

Pieces of Me

The surgeon used words like “unequivocal” and “undeniable certainty”, allowing no room for any other diagnosis. The two doctors before him had been less sure. They talked in percentages. “Your low white blood cell count contra-indicates it... I’d say 80% chance it’s negative” said the first doctor. “The higher count in your urine suggests bladder infection. Maybe eighty, ninety per cent,” said the second. They both agreed on one thing: “Let’s get a CAT Scan.” I was more sore than I had been earlier. Two rounds of prodding and poking and thirty three hours of constant pain were taking their toll. I was thankful for the Toradol shot that cast an amber glow over everything and dissolved my impatience and trepidation, scattering my thoughts so that they flitted from one context to the next and didn’t fasten on what it would mean to have my guts laid open on a cold table in front of perfect strangers.

It all started Saturday night. I woke up with a burning pain right in the center of my gut. I immediately attributed it to the alcohol. Like most moderate to occasionally heavy drinkers I found myself crouching in the guest room not surprised at all at my discomfort and counting my intake from the night before. It was one AM. That night I had one scotch, three, maybe four glasses of wine at Vin Rouge, and a port. Definitely not a personal best by any means, but maybe enough for some kind of low slung indigestion. Like a lot of people I learned how to drink in college; learned how to make a good moment out of nothing. Most people stopped after college with the responsibilities of family and career. Some of us continued, but learned how to stop after the light afternoon or early evening buzz. And we watched as some of us, unfortunately, turned pro. I fell in the middle group somewhere, and didn’t expect to start seeing the health complications from my lifestyle until I was 60.

So I popped the pepcid AC and rode it out for a few hours while watching ESPN. When it seemed to subside I went back to bed and tossed and turned looking for comfort until dawn. On Sunday the pain had taken on a new character. It was dull but omnipresent. Not alarming, but it begged for attention because it didn’t fit into any of the familiar pangs in my late-thirty-something catalogued history of complaints. I was beginning to get used to the increasing physical failures of my body: the reluctance to respond to once or twice a week gym visits; the creaking joints from old sports injuries; the worrisome moles that appeared over night and warned of further sun exposure, and yes, indigestion. I used to be able to eat a Mexican greek pizza at 2 AM and wash it down with a six pack of national bohemian then wake up the next day ready to conquer the world. Or so the nostalgia translators in my brain told me.

By late afternoon that Sunday I had all but diagnosed myself. The pain migrated from the center of my stomach to my lower right side. I went on the Internet. (It’s not called the “web” anymore you know.) I looked over the symptoms. Fever, nausea, pain in the lower abdomen, especially the lower right, most common in young people ten to thirty years old. I checked my temperature and it was normal. No nausea. Just the dull pain. I was still in denial.

By that afternoon it was diminished. *Probably just indigestion*, I told myself. I went to bed prepared for a busy day at the office on Monday. I awoke before dawn and lay there in mute terror. The pain demanded attention; still steady and unrelenting, but more focused to the right. Still no fever or nausea though. I kissed my wife and said I would call her later and drove over to the urgent care office. I had been meaning to get a regular family doctor, but hadn't gotten around to that watershed moment in my life yet. At my age it is an understood rite of passage to go ahead and get a good lawyer you can trust and play golf with, an accountant who shows you the arcane inside passage to lower taxes, and a doctor who will become familiar with your "conditions" and whose job it is to flatten the descending trajectory of your unraveling body, keeping it in a slow burn as high in orbit as possible.

I stood outside the clinic with my cell phone making calls until they opened the doors at nine. My vital signs were all normal: Low blood pressure, no fever. "Number your pain" they said. "1 to 10 with 10 being the worst you can imagine". I started calculating. They can't possibly know my imagination. The sheer spectrum of it would certainly be outside their counting system. Torture at the hands of terrorists would be the worst pain. I could imagine being flayed alive with bamboo shoots under my nails. Or what about the thousands of people that Mao Tse Tung had buried up to their necks with only their heads sticking above the ground like cabbages while he ordered men to drive over them with tanks and tractors. I had read about that. I could imagine being buried that way and watching the man next to me crushed under the metal treads, hearing the skull pop while I waited for my turn. "5", I said. "I can't sleep."

"If you can't sleep let's call that a six", the first doctor said. I just nodded my head, that sounded right. Through the sleep deprived pain blur I wanted to tell him that both Mao Tse Tung and Hitler had only one testicle. Then he had me give samples. Urine and blood were given or extracted and their contents analyzed with whirring machinery. Then I waited. My cell phone was bleeping as it died and I read the latest issue of *Business 2.0*. The cover had Bill Gates' head filling it up and running over the margins. I briefly pictured his head in the Maoist killing field; glasses dusty in the afternoon sun, eyes defiant and angry at me for putting him in such a predicament. Did I mention the Toradol shot?

While I waited the nurse had entered and made me pull down my pants and put my weight on my left leg while she shot the hot contents of the syringe into my right "hip" as she called it. I always thought of my hip as being higher up. It burned, but I had always been able to suffer needles stoically. My brother and I would give plasma in college for beer money. It was a cheaper buzz. We felt like we were really working the system. We would race to see who could fill the bag the quickest. The nurses would take it away, extract the plasma and bring back the remains to pump back in our open wounds. "Don't mix them up" we would joke. And then we would go to the bar next door on Franklin Street with our new found wealth and order the single pitcher that was all we would need that night.

The Toradol made me much more patient. I sat there thinking about the word and how much sense it made to call me a *patient* when I had so much waiting and paperwork to do. Toradol would be good for doing taxes. You're never in a hurry on Toradol. Time has texture. Fifteen minutes after the shot they let me go. I drove over to the main hospital ER under the influence of the Toradol. The bumps didn't hurt my gut any more. I stopped by the office to pick up a different cell phone and tell everyone that I would be out for the day. I told them I would call after the CAT scan.

At the front desk they took down all of my information and pointed me to the waiting room. When my name was called we went through the whole drill again. Temperature, Blood pressure. "any nausea...no?" "How is your pain?" I knew the answer to this one now, but the Toradol had to figure in there somewhere. After a moment's thought I said "It was a pre-Toradol six, I would call it a three now." The Toradol was definitely a negative integer.

"So you've had some pain meds?"

"Definitely", I said, looking down at the papers I had handed him when I sat down. He didn't say anything else so I said "I couldn't sleep, you see. So I would call it a six." He just nodded his head and took some notes in my growing file. I had seeded my ER file with documents they gave me at Urgent Care. I started to recommend that they link their computer systems so they wouldn't have to rely on the testimony of a Toradol-infused patient, but decided this wasn't the time for a systems overhaul.

I was ushered to a new waiting room. I was making progress, moving closer to the bowels of the hospital where actual treatment was meted out. I waited there and made some more calls, canceling meetings in DC for the next two days. A nurse came by to tell me cell phone calls weren't allowed this close to the belly of the hospital. I nodded at her and she smiled. Her name tag said *Doris, Patient Care Representative*.

When my name was called I was seated in front of a man at a desk with a computer. It was like being at the DMV. I gave all of my insurance information again and contact info. I said I was Lutheran and had come alone. I told him my pain had been a six but had withered under the onslaught of the Toradol. I was giving him a congratulatory smile on the success of the pharmaceutical industry. He just said "I don't need to know that", and sent me back to the waiting room.

I was waiting to call my wife. She doesn't like hospitals or needles. She had almost fainted during my stay after knee surgery several years back. As a teenage girl in Italy she had suffered a terrible Vespa accident that left her hospitalized for months. Some of that trauma still crouched in her sub-conscience and emerged around men in white coats and the smell of rubbing alcohol. For her, valium and Toradol in a thick cocktail would be indicated for child birth. And that is just for the drive to the hospital.

When they called my name this time I could see that we had gone to Defcon4. I was ushered to a large room with five beds. A curtain was drawn around mine and the nurse

said, "Take everything off and place it in this bag. Even your underwear," She said this meaningfully with special emphasis on the *underwear* to show she meant business. I guess this had been a problem before.

I said "No problem" and smiled to show her I really meant to be cooperative. Everything means everything.

"Do you have anyone with you? It is really better if we can give this to someone." The orderly from the computer was behind her, out of my sight.

"He drove himself here." he said. I could hear the empathy in his voice.

"I have a wife." I said, objecting to the empathy, "I just haven't called her. I thought I would do that after the CAT scan."

"Are you getting a CAT scan?" the nurse looked back at the orderly. "Is he getting a CAT scan?"

"Well, that's why I was sent here." I said.

"We'll just let the doctor decide that."

I could sense that I was dabbling in some kind of doctor hierarchy here so didn't press it any further. I guess ER trumps urgent care; even if they haven't read about the tests and didn't know my outstanding white blood cell results. The nurse brought warm blankets right out of some kind of heating machine. This was brilliant. I suspect Doris had pushed this directive through the patient care committee. I laid there with my *Business 2.0* magazine growing in confidence that I could really beat Bill Gates with the knowledge I was absorbing. I just had to follow Scott Cook of Intuit's example and stay focused on my market and then, as the magazine said "Innovate, innovate, innovate." It seemed so simple. I felt like I had a new purpose. I just had to get past this appendix thing.

The nurse returned pushing a table with needles and little sterile looking packages. "Well, we don't know about the CAT scan yet, but you will need an IV in either case. I can get you prepped now or we can wait for the doctor."

"What would the other case be?" I said, knowing the answer already.

"Well, surgery." She said, watching my reaction, obviously feeling like she had blundered and let me know something I wasn't supposed to know yet.

"Let's just wait for the doctor." I said. When she went away I started trying to get a signal on my cell phone. It was weak. Not even one bar, but I managed to get my wife's voice mail at work. She was at lunch. It was 12:45, the first time I had looked at the clock in a while. "Honey, I think you should come to Rex. I think they are getting serious about using knives on me. I am at the ER."

When my wife arrived she was out of breath and accompanied by Doris, the perky patient care representative. The nurse was standing over me trying to get the IV in. She had already failed in my right arm once and was trying again on my right forearm. "There" she said at last and backed away to admire her work. The IV was stinging, even through the Toradol. I told her and she bent over again to push at it. She withdrew the needle without saying anything, taped some gauze there and told me to hold it. "For a young guy you sure have some crooked veins", she said. As she walked around to the other side of the bed I voiced my surprise. My veins had always been admired by nurses. I was proud of the easy access they had provided nurses for voluntary and involuntary donations over the years. My right arm was swelling from the errant saline that had leaked into it.

My wife stayed outside the curtain as the nurse poked at my left hand while I tried to reassure her. Finally she was successful and the tube was taped to my hand, waiting for the dye mixture for the CAT scan or the antibiotics and other fluids for the operation. That's when the surgeon walked in. His confidence preceded him by a few feet, filling the room with competence. He listened to my abdomen. *What could he be hearing there*, I wondered? Is there a telltale gurgling undecipherable to the layman's ear that told him all? Were those sounds we hear in the night from our gut talking to us? Admonishing us for that last bite of crème brulee or the over indulgence of the beurre blanc? If we would only listen, what complaints could we avert, what truths could we know?

He tapped on my bare back and asked about pain. "Zero" I said. And "one" when he began probing my abdomen, starting like the others in the center, wandering left and ending right- "4 post Toradol"- where he probed deep under ribs and around organs. Finally, he showed me the dreaded "rebound effect". He pressed down directly over my appendix. "6" I said. Then he let go and I could only inhale deeply through my teeth, unable to assign a number.

"I've seen enough," he said turning his back and addressing the nurse. "Let's get him prepped for 2:45".

"What about the CAT scan?"

"Not necessary"

"What about the bladder infection? Or antibiotics?" That is when he brought out the words; the short one and two word answers that did not permit any challenge. Then he elaborated.

"If your appendix bursts we have to open you from here (pointing to his sternum) all the way to here (pointing just above his crotch) and we have to leave you open for hours to make sure there is no sepsis. I can do it using a laparoscopic approach through your belly button or just a small two inch incision above the appendix. The first takes about an hour and a half and the second only about forty minutes." He was ushering me where he wanted me to go. I agreed, defenseless under the narcotics.

“I want you to be able to see what you are doing. If the incision is easier let’s do that. I’m not worried about the scar.”

“Fine. I’ll see you again right before surgery.” he said, and he was gone. Then the patient care representative and nurse descended murmuring little assurances, wanting to know if my wife or I had questions, The patient care representative produced a patient’s bill of rights document. It outlined everything we could expect from the hospital: *Proactive Pain Management* and *the Right to a Dignified Death* and everything they wanted from me including: *Cooperation* and *Timely Payment*. The pain management section was the most interesting. *Don’t wait*, it said. *Pain management should begin early. Talk to your healthcare provider about your pain.* It reminded me of those interstitial ads that pop up between windows on the Internet. *Bestellen jetzt*, said the German ones. *Order now!* I was prepared to overmanage my pain, inflate the numbers. *Don’t Wait!*

Before long a large man came to wheel me even deeper into the heart of the building. It grew much colder and I was given fresh warm blankets. I joked with the orderly. I was placed in another room where a very large woman waited with her NASCAR adorned husband. The new nurse, who had been taking competence exuding lessons from the surgeons, asked if I needed to use the bathroom. I said yes. She brought me a plastic bottle and pulled the curtain around me and my wife. The woman on the other side of the curtain said “don’t mind us...if you got to go you got to go.” The NASCAR fan chuckled. I hooked the container on the bar on my bed and laid back down, wishing the Toradol wasn’t eroding so quickly.

When the nurse came back she glanced only briefly at the empty bottle and asked about pain. “I’m a six again.” I told her. (I was really a four)

“We’ll take care of that.” She said competently. “The doctor has given instructions for Valium.” I didn’t want to mention the Toradol. That was her responsibility as far as I was concerned. But surely she knew from the gauze already taped to my right buttock that I had some meds flowing already. I wasn’t getting anything past her. The valium joined the saline and flowed smoother than the Toradol. I became very content. It helped to be relaxed when the nurse came back to run through all of the paperwork again. Asking who I was, why I was there, checking my armband and repeating the information for my wife and I to acknowledge. Then there were more forms, giving permission for the coming violations, the cutting and the removal of bodily organs. There was a form to give permission for my priest to visit. I declined this. If he came he would surely remind me that I had not been in a long time and he might bring up tithing, if not then, then certainly at the end of the year he would remind me that he was there in my hour of need. I didn’t want to get into that whole cycle of extortion. I would roll the dice and ride this one out in the arms of science.

Then there was a form for a living will and a clause about not resuscitating me. I added some extra comments to this section to make sure that it was *unequivocally* clear that I wished to be resuscitated under *all* circumstances. When the anesthesiologist came I

explained that I had had two surgeries before, both sports-related and had been under general anesthesia once. I told him that I had managed to avoid going into the light both times. A joke that only the three of us found funny: me, the retreating toradol and the increasingly present valium. I told him that I had been violently ill after the ACL surgery so he started yet another bag on my IV to combat nausea. Knowledge is power.

The surgeon was there right after the anesthesiologist left. He now looked alarmingly like the guidance counselor on Southpark. “We’re going to cut you open mmmkay? Pull out some organs mmmkay?” Then he was gone and I was surrounded by nurses again.

They wheeled me into the stark operating room with its blinking machines on wheels and alarming bright lights. It was cold. When they asked me to leave the shelter of the blankets and slide over to the table the cold became palpable. One nurse undid my gown so I was bare against the crisp fabric and plastic stretched on the operating table. Another nurse introduced me to everyone as they strapped down my arms and legs. I said something unintelligible and something like *okay team, just the appendix okay? I assume there will be no shaving?* One of the nurses looked up from the instrument table and crinkled her green eyes at me. I tried not to look at the implements.

When the anesthesiologist walked in everyone became quiet and very industrious. My heart was beating thickly. Would this be the last thing I see? When I woke up would I still be in this space/time dimension? Maybe anesthesia was a gateway to different realities only slightly altered from the last so as to be indistinguishable. If the universe depends on someone or something sentient perceiving it would it be altered at all by lack of consciousness? I mean, even when you sleep there is a sense of a passage of time. But under anesthesia there is nothing but the mask coming down, the slow count back from ten, usually no further than eight, and then the revival in the recovery room. Supposedly patients are first revived on the table, but they never remember it. Under anesthesia hours can go by in an instant. In between is utter oblivion. No hopes, dreams, pleasures or pain. A gap in time lost forever in the ether.

When I awoke a man was there flanked by two nurses. “Breathe” they said in unison. My eyelids fluttered as awareness returned. I could hear them talking to each other. “The shivering has stopped”. *I was shivering?*

The way they looked at me I could tell I was one among dozens they would revive that day. I was part of the routine. Something to do between coffee breaks. The surgeon appeared abruptly. “How’re you doing sport?”

Apparently I answered him in Italian but he was content with the reaction and went away. I was left alone with the man who was already asking about pain levels. He started lecturing. “There is no reason for pain. Don’t be bashful. We have lots of answers to every kind of pain. Do you need something?”

I told him I was fine but that yes, I could feel the incision. I knew right where it was and how deep and could sense a three dimensional zone of anger around it. My dormant white

blood cells and nerve endings and everything else my indignant body could bring to bear were marshalling around the intrusion. They had let the appendix fester with little notice. There had been an organic understanding don't-ask-don't-tell policy, but they took great offense at the inorganic presence of the cold steel and plastic suction devices. Their uproar was muted now. And it was much more than the valium or the forgotten toradol would have been able to handle.

“Morphine” he said. “I’ll give you some more. You are allowed a lot more than you have had. Don’t be shy.” *Don’t Wait*

He started asking me questions and listened only briefly to my answers. “The Internet ayy? Wireless? Hmmm. I bought some land with money my grandmother gave me. I now have more than 50 trailer lots in two parks that rent for \$240 each per month. It’s a good business. You see, I give one of the people at each park free rent to manage it. They keep everyone in line. Lots of Mexicans. They’re the best. Pay in cash.”

I mouthed some comments as he droned on. He was either jacked up on caffeine or I was experiencing time differently under the morphine. No one talked that fast. But it was useful for me to try to follow his narrative through the cotton in my brain. I was even doing simple calculations to see his cash flow. It *was* a good business.

“Lapasopic?”

“What?”

“Let me look. Hmmm. Why didn’t you get lapasopic?”

“Chicks dig scars,” I said weakly, trying to smile.

“I don’t know about that. I had a car wreck eight years ago and have scars everywhere.” While I laid there, tubes in my nose, throat sore from the extirpated airtube, sucking on ice chips, he pulled the curtain around us and pulled up his shirt showing me the scars criss-crossing his torso. For a moment my brain raced to catch up. I had a strong sense of something surreal happening. But when I didn’t say anything, the curtain was drawn back and the nurses were there again, reviving more patients arriving every few minutes.

When a pretty nurse came to relieve my male nurse he told her “Three and a half” When she was gone he whispered to me. “You’ve had five, but I told her three and a half. Don’t be bashful. Good luck” And he left.

When she asked how my pain was I told her *fine*, because it was. While they tried to find a room for me I thought about the male nurse. Why would he give me more than I needed? Was it pure human compassion? Or maybe he was trying to get me hooked? I thought about getting a phone call or an email with directions to the trailer park. *Want some more? Don’t Wait!* The voice or message would say. I would have to have it. Sweating in the July heat I would drive my Dodge dart down old Highway One to Scotland county. I

would pull into the trailer park and count the squatting metal boxes until I found the one from the message. Inside there would be a man in a sweaty muscle shirt drinking beer and stubbing out a camel. “Are you the guy?” He would say. “boss says you can have five.”

“Come on man,” I would say, wringing my hands. “I need ten.” Then I would pull out the wad of cash. They would be wrinkled and soiled notes, even though they came from the ATM, as if the machine could sense what I intended to do with my withdrawal. He would stare at the cash, eyes wide in his bloated face, a thick scar under one eye. Behind him would be a thin Mexican woman in her late forties, dressed in a slip and making suggestive faces at me, licking her dry lips. The man would push the vials of morphine at me. “Go ahead, but if you tell him I will kill you. Get out!”

I would take the vials gratefully and leave, spinning out in the dirt road of the trailer park, spraying his trailer with gravel. The vials would bounce dangerously on the seat and one would roll down to the floorboard. I would reach down and grab it and hold it all the way home.

“Are you sure you don’t want some more?” It was the new nurse, looking at me. “You can have more.”

“That’s all right. I’m fine” I said. As they wheeled me up to my room I began to organize a pain management strategy designed to make sure 1) I wouldn’t need a catheter and 2) I could avoid the trips down highway one to the morphine trailer park.

Three days later, on a steady diet of generic Vicodin I can announce that my strategy was a success. I am now a Vicodin-enhanced two. We had a close call with the catheter, but my system managed to come through just in time. I only spent one night in the hospital, ordering my fluids-only diet from an extensive menu and watching back to back episodes of Fear Factor. I went home the next day and rode out the pain swells and drifted in and out of sleep. No laughter, no coughing or sneezing allowed. That pretty much leaves ESPN, CNN and The O’Reilly Factor. The few times I tried the Daily Show or SouthPark I had to change the channel quickly.

Pieces of me are being left on the side of the road as I turn toward home on this journey, but I am still, at 37, in good running order and ready for the home stretch.