



John K.

## *Chapter 6*

# **My Path To Surviving And Thriving**

by John K.

My story began back in July of 2002 when I had a routine physical exam and the blood work indicated I had a low red blood cell count and my primary care physician in Gaylord, Michigan asked me to at least have an upper GI; the results of which displayed a lesion. He immediately referred me to a gastroenterologist in Petoskey who, after he saw the x-rays, asked if I could stay long enough for him to scope my esophagus, which I did. The bad news was the photo of the cancer at the opening to my stomach. The good news was that it was discovered early enough to be operable. Of course, he contacted my referring doctor and as soon as he got the information he referred me to the University of Michigan, Thoracic Surgery Department.

My first meeting there was with Dr. John Yee who had all of my records. He concluded that it would be wise to have the transhiatal esophagectomy, and he recommended that I receive radiation and chemotherapy before the surgery. He, along with an oncologist in Petoskey, designed the protocol that I should take; five weeks of radiation on a daily basis - Monday through Friday - and chemotherapy infusions in the Northern Michigan Hospital, full-time on the first and fifth week of the radiation treatments. The infusions were to last 96 hours each time I was in the hospital. Once that was done, which was near the end of October, 2002, I was scheduled for my operation on November 11, 2002.

I was in the hospital for 10 days due the fact that I am diabetic and the healing process did take a little longer. I was discharged on November 20, 2002 and my wife (who was driving) and I stopped at a Cracker Barrel restaurant on the way back to my home in Gaylord. I had a meatloaf meal along with the fixings and although I couldn't eat much of it, I had no ill effects. I then began the recovery process at home.

When Thanksgiving Day arrived my wife drove me to Empire, Michigan, which is a few miles west of Traverse City, to have dinner with close friends. That is where I had my first dumping issue, which occurred right after I ate some cranberry sauce. The sugar did me in. Fortunately, one of the other guests at the meal was a nurse and she recognized my agony right away and helped me endure this first episode with cold packs and getting me into a reclining position with my head elevated.

I returned to my work as a bank president by December 15, 2002 and attended our company Christmas party for an abbreviated amount of time. When I got home I suffered another bout with dumping, probably because I ate too much. I quickly learned that foods that are high in fats and sugars offer the potential of dumping, so that now I completely avoid them most of the time.

I drove to Ann Arbor by myself for follow up visits with Dr. Yee on a quarterly basis three times and had no difficulty in doing that. In April of 2003, I got my boat out of storage and towed it to Anna Maria Island, Florida, where I had rented a house for a month. The Chairman of my Bank Board had a place there and invited me to join him for an Easter meal, which I did without incident. However, at that gathering I asked if we could come up with a way for me to retire early. He and the Board put together a very generous package that allowed me to do just that.

In August of 2003, my mother who lived in Brighton, Michigan was in failing health due to ovarian cancer. So, I sold my house in Gaylord and moved to Hartland, MI to be able to help her get to where she needed to go for her numerous doctor appointments and hospital visits.

By this time my wife was saying that I was much too young to be retired so I went to work for a large mortgage company as a Regional Builder Manager, covering three states, Michigan, Wisconsin, and Minnesota. That job meant that I was meeting with homebuilders and developers involving a lot of travel, which I tolerated very well and enjoyed immensely. The mortgage business, as you know,

collapsed in 2007 and the Builder Manager Department was shut down in August. Shortly afterward my mom passed away.

In September I began to work in Ann Arbor for an old friend who had started a leasing company, and I am doing that as we speak. It's a sales job that requires only phone contacts, but when added to my other activities, it keeps me quite busy. I mention all of this because folks who are contemplating this kind of surgery, chemotherapy and radiation need to know that life can go on at a high level of activity. The only real issue that one has to deal with, in my opinion, is learning what and how to eat and, of course, how best to sleep.

As I mentioned, I am diabetic (Type II) and during the time that I was being radiated and infused with chemotherapy I was insulin dependent. Dr. Yee predicted that three months after my surgery I would in all likelihood lose about 30% of my body weight and would no longer be insulin dependent. That has proven to be the case. While I still monitor my blood sugar and am taking small quantities of oral medication, again I am doing quite well. I regularly visit a new primary care physician and he, too, is happy to see how well I do as compared to his other patients my age, which is now 70.

Although the circumstances for having a dumping event are now greatly diminished because I have learned what my body can tolerate, I still make a mistake once in a while by eating either too much or food with a high fat or sugar content. I have never had a problem with seafood, chicken or vegetables and can drink milk and an occasional beer or cocktail. To jump-start my taste buds after the surgery, I discovered that eating spicy foods did the trick, i.e. blackened broiled fish or spicy seafood. I also found that sour foods like dill pickles and sauerkraut helped. To this day I love to eat both of them - without incident.

As we all learn after the surgery, the nerve that controls acid no longer works as it has been severed. But bile continues to be produced and if it refluxes while you are sleeping, it is a very bad experience. The result is that I have to sleep with my head elevated, which is the case with most of us who have had the surgery.

With all of this being the case, I have stated many times that I would undergo what I have done over again without any hesitation. First, the procedure - while complex - is something that one can survive. You cannot survive this cancer; it is far too deadly. Second, I made the right choice of where and who should manage what had to be done; the U-M Hospital. Its dedicated team has years of experience in the treatment of esophageal cancer and surgeries that are often used as a cure. Finally, the support group that has been led by Lori Flint is the only place where all of the issues regarding pre- and post-surgery are openly discussed.