Anne A., at 14 ½ months after surgery
I was so looking forward in June 2008 when I retired to join my husband, who had been retired since 2005. However, after my annual physical in July, my primary family doctor suggested that I have an endoscopy to check out my chronic heartburn complaints. Everything changed in September when the doctor who performed the endoscopy told us (my husband was there) that I had Stage I esophageal cancer. I was in shock and may not have heard anything else.

By the time we got home, our primary family doctor was on the phone saying she just got the news, and here is the plan we must follow and who she was going to try to get for our oncologist, radiologist and surgeon. We just listened and over the next few months followed the plan, somewhat in a daze. Unlike some people, we were afraid to know more about this cancer by looking it up on the internet. We did not know about the Esophageal Cancer Support Group.

We met Dr. Orringer prior to the surgery, and he explained everything and drew his famous sketch on the exam table’s paper of what the surgery was going to accomplish. We still have that drawing, and I still can hear him say, “I am going to do my part and I will do it right. Now you must do your part and walk three miles per day.” My surgery was done by Dr. Orringer on April 2, 2009. My family tells me that after the surgery, Dr. Orringer was very pleased with the outcome and how I did during the six-hour surgery. My stay in the hospital was a little longer than the ten-day average. I was in for twenty-one days because of unrelated existing conditions with my lungs.

I am now four and a half years out and feel very blessed that I had the best team of doctors here at the University of Michigan Medical
Center. It has been a slow but steady recovery, and the beginning of my *New Normal*. First of all, unlike most patients, I have had to dilate myself (actually Dr. Orringer trained my husband to do the dilation). At first we were doing it a couple of times a week but started to decrease the frequency as time went along. Today, we may dilate once every six to eight weeks ‘just to keep in practice’, or when I feel it would help my eating.

Like most of the other patients, I must sleep on a slightly inclined bed (two inch bricks at the head of the bed) with a wedge-pillow and I cannot eat very large meals. I frequently snack between meals. If I eat something within two hours of going to bed at night, I may have a reaction. So far I have had two bile episodes, which were awful.

If I want to exercise or go anywhere, I do it before I eat because it is difficult for me to walk right after I have eaten. I am a small person and I know there is just a limited amount of space in my chest cavity for my heart, lungs and now my stomach. It is almost comical to see us check into a motel when traveling; the luggage cart is more than half full of two large black trash bags that contain my pillows.

This is my *New Normal*. It took some getting used to, but with time I have accepted it and have adjusted to it. Life is GOOD. I am indebted to my surgeon Dr. Orringer, my oncologist Dr. Susan Urba and my radiologist Dr. Hyman and the rest of my medical team. A special mention must be made of Lori Flint who guided me through the surgery process with calls, setting appointments, and encouragement. And a special thanks to her for her work and dedication to the Esophageal Cancer Support Group.