



When yer gotta go

Martin Royds gives *BWD* a candid report of his recent medical procedure

WARNING!

This story contains graphic details of icky medical procedures. Squeamish types, minors and other readers offended by words like 'whizzer' should turn the page pronto.

ABOUT FIVE YEARS AGO I became aware that it was taking a long time to empty my bladder. So at first you think, there's nothing wrong with me — I must just have a big bladder. But the reality is, it's a much slower flow.

After a year or so I realised there must be something wrong so I went to the doctor and said how I had to get up during the night for a pee and how it was taking much longer. I then saw a specialist who produced a pee flow chart which measured both the flow rate and then, by ultrasound scan, the amount of urine retained in the bladder.

I remembered watching the film "The World's Fastest Indian" and the scene where Bert Munro is pissing on his lemon tree in the middle of the night. The implication is that he has a prostate problem. There's a scene where Bert's peeing on the tree and his young mate comes out and joins him. He's done pretty quickly but Bert's left there still struggling to go.

I started taking Saw Palmetto, a native American herb — in fact an old Indian man gives some to Bert Munro in the 'Fastest Indian' movie and it helps him by freeing up his flow. For a few years that was getting me through the night.

Before that I had endured an urgency to pee that was quite restrictive. I could never go anywhere without being sure there was somewhere around where I could have a pee. Public speaking, of course, became a really frightening experience. With this affliction, when you need to go — you really need to go. Jumping from foot to foot on the podium is not a good look.

Years ago the doctor told me that because my uncle and father both had prostate cancer, and me with an

enlarged prostate, I was at high risk. I had been having regular PSA tests that always came back negative, and even though tests showed that I was retaining more urine than normal, their advice was to 'just live with it'.

I got to the stage here on the farm where I was peeing hourly. If I wasn't a farmer of course, like a bus driver for instance, there's no way I could have put up with it for so long. But when I started to get blood in my urine it was definitely time to head back to the doctor. The specialist did a blood test which showed no evidence of cancer cells, but he said, "We'll put you on a public hospital waiting list so we can go in there and have a look". That was about three months ago.

After waiting for some time I rang the hospital to see where I was on the list and they had no record of me! The hospital blamed the doctor and vice versa and I was getting nowhere. So I went to another specialist in Bowral who had a look at me and told me I had a 5 cm growth in my bladder. He said, "We'd better get in there and check this out".

So off I went to Sydney. Optimistically I had spare clothes all packed so I could go to a cattle sale the next day on the way home. But when I got to the hospital, they did a scan and discovered I was retaining 300 ml of urine in my bladder and so I was whisked straight into emergency as I was close to not being able to pee at all. I know of a few other blokes that has happened to and they were emergency cases — it's very serious.

Sensitive readers might like to stop at this point.

So there I am in my hospital gown and the nurse comes in and says, "Wow, this is a big one". I assume she was referring to the catheter. She said she'd been told to put it 'up there' and asked if I wanted her to get the doctor, but in my experience nurses are much better with such things. She said, "This might be a little bit uncomfortable". And it sure was.

The nurse proceeded to insert the catheter, bigger than a thick-shake straw and about a metre long into my whizzer right up until it reached my bladder. It's not the most comfortable situation to be in. But for the first time in a long while I was able to fully empty my bladder, even if it was into a bag. I ended up walking around like that for three days, both before and after my operation.

The operation consisted of a whole bunch of stuff going on. They sent in a

CLANCY OF THE UNDERFLOW

film crew, a mining team and a flushing gang — all up the whizzer. Lights, camera, action. The scruncher part removes the growth, the debris is flushed away and the whole show is co-ordinated on the screen via the view from the camera. Then they removed the catheter and gave me a re-bore (enlarging of the urethra).

All in all, the operation was successful and the doctor told me later that I am indeed lucky. There was a 95% chance that the growth was a cancer, but I am in the fortunate 5%.

I've had a lot of time for contemplation over the years as the problem became worse. I discovered that around 90% of older men have an enlarged prostate to some extent. In fact a very high percentage of men die with prostate cancer — but they don't die because of it.

I think it might be worthy of investiga-

tion that my grandfather had trouble in his 80s, my father in his 70s and now me still in my 40s. What's going on here — chemicals, hormones in the food or what?

Anyhow, the moral of the story is: if you think you've got a problem, get it checked. What could end up killing you almost certainly won't if you get it treated in time.

And a final word from the other side of the bed.

PATRICIA: For the last six months Martin has been up five or six times during the night, not just for a bit but in the toilet for ages — maybe ten to fifteen minutes. You've no idea how sleep deprived we'd both become. Now all that's over it's just wonderful. It's only now I realise just how stressful it is for the partner as well.

It's great to have him back.



PATRICIA, MARTIN AND ROSIE.