

SWIMMING AND CANCER

By Phil Dodson

November 8th, played back my voice messages after my noon workout. My doctor called with my PSA test results, a 5.2, over the 4.0 recognized as threshold for possible prostate cancer. Given my family history, this news came as no surprise, but it was very inconvenient. I was doing so well in swim training, the best I have felt in 3 years. Why now? I'd been swimming good enough to have a good chance at breaking the 200 yards free ILMSC record for 50+ men next spring. At age 53 I figured it would be my last chance at this record I had been so close to for two years.

My thoughts were never why me, nor any concern about surviving. Heck, I've already survived cancer twice before, anything less never occurred to me. My only concern was would I get back into shape fast enough to compete in the Spring State Championship.

I immediately called my older brother. 7 years ago at age 50, he was diagnosed with prostate cancer and had it removed for a 100% cure. He would prove to be an invaluable support for me during this challenge. I was mostly concerned about the surgery and recovery period, and only somewhat about the quality of life issues. His recovery period was 6-8 weeks, with 3 days in the hospital. Not too bad. My last cancer operation, which removed 30% of my left lung, had me out of the pool for 4 months and I still had muscle pain in the chest after races 14 months later. So, schedule an operation before Christmas and 6-8 weeks later I should be back in the pool by mid February, enough time to get into shape for Spring Championships!

Boy I was in for a real education. That is not the procedure for prostate cancer diagnosis and cure. I was to learn that 1st one schedules an appointment with a urologist to discuss the PSA results and what it means and doesn't mean, then if warranted, one schedules a biopsy. Then if cancer is confirmed, one schedules surgery a minimum 6 weeks after the biopsy.

I call the urologist recommended by my doctor. He was available in 7 weeks! That won't do. I tracked down the urologist who treated my testicular cancer 12 years ago. He was available in 6 weeks. I finally find a urologist close by and with an opening next week!

The "discuss PSA" meeting was a waste of time, because my brother told me in advance everything the urologist covered. There are various treatment options ranging from freezing, radiation to surgery. All had similar quality of life issues, but different rates of success for cancer cure and quality of life. Surgery was the preferred method for someone my age, who should normally have another 30-40 years of life expectancy. I had already decided upon this course of action and wanted to schedule the surgery ASAP. But first we need the biopsy to test conclusively for cancer.

Biopsy was scheduled a week later, one day after I would return home from a weekend of SC meters competition in Florida. I had gone into a full taper mode for this meet right after the initial call from my doctor. I was swimming great and at least the entire season

would not be lost if I could not recover in time for State Meet. That weekend in Florida, I swam great; made top ten times and had my best competitive swims in 3 years.

The biopsy was rescheduled when the doctor got sick. Another week delay, it was a conspiracy! Finally, the biopsy; not a pleasant experience, but very tolerable. Doctor said the probe would be in me for about 7 minutes, a little longer than a 500 yard swim. I can do a 500, I can do that. After the procedure doctor told me to take it easy for 2 days and avoid heavy activity for 4 days. That was Tuesday, which means I can swim in the masters meet on Sunday. I asked the doctor to make sure. He says no, does not want to risk the internal healing with extreme activity. OK, I follow his orders. I've already entered the meet, my team is the host so I'll still go and socialize with my swim friends. I tell everyone that I had a test procedure and doctor says no swimming for 5 days.

It takes a week for lab results on the biopsy. No surprise, its cancerous, but good news; it's at an early stage, only 5-10% cancerous cells with a Gleason score of 6. (That's considered about as low a score as a cancerous prostate will be given). Finally, I get to come in and discuss details of options, surgery and quality of life issues with doctor. Right after the lab results, I write an e-mail to 60 of my family, co-workers and closest swim friends, giving them a brief summary of my condition. I title it "Phil's New Cancer Challenge". This would prove to be one of the best things I did.

Prior to the e-mail, I had only told my brother, wife and three close friends. In a challenge such as this, positive mental attitude and positive reinforcement / support from family and friends is vital to success. Just like swimming a race, one always swims faster when your buddies are cheering for you on the side of the pool. I did not realize it, but I had created my own cancer support group. Almost immediately I got e-mails and phone calls offering support and best wishes. Believe me, this helps. One phone call turned out to be life changing.

A co-worker, told me about a friend of a friend who had this new laparoscopic procedure with nerve sparing procedures. I call and talk to the individual. His description of post surgical recovery was as different as night is from day with respect to what my brother experienced 7 years ago: One day in the hospital, 3 weeks to recover and back to work, incontinence and impotence recovery in weeks not months. Wow! I schedule an appointment with his urologist (in only 3 weeks!) I research the procedure on the internet. Comparative statistics on recovery between regular surgery and laparoscopic surgery are impressive; one-third the recovery time for laparoscopic. Further, this was a proven technique. It's been around for 5 years and in 2005, 20% of all prostate surgeries would be laparoscopic. In this hi-tech procedure the surgeon is 12 feet away from the patient controlling 5 laparoscopic arms consisting of 2 cameras, 2 surgical devices and an inflation tube (to enlarge the abdomen for work space). It sounds like playing x-box in my abdomen. Because there is a mechanical interface between surgeon and patient, the surgery is very precise and significant nerve sparing is possible. There is also significantly less blood loss which leads to a faster recovery. Surgery is scheduled for January 20th. With 3 weeks recovery, I'll be back in pool by mid February, and I'll have three additional weeks of conditioning, hurray!

Meanwhile, at an appointment with my dermatologist, I ask him to take a quick look at a cut on my ear that does not seem to heal. A biopsy is taken, basal cell cancer confirmed. My 4th cancer. I schedule removal during my prostate recovery since both require staying out of the pool. I figure no time lost here. For the future, doctor, recommends a swim cap and lots of sun screen while swimming out doors.

January 20th approaches. I get many e-mails and phone calls wishing me good luck, just like before a big race. Some ask me how I feel. I honestly tell them it's like getting ready for the Nationals and swimming the 1,500 as your 1st race. (I am a 100/200 sprinter). One has pre meet butterflies and a small amount of anxiety, but you also know that you are in great shape and will do just fine. But that 1,500 is a long way and you'd rather not swim it, but you signed up for it and you will. Still, you can't wait to get the race over with. I can't wait to get rid of this cancerous prostate and get on with my life. Sleep is a bit fitful and more so the night before surgery.

Morning of surgery arrive at hospital early, go to the bathroom 1st thing. Walk into the pre op room and go to the bathroom again, just like before a big race. Lay down and a nurse takes my blood pressure, 128 over 78. I remark that I must be nervous since those readings are 10 points higher than a week ago. The nurse tells me she has friends who would kill for those low figures. Interesting remark before surgery, but I let it pass with a smile, obviously a big benefit from swim conditioning. Next, I become a human pin cushion. Two nurses, one for each arm tries to insert an IV. Both fail. Mercifully the anesthesiologist shows up and suggests they "gas" me before they try again. I am wheeled into the op room fully awake and look around. There are a lot of people in there and the laprascopic machine is huge, bigger than a person! They place a gas mask over my face, tell me to breath deep. OK, they tell me to breath deep a 2nd time, OK, then I start laughing for no reason. I hear a nurse say, "I guess that's why they call it laughing gas". They tell me to breath again. OK and then they tell me to breath for the 4th time. I never remember taking that breath.

I wake up in the recovery room. Preparation may have been like getting ready for a 1,500 but this is a lot worse than after one. I tell myself I'd rather race a 1,500 any day of the week than feel like this. But slowly I get better and they wheel me up to my hospital room. That was terrible. Waves of nausea from the motion come over me. Finally, I'm in my room. I ask the nurse for more pain medication and something for my nausea. She tells me the pain medication is on order and brings me a throw up tray. A throw up tray! 4 hours after my last the pain medication, more arrives. I find out the next day it's only tylenol and advil. I waited 4 hours for that? The resident shows up 5 hours after I arrived in my room. She insists I go for a walk tonight. NO WAY, NOT HOW I FEEL. Now, I understand they make every body walk the 1st night, but I was so emphatic that they do not ask again. Then I ask the resident why I am so lighted headed. She explains that the general anesthesia is still working its way through me, but they can give me something for the nausea. Really! I asked for that 5 hours ago! She orders the nurse to give me a shot NOW out of their inventory, not to wait for delivery from the pharmacy. Really!

They have an inventory of drugs so I should not have waited for my pain medication once I arrived in my room? They are lucky I am not feeling well at that moment.

Within an hour of the anti nausea shot, I announce I am feeling well enough to go for a walk. The nurse disconnects my oxygen only to discover they never hooked me in once I arrived in the room. Similarly, my leg “squeezers” which run to prevent blood clots were also never connected. I make it the door and look left and right down the hall. To the end of the hall, left looks like 20 yards, right looks like 20 meters. That’s easy, I go left and ask my wife to time me. I make it to the end in 10 minutes. But I don’t just turn around, I have to touch the wall and execute an open turn. I make it back to the room and decide one lap is enough. Time 17 minutes; alright, I negative split it! My usual MO. I take one more walk that night, a quick trip across the hall to a private room. My wife spends the night with me sleeping on a hard cot. Bless her, that was nice.

Next morning, feeling better I go for a walk at 10 am. This time I go down the hall and touch both ends, twice as far as previously. Time, 17 minutes, I am improving dramatically. I know I will be ready to be released in the afternoon as expected. At 3 PM the resident ok’s me for release at 4. But at 4 it’s a shift change. They forget about me. After 3 or 4 reminders and two different sets of nurses with “care instructions” I finally get out of there by 5:30. University of Chicago Hospital has great doctors but I sure was glad to be out of the facility.

On the ride home I find out both sons have come home from college to see me. What a treat! Once home I am able to go up and down the stairs and walk all around without difficulty. Yes, I am tired but not too much so. I make tremendous improvement every day. By Monday, I stop taking Tylenol and advil every 4 hours, only as needed. Wednesday, 5 days after operation, I return to have the catheter removed. Doctor advises, again, me about incontinence and impotence issues.

Four weeks prior to surgery, the doctor recommended exercising my kegel muscles, 100 squeezes in sets of 20, 5 times a day. Yes the same muscles pregnant ladies are supposed to exercise. I’m used to exercising daily, so I do 3 or 4 sets every day for 4 weeks. I know this paid off, because I restart the exercises after the catheter is removed. Had I not practiced before the operation, it would have been difficult to feel and squeeze those muscles afterwards. Also, I have been developing my core muscles, doing dryland drills for the last 18 months to prevent back problems. I have a very solid core now. Thanks to my young age, the laparoscopic nerve sparing procedure and fantastic conditioning from masters swimming, I have essentially no quality of life issues typical from prostate removal. Urinary control is immediate, far sooner than statistics typically indicate.

As for impotence, with help from my wife and a little blue pill, no problem a week after the operation. The doctor had advised us that sex twice a week was recommended therapy for impotence. Despite an early success, I plan to strictly adhere to the doctor’s training schedule and not miss a single practice.

I asked the doctor for a safe schedule for return to active exercise and swimming. He encouraged exercise right away, telling me walking or running on a treadmill would help my recovery. Weights in two weeks and swimming in three weeks would be ok. On day 7, I start on an elliptical. Day 11, I'm in the pool for some very easy kicks and drills without a board. Swimming and using a kick board were stretching my abdomen too much. Day 12, more drill/kicks but discovered a pull buoy raised my hips enough that I could swim (very easy) without discomfort in the abdomen. Day 13, the basal cell cancer is removed. There are lots of stitches and I have to stay out of water for another 6 days later. Day 14, more core, elliptical and upper body weights. I am able to handle more of all as my recovery continues.

As I write this article Super Bowl Sunday, I am feeling great, but still get tired. I look forward to returning to the water next Thursday and starting some swim workouts. I am happy to be cancer free and all that behind me, though there will be tests to make sure it's all gone. I thank my many friends and family who cheered me on and still check in on me. I won the race.

Why did I write this article? Mostly to emphasize that cancer is very survivable. Positive attitude, lots of support and most importantly, early detection are key. For those of you with any type of family history, get tested and get tested often. Thanks to my brother I was testing for PSA for more than 4 years. If you have no special family history, get tested according to standard recommended guidelines. If just one person reads this article, gets tested and discovers an early curable cancer, I will have done some good. For those who are cancer free, swim for life.

Update March 3, 2006: I have been swimming for the last 3 weeks slowly getting back into shape. Yesterday I received word from doctor's office that my PSA level tested last week was not detectable! NO CANCER!