy computer screen flashed a 401 Error, I was confident Trachmann could carry on. He wouldn’t need someone holding up a smart phone set to WebMD.

That weekend, I fretted: would Trachmann slice out all the cancer? Would he rebuild my urethra, connecting it to the bladder so I didn’t spend the rest of my life as Captain Leaky? And would he spare the appropriate number of neurovascular bundles so that I could still have an erection, not drifting through my Golden Years as flaccid and impotent as the U.S. Congress?

Sunday night I said my prayers and slept well. I’d done all I could to prepare. Tomorrow, they’d wheel me in and knock me out. I’d awake minus a cancerous prostate, and be back home Tuesday.

So I’d been told.