

## MY PROSTATE CANCER

Cancer is a scary thing to most people regardless of ones age. I have written a brief outline of my experience of Benign Enlarged Prostate(BHP) and Prostate cancer and I hope it will be of some use and even comfort to anyone with Prostate symptoms. I advise anyone in this situation to talk about it openly with your GP., friends and family

I am now 77 years old and I have had symptoms of Enlarged Prostate for at least six years it was also discovered that my prostate was much more enlarged that would normally be expected with a volume of 120cc.

Treatment has been monitoring by my GP with regular PSA blood tests which until recently were between 5.0 and 6.0. In addition I was prescribed "Flowmax" to improve Urination, the clue is in the name! I have been quite happy with this arrangement, without so much as a thought about prostate cancer.

Then a few months ago my PSA reading was 8.7 and I was referred to a consultant, one I had seen some years earlier, he performed the usual DRE(Digital Rectal Examination) everything seemed fine with no apparent roughness or lumpiness nevertheless he recommended and I agreed to a Biopsy of the prostate.

The appointment for the biopsy came through very quickly and at this point having researched the biopsy procedure and found that there was an emphasis on infection risk, and because I was in denial that I had got cancer, I got 'cold feet.' and cancelled it to await another PSA reading in three months time.

The next blood test showed that the PSA had gone up again to 9.0 so I felt now that I must have the biopsy and asked the consultant to set it up for me. I didn't have to wait long and I presented myself for the procedure, I was shown to a small waiting room where there were other patients waiting for the procedure. A nurse then talked me and one other, through the procedure, the risks of infection and what to do if it occurred. I had to take orally, antibiotics and there were also Antibiotics and Analgesics inserted into the rectum by the nurse. There then followed a 30min wait for the actual procedure.

The procedure itself lasted about 30mins it was slightly painful at times when they nipped a piece of tissue, It was uncomfortable, and most undignified but quite tolerable. I waited for yet another 30mins and was then allowed to go home. I was told to arrange to be driven home and my wife came along to do that. However I felt quite capable of driving and my wife didn't like driving in a strange area so I drove home. I was given a course of antibiotics to take at home and there were no symptoms of infection. There was some blood in the urine for a few days but this is quite normal.

Eleven days later I had an appointment with a Senior Clinical Male Nurse, for the biopsy result. He told me that fourteen tissue samples had been taken and only one was found to be malignant suggesting that it was a small area. So I had got prostate cancer but probably I wasn't going to die of it. When the tissue is examined, it is graded by a pathologist, to score on the Gleason Scale from 1-10, ten being most aggressive, mine was 7. A few days later I was told that it had been decided that I was to have an MRI scan in two weeks time. The result of this confirmed a small and confined area of cancer but showed that the prostate was even lager at 150cc.

There are several options for treatment and all have potential problems and there is a lot of information on the internet about the various treatment options. I felt that I was led into accepting a 'do nothing' approach 'Watchful Waiting' and began to think radical surgery would be better even though incontinence and erectile dis-function will occur usually temporary but for up to a year.

I decided to get a second opinion and researched the top Urologist surgeons and found one that was expert in keyhole surgery who I thought would be suitable.

I was not disappointed as I found him very reassuring. He said you're not going to die of it and recommended the same approach of Watchful Waiting.

I think this is a mathematical rather than clinical assessment that I interpret as at 77 with a 5 year life expectancy the cancer will not have progressed to the bones but if I achieved another 15 years of life, it could be very different.

I have been recommended to take a drug to shrink the prostate but there are many side effects and I think I will decline. I am now quite content to accept the situation and if the cancer grows more quickly than expected then surgery is still an option.

**Anonymous.**

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*Note: From all the reading I have done most consultants recommend the MRI Scan before doing a biopsy as this tells them whether or not there is a tumour and its location. A biopsy will then be able to target the tumour for tissue samples to confirm whether it is malignant and how aggressive it is. In my case without the MRI Scan the Biopsy was blind and only one of 14 samples was malignant and that one could easily have been missed and my biopsy result would have been negative. Ask for a MRI scan before a biopsy*