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ENG 100

Formal Assignment #1, Life-Choice Memoir, Draft 4

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A Room with a View

 “Christine”

 I opened my eyes to a well-dressed, attractive man standing over my bed. He was trying to wake me as gently as possible. It was dark, and I was momentarily confused as to where I was. There was a curtain on my left, a whiteboard in front of me, and a bathroom to my right.

 “Hi, I am doctor Vollmer. We need to discuss how we are going to try and fix your problem.” I looked at this new doctor skeptically. I had heard this before. For the past month, I had been in and out of hospitals. Test after test and no one was able to figure out why I was so sick. First, they told me it was a gallstone, then a bile duct constriction. Yesterday morning when I woke up from my latest procedure, I was told that I needed to be admitted to the hospital for surgery. The surgeon would come and see me the next day to explain everything.

 “I will be back at 5:00 pm this evening. We will need to go over our options for tomorrow.”

 Bleary-eyed, I agreed, and he walked out of the room, his shoes going click, click, click as he walked down the hall. I looked at the whiteboard in front of me. NPO in big letters stared back at me. I sighed and rolled over. No food or water again today. I was surprised how used to not eating you get. I wondered why all those diets I had been on had been so hard. I turned on the television and searched for anything of interest. It was the only entertainment that I had in my closed-in little space. My roommate next to me at least could look out the window. I thought of going over and saying hi just for a different view and some conversation, but she seemed to be in a lot of pain and very heavily drugged. I should have thought to bring my I-pad and maybe even a book when I came in for my out-patient procedure. I had no idea that I would be staying. My phone was down to thirty percent, and I didn’t have a charger, so I was afraid that it would die, and I would be left all alone in my small sterile space. Lauren would be bringing my things later tonight. She would be here as soon as she could after school. Since this illness had started before Thanksgiving, it had been very hard for her to see me in the hospital: my skin and eyes yellow with jaundice, none of the doctors knowing the cause. She needed to be with me and make sure that I was all right. Breakfast and lunch came and went. The smell of my roommate’s food, the spaghetti, and even the chicken broth, made my mouth water. I know it was hospital food, but it smelled good anyway. Just after 5:00, the clicking of his shoes preceding him, the handsome doctor came down the hall. He sat down next to the bed and started to talk.

 “What your previous doctors thought was a gallstone or a bile duct constriction is actually a tumor in your pancreas that is pressing on the bile duct. This is causing the bile to back up into your liver and why your liver is enlarged and shutting down.” He brought out a brochure that showed the area of the digestive system that was in question, so I could visualize what was going on.

 “Ninety-nine percent of the time, tumors in the pancreas are a very aggressive form of cancer. I would like to go in and see how big the tumor is and see if it has spread to the liver. If the cancer has spread or if the tumor is around the portal vein or artery, I will have to sew you back up, and we will have to find other options. Best case scenario, I will be able to perform a Whipple operation. This is not an easy surgery. I will remove the affected part of the pancreas, gallbladder, and duodenum. The operation will take from 8 to 10 hours and is the longest and most complicated surgery we perform at this hospital. There are many risks involved with such a long surgery, and even if everything goes perfectly, there will be a lot of side effects. You will have difficulty digesting most foods and will struggle to thrive for the rest of your life. The surgery will most likely buy you more time, and I think it is the best path for you to take.”

 The room grew very quiet as I sat there in shock. Cancer again. This was what the sixth or seventh time I had been told that in my life? All those other lumpectomies and biopsies have all come back benign. So many hours of recuperation, scars, money spent, all just to be safe. Why should I believe them this time? I sat there remembering all those false alarms, and I started to think. I am much sicker now than I have ever been in the past. Were all of those other times just to prepare me for this time? I think this time it might be for real. My liver is beginning to fail. If I do nothing I will die. I need to make a decision. Should I try and enjoy what time and health I had, or do I spend the rest of my life struggling and sick? As the silence dragged on, I just kept coming back to the same thought. How am I going to tell Lauren that her mother is going to die? I knew then what my decision had to be. I don’t have a choice. Lauren needs me to be at her graduation this spring. If this is my best hope of gaining more time, I need to do it for Lauren. I would do anything to keep this from hurting her. The longer I can hide my illness and its prognosis from her, is more time she can have to enjoy a normal childhood. We have gone through so much together since the divorce. Me, with my surgeries, and cancer scares. Her, with school and the pains of growing up. The thought of not being there for her terrified me more than any surgery did.

  I agreed to the surgery, and he left the room, his black leather shoes clicking down the hall. I couldn’t help the little voice of doubt that said this was going to turn out to be another false alarm. I kept coming back to that all that night. The familiar routine of cancer, surgery, false alarm, kept me calm. The next morning, the transport team was to pick me up and have me downstairs at 9:00 a.m.

 At 9:45 Dr. Vollmer comes into my room.

 “Have you changed your mind?” he asked.

 “No, they just haven’t come to get me yet.”

 “Is there anything you will need after the surgery?”

 “Can you get me a bed by the window? I feel so closed in here.”

 “I will try my best,” he said as he squeezed my hand.

 The transport finally shows up, and I am rolled down endless halls and three elevators to a room full of fabric partitions. The nurses start new IVs, and the anesthesiologist comes in and asks all the usual questions. Then the pain management doctor showed up.

“I do not want any narcotic painkillers; they make me throw up,” I told him with a lot of confidence.

 “There is no way that you can avoid them. We will have to give you medicine for nausea and any other side effects. You will also have an epidural going into your spine for at least four days.”

 The severity of the operation was starting to sink in. The time came, and I am wheeled into a large sterile room filled with equipment and nurses. I climbed out of my bed and onto the narrow metal operating table surrounded by tables full of sterile instruments and medical equipment. I always found it odd that you climb onto the operating table yourself. I felt like a victim of some ancient sacrifice. My doctor came in and squeezed my hand.

 “Everything will be fine. I will see you later tonight,” Dr. Vollmer told me, as I counted backward.

 In what seemed like just moments, I open my eyes and look around. I find a curtain, two chairs, windows filled with twinkling lights in the distance, and a writer board with NPO in big letters. I assess myself, expecting severe pain. My throat hurts, my stomach is all bandaged, two IVs in my right hand, two IVs in my left hand. No too bad, except for my throat. I brush my hand across my face and feel another tube going up my nose. This tube is apparently the cause of the throat pain. Nurses come and go to check on me. They replace bags and inject medicine into my iv lines. I drift back off to nothing.

 The next day, click, click, click down the hall and I see Dr. Vollmer enter the room.

 “How is my star patient?”

 “My throat hurts.”

 “That is the tube taking excess stomach acid out. You have to have that for another two days.”

 “I don’t know if I can take it. It is driving me crazy.”

 “I came to let you know that obviously, we were able to do the surgery. I didn’t see anything other than a 2cm tumor. It was well placed. I removed it and performed the rest of the surgery. You will be here for six to seven days, and then you can go home. We will have a preliminary pathology in a few days, and we will discuss what to do next.”

  On day six, Dr. Vollmer came in with a smile on his face.

 “I have good news for you. Your preliminary pathology came back. It looks like you have a rare type of cancer that affects different cells in your pancreas. This type is a lot less aggressive and can be managed for a much longer time. I will set you up with our head of the pancreatic oncology department. She will have the most experience with this. Only about 2% of patients get this type of cancer. You are very lucky. Get your stuff packed. I will come in tomorrow around noon and give you one final check, and then you can go home. Tomorrow is Christmas Eve, and I know you will want to spend it with your family.”

 I was excited to be home for Christmas. There were a ton of Amazon boxes waiting to be wrapped. Six days of sitting in bed with an I-pad and a credit card gave me plenty of shopping opportunity. I had seriously over spent this Christmas, but I didn’t know if these were the last gifts I would be giving my family and friends. If there was a gift that I wanted to buy, money was not even a consideration.

 The next day around noon, Dr. Vollmer came in.

 “Well, everything looks great. I will sign off, and transport will be up to get you in an hour or so. Oh, I forgot to ask. How did I do with the view?” He motioned towards the windows wrapping around the corner room.

 Looking out at the Philadelphia skyline I answered, “It is more than I could have hoped for, thank you.”

 As he walked down the hall I heard the click of his shoes fade into the distance.