LESSONS from my LEFT TESTICLE

A turbulent tale to help put life in perspective

Ben Peacock
Lessons from my left testicle
This book is dedicated to all the people who don’t appear in it or don’t appear enough.
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Once you rule out nature, there are usually two forces that shape the world. These are not cosmic energies or twists of fate, but simply the types of people who surround you. I like to describe them as the givers and the takers. And whichever is in the ascendancy at any given moment determines the type of world we live in.

There’s no need to go into detail of what takers look like because they’re all around you. The givers, on the other hand, sometimes need to be pointed out. They come in a variety of shapes: not only the carers and the service-oriented types, but the leaders, the creators and producers. What they have in common is that their net contribution to life sits on the plus side of the give–take ledger.

There was something about the Ben Peacock I met that suggested he was familiar with the plus side of the ledger. People trusted him. He helped them. His work colleagues took their problems to him even when he was junior to them. He was an optimist, with a passion for ‘good causes’. So a decade or so later when I heard that he had cancer, I assumed there’d be a large body of friends and colleagues ready to grant him a little latitude, so he could be the taker for a change. His very first communication on the topic suggested otherwise.

It should be a sad day when your friend sends an email saying that he has cancer, but there was something light-hearted about this one. The email, I mean, not the cancer. ‘Last Monday I got dubious news about an unwelcome growth in the party regions,’ it read. He said his intent was to set the story right so no-one need worry, and also so those with the appropriate body parts could immediately do a health check (or have someone close do it for them). ‘It’s the number one cancer in guys our age and very treatable if you catch it early.’ So began a series of regular updates to his circle of friends.

I found myself looking forward to these. It takes some courage (I imagine) for a modest person to write about intimate details of their anatomy and wellbeing, but his communications were marked by a freshness you wouldn’t normal associate with a life or death situation.
gruelling aspects of a cancer treatment – operations, chemotherapy, recovery wards, nausea, the emotional ups and downs – without a hint of angst or self-pity. I tried to imagine myself in a similar position. Would I have made such an effort to share my discoveries, bare my soul, and make this a group experience rather than a personal one?

Just as I was beginning to think his emails said as much about us as they did about him, the fun came to a halt. In one email, things turned serious. Instead of Ben’s cheery slant on hospital and outpatient life there was a message from his wife, Annabelle, advising us of an eight-hour surgery Ben would be facing in the morning.

That was serious. But a few weeks later he was back at the keyboard, boasting about the length of his scar (which he was going to attribute to shark bite), and determined to demystify the mysteries of chemotherapy for us. ‘I have three cycles [of chemotherapy] to get through. Feel for the patients who go through up to eight cycles. If you’re going to say a prayer, make it for them. And if you smoke let it be known that lung cancer patients get the most cycles.’ It was his encounters with others in the chemo room, and his compassion for them, that convinced me there was a book in what he was writing.

Cancer stories abound in my line of work. (My life’s study is the application and benefits of meditation practice, a subject that inevitably comes to mind when someone faces a life-threatening illness.) While most of those are fairly simple accounts of suffering or survival, a surprising number end up in manuscript form. Maybe it helps people make sense of a situation that defies answers, or maybe it’s a creative way of filling in a lot of spare time, but there are millions of first-hand words written about cancer. To my eyes, it took Ben’s words to make the topic more approachable.

Ben and I were both trained as copywriters, so appreciate the value of coming to the point. The point of Ben’s story is that there is something positive to be found in even the bleakest situations – it’s simply a choice in how you view it. The point of this foreword is that we’re all better off if you are a giver rather than a taker. This, too, is a choice.

x

Paul Wilson, author of The Quiet, The Little Book of Calm, etc
Before we begin

Let me set the scene for you. My name is Ben, I live in Bondi, in Sydney, and I have a beautiful wife named Annabelle and no kids (yet).

This is the story of a year in my life. Or, more poignantly, the year that changed it.

At age 33 I was diagnosed with cancer. To this day I am in that odd place called ‘remission’. A cancer survivor … so far.

I don’t know if the cancer will come back, I don’t know if I’ll be here in a year. But right now I wouldn’t have it any other way. It makes every day that much sweeter.

If you’ve got cancer, I have written this book for you. I hope it gives you something to hold onto. I hope it gives you an insight into the journey that’s yet to come. I hope it helps you realise that you can make it, because so many people do. I hope it gives you hope.

If you know someone who’s just been diagnosed with cancer, then this book is for you, too. From what I saw, caring for someone with cancer is just as much pain and twice the hard work. May you reach the end of the book knowing just how much difference your efforts make and how much your ‘patient’ appreciates you, even if he or she is too busy throwing up to say so.

If you’ve never had cancer at all and don’t know anyone who has it, then guess what? This book is for you, too. Hopefully, in these pages, you’ll find out that baldness is temporary, that we cancer patients are everyday people like you, and that the lessons that come with lying in bed each night, contemplating your own death, are universal. You just won’t have to go through the pain to get to them.
But if this book is for all those people, then I think it’s only fair I admit that, most of all, it’s for me. I wrote it as a diary. Each page helps me remember the pain of the experience in the hope that the lessons are never forgotten, because God/Buddha/Allah/L. Ron Hubbard only knows, after what cancer puts you through, I never want to have to go back and learn them again.

Now, enough of the blah blah blah. Let’s get on with the story.
The lump

I’d rather regret the things I’ve done than regret the things I haven’t.

_Lucille Ball_

I’ll cut to the chase and answer your first question, the first question everyone asks, ‘How did you find out you had cancer?’ The truth is, you don’t find out for a while. It took three doctors and an operation to _know_ I had cancer, but I’m sure that’s not the answer you’re looking for. So I’ll tell you how I came to _suspect_ I had cancer and we’ll get to the rest later.

I found out I had cancer when I found a lump on my testicle at about 3 a.m. in the toilet of a pub. It was Saturday night and I was, alas, alone in the cubicle. I don’t often feel my testicles in public places, but all day, for twelve hours straight, I’d had a pain in my lower back that simply wouldn’t go away. When I concentrated hard I could feel that, while ever so slight, the pain seemed to extend through my torso, past my groin and into my left testicle.

It was a pain I’d felt before, but in the past it had always followed heavy exercise and a lack of sleep. So I’d simply blamed it on a pinched nerve or one of those other generalised conditions you come up with when, quite frankly, you have no clue whatsoever, and it had always gone away.

When I thought about it, surely this time would be no different. The day before, I’d run 10 kms home from work, then sat up with a mate
until dawn, duelling guitars. Then woken up far too early to kick off a buck’s night that started at 10 a.m. and was still going strong right here, right now, at 3 a.m.

But this time was different. This time I was sitting, on the wrong side of Saturday night, underslept, a dozen beers in the tank, feeling my balls in the toilet of a pub, and I felt a lump where no lump should be.

And that lump was about to change everything.

**Would someone please feel my testicle?**

What happened to 24-hour medical centres? I’m sure they never made a cent between 7 p.m. and 7 a.m., but when I found the lump at 3 a.m. I didn’t care. I would have paid the doctor a month’s salary to feel my balls right then and there. I would have given anything to hear it would all be okay.

Instead, I ran home (actually, I caught a taxi) and went straight in to see my wife (actually, I stopped for a kebab along the way). She was overjoyed to see me.

‘Mmmmrph. Go away, you’re drunk. And smelly. I’m asleep.’

‘I’ve found a lump on my ball. I’m scared.’
'Mmmmmrph. Where? Let me feel … oh, so you do.’ Long pause. ‘Don’t worry about it. I’m sure it’s fine. These things happen all the time. We’ll go see the doctor in the morning.’ And then she kissed me goodnight.

How can you argue with that? I trust Annabelle. Hey, I married her. She’s smart, she’s beautiful, and her dad is a doctor. I was drunk. I’d spent all day acting stupid with the boys. So I went to sleep, a little worried but confident all would be okay.

What I didn’t know at the time was that as soon as she felt the lump, Annabelle knew in her heart that all was not okay. Through that odd, divine thing that females call intuition, she knew that she was about to embark on a carer’s mission. And that the best thing a carer could do at a time like that was to calm me down, get me some sleep and get on the phone to the doctor ASAP the following morning, even if it meant staying up all night worrying herself, which is exactly what she did.

You gotta love a girl like that.

**New life, Day One: the GP**

I am fortunate and forever grateful that I have possibly the only GP in Sydney who opens on a Sunday and is friendly about it. I’d tell you his name but then everyone would start going and I’d never get an appointment. What I will tell you is that he’s got a long beard, like ZZ Top. So let’s call him that, Dr Top.

Dr Top was calm and collected. He told me there are many reasons why you can get a lump down there, and almost none of them are serious but all are worth getting checked out. Unfortunately, none of them can be diagnosed on the spot.

So, no doubt to the relief of both of us, he let me keep my pants on and told me I’d have to wait one more day, then go and have an ultrasound.
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**Day Two: the ultrasound**

I thought only pregnant women got ultrasounds. Maybe that’s why the ultrasound operator was a friendly girl about my age – reassuring to a pregnant woman, but completely embarrassing to a guy who’s about to have his nuts checked out.

I dropped my pants, and she asked me to lie on the table. I tried to find something on the ceiling that would make for awkward conversation, but styrofoam squares and fluoro lights just don’t cut it.

She pulled on a pair of rubber gloves, and I took a hard swallow. Is there anything pleasurable in the world that starts with someone pulling on a pair of rubber gloves?

Prostate? Dental check? The washing up? Nope, nope, definitely nope.

The next bit was probably the least comfortable of all. She covered my balls in what I can only describe as Eighties hair gel – cold, gooey, and with absolutely no qualities to enhance any claims you might have to a superior manhood. Then she ran what looked like an Ikea checkout gun up and down my scrotum, said, ‘Hmmm’ in too grave a voice to be reassuring, and pronounced the job done.

She showed me the image on the computer screen: a smooth, grey mass of normal testicle interrupted by not one, but two lumps of ominous, storm-cloud black. She declined to comment on what they might be, but her face told the story. Then she handed me a box of tissues and left me to clean up the hair gel.

As she left I couldn’t help but ask, ‘Do you do this very often?’

‘If my Grandma knew how many balls I’d seen, she’d turn in her grave.’

**The waiting room**

Possibly the worst thing about cancer is the waiting.
You can handle bad news. You’ve probably already considered the worst-case scenario. What’s hard is sitting around waiting and guessing just how ‘worst’ that worst-case scenario might be.

In this case the wait wasn’t too long, half an hour or so. Maybe it was life’s way of breaking me in slowly.

I was led down just enough corridors to wonder if I’d ever be able to find the way back, and presented with a door that said, simply, ‘Radiologist’. I felt like I was about to meet the Wizard of Oz. While out in the corridors nurses busily greeted patients, ushered them into matching blue robes and performed whatever scans, tests or probes were deemed necessary, this man’s job was to sit in a back room, out of sight and mind of those people whose futures might depend on him, carefully interpreting the data and delivering diagnoses and results.

The room was dark, with no windows, and the walls were lined with a dozen lightboxes, each displaying a blueprint of someone’s glowing insides. Together, they cast that eerie blue light that film directors save for top-secret, underground missile-control bunkers. It threw an ominous glow on the doctor’s face as he pored over the pictures, diligently analysing every organ, hunting for the enemy.

As I looked more carefully, I saw my results were front and centre of the operation. And from the few tabbed notes, I could tell the enemy had been found.

‘Sorry, I’ve been a little busy. But your case does seem urgent, so I’ve jumped you to the head of the queue.’

Gulp.

‘You have two tumours on your left testicle. One is about three centimetres by two centimetres and about a centimetre high. The other is smaller, maybe one by one.’

Big gulp.
‘See these stripes? That’s where the tumour is tapping a blood supply. I can’t tell you it’s cancer but I’m 90 per cent sure.’

Huge gulp.

‘What we need to do now is scan the rest of your body to see if it’s spread. Drink this.’

He gave me two bottles of what I can only describe as synthetic coconut milk. Not the sweet stuff you get straight from the coconut, but the thick, creamy stuff that comes out of a can. It was white and slightly goopy, like android’s blood, and just by swilling it around in the bottle you could tell it had never seen a cow. Still, the taste was not too bad – vanilla flavoured with just a hint of curdling – so I held my breath and drank it down.

‘Right, now come back in one hour.’

I took four wrong turns on the way out, walked up the stairs, crossed the road to the park, sat down, and rang Annabelle. I don’t know how I found the phone; I certainly don’t know how I dialled the number. I’m not sure if I’d even convinced myself yet that the Wizard was real and this was actually going on. It was all a daze. I was trying to keep it together, but it was like I’d already detached from my body and started drifting off to heaven. Or maybe it was hell. Either way, it promised to be more calming than what was going on right here on earth.

‘Hi.’

‘Hi.’

‘I have cancer.’

‘Oh gorgeous, far out.’

‘Mmm.’

‘I’ll be straight there.’

‘That’s okay, I’ll catch the bus home.’ I told you I was a bit spaced out.
‘Babe, I’m already in the car. I love you.’

She had a long way to come, so I crossed the road and took a walk in the park. I tried to think about everything, but came up with nothing. Like desperate shoppers on sale day, my thoughts pushed and squeezed at the door of my mind, while, on the inside, a desolate silence peered nervously outward, enjoying the final calm before the storm.

Then the doors sprang open. Silence was trampled by desperation, and that’s when I cried. Overwhelmed by the possibilities of life, death, and what was yet to be revealed in that dark underground room – on what was, outside, a bright, sunny day – I broke down and let it all go. I wrapped myself in the shade of a tree, somehow hoping it might offer a place to hide. Then, in an attempt to pull it together, I stood in full heat of the sun and looked to the sky hoping to find something up there, other than birds, clouds and planets, which might lend divine support and make it all go away.

Finally, cooled and warmed by the small gifts of nature, I wiped the wetness from my face, did what I could to kick the last marauding thoughts from the plucked chicken of my mind, and went back to the clinic, where they took me down some more disorienting corridors and into another room deep in the building, where they showed me what to do for a CT scan.

I’m sure you’ve seen a CT scanner before, in the movies or in some medical TV drama. It’s like an enormous donut balancing on its side. There’s a bed through the middle of it, and when they push the button the bed moves in and out of the hole while the giant donut scans cross-sections of your body.

Before you take the scan, you lie on the bed and let them give you a horrible green injection. The liquid is not actually green, but the light makes it glow absolutely luminous, like liquid kryptonite.
When they give you the injection, a strange rush goes through your body. A shock wave of heat travels along your arm, into your belly, then up your throat and down your intestines, finally ending as a horrible metallic taste in your mouth and a strange, warm sensation in your sphincter. Gross, yes, but that’s the way it happens.

They don’t strap your hands to the bed, although in my memory I swear they did. Then they leave the room as the giant donut hums into action, telling you to stay still and ‘Hold [pause] your breath’ in a voice that is programmed to be friendly and authoritative, but manages to be neither, while you take your tour of duty back and forth through the giant donut hole.

And then you’re done, and it’s back to the Wizard of Oz control centre to hear the answer to that most important question of all, ‘Has the cancer spread?’

It’s who you know

By this time Annabelle had arrived and the nurses had ushered her in, so we got the good news together. What I didn’t know was that she’d arrived, broken down in reception, been consoled by the nurses, mopped up with a couple of boxes of tissues, and then spruced herself up again so she could put a brave face on for me.

‘Your lungs are clear, your lymph nodes seem clear. You did well, you got it early.’

We also got the bad news together. ‘But you’re still going to lose your testicle.’

The radiologist offered to refer me to a urologist, but we had other plans. We drove straight to Annabelle’s parents’ place to talk to her father and brother.

As I told you, Annabelle’s father is a doctor – a heart surgeon, in fact. In his 50-year career, Annabelle’s doctor dad has saved the lives of
over 10,000 lucky patients by fixing their valves and unclogging their arteries. Her brother, Matt, is also a heart surgeon. Equally accomplished in every way but time in the game, he can perform three heart–lung transplants in a day and still make it home for dinner.

It doesn’t take much to realise that, when you need a doctor, these are people you want on your side. Unfortunately, being heart surgeons, they didn’t know much about testicles, but they did know something far more important. The right doctors to talk to.

They made a call, and I was given an appointment the very next day – a privilege there’s no way I would have otherwise been afforded. Then, finally, I settled down to reflect on the day and what may lie ahead. The one thought that kept going through my head was that, whatever it took, I was going to hang onto that left testicle.

**The best doctors**

I need to add an aside. I was lucky, very lucky. I didn’t have to find the best doctors; they were found for me. But if you’re not as lucky as I was, and you get cancer and you don’t know who the best doctors are, then you’re going to have to find them yourself. If you’ve read famous US cyclist Lance Armstrong’s book, *It’s Not About the Bike*, you’ll know the lengths he went to, visiting hospitals, gathering advice and doing research.

Even though I knew I had the best doctors, I spent a day online, scouring hundreds of cancer support sites for information on who the world’s experts were and where I could find them.

As it turns out, the number-one authority on testicular cancer is a man called Dr Einhorn. He pioneered the treatment. He treated Lance Armstrong. Unfortunately, he also lives in America. Feeling quite sure the financial and time costs would outweigh the benefits of making such a pilgrimage, I instead made out that I was a medical student, lying to
get logins for various websites, and prescribed myself a steady diet of research papers, medical journals and every other scrap of collective knowledge I could find on the matter.

Everything is there. You can’t always read the document, but you can read the summary; and given that most papers were hundreds of pages long, that’s about all you need. I noted that a vast proportion of the most notable research papers were written by Dr Einhorn, with some other notable research coming out of Memorial Sloan–Kettering Cancer Center in New York.

I must have read 100 papers … no, more. After each one, I wrote down the key details and noted the few discoveries that had helped improve the treatment over the last five years. Then I assembled all the most important ones into a simple sheet of questions, designed to reassure me that my doctors agreed with the wisdom of the world’s best doctors.

Which, I was about to find out, they did.

Day Three: the urologist

Great job title, isn’t it? Urologist. I guess it’s fairly clear which part of the body they deal with. My urologist’s name was … no, I can’t tell you his name because he’s a doctor, so let’s just call him Dr Willy.

I’m not sure what state of mind I was in when I first walked into Dr Willy’s rooms. On the one hand, there was dogged hope. The best doctors in the world agreed that, found early, there was every chance he could cure my cancer, or tell me I never had it to begin with, in one swift operation. On the other hand, that would mean losing a testicle. And by now I’d had 24 hours to convince myself that, even though no-one in the history of testicular cancer had ever made it to the other end with his two marbles intact, I was going to be the first.
But I was given no such chance. Like a witch who could sink and prove her innocence, or swim and be proven evil, I discovered that testicular cancer offers a dastardly catch-22. To test for cancer, your testicle has to be cut off, cut up, and put under a microscope. If the tumour’s benign, you go home, less one ball. If it’s cancerous, you go onto the next stage of treatment, less one ball. It’s an offer you can’t refuse.

Taking a biopsy while the ball is still attached is simply too risky. A cell dislodged is a cell free to hit the blood vein superhighway and start a new cancer colony somewhere else.

And so it was, I learned my first lesson in acceptance. Time to lose a testicle.

I only remember asking one question, ‘Is it a big tumour?’
‘No, it’s small, you got it early.’
‘Three centimetres is small? Then what’s big?’
‘An orange.’

I wondered how anyone could not notice an orange growing on their ball, and came to the conclusion that big problems can be hard to face.
‘So what’s next?’
‘I can do you at seven a.m.’ True, those are the words this doctor used.
‘So … I just check into the hospital?’
‘Yep. Just roll up at six, I’ll see you at seven. It’s a fifteen-minute operation; you’ll be awake again by eight.’

I hoped he was a morning person, and wondered how getting your ball chopped off could be so casual.
‘One more question, doctor.’
‘Mmm?’
‘Can I still have kids with one testicle?’
‘Each testicle produces millions of sperm. You can populate the world with one.’
‘Is that a yes?’
‘Yes.’
‘Then why do I have two?’
‘Insurance.’
‘Oh. So I’ll still be able to have kids the normal way?’
‘I’m sure of it.’
‘Sure of it?’
‘A hundred per cent.’

**A spot of romance**

‘A hundred per cent’ is pretty good odds in anyone’s book but, with just eighteen hours left to enjoy the luxury of still having two testicles, I took the executive decision of banking a few sperm anyway. After all, a sperm in the bank is worth two in the ball. Is that a saying? It should be.

Now a sperm bank is a funny place. The waiting room looks like every other clinic in the hospital except for two things. First, there are a reassuringly large number of parents with kids in there. I don’t know why. They’ve got kids already … maybe they are paid to sit there and make people like me feel better. Either way, it was, as I say, reassuring.

Secondly, everyone covertly stares at each other over the top of three-year-old *Women’s Weekly* magazines. Two dozen eyeballs attached to brains that are no doubt asking the same question, ‘I wonder who’s infertile, him or her?’ At least that’s what I was wondering about all of them as I joined the sneaky stare competition.

After the mandatory wait, Annabelle and I were taken into a backroom to do the paperwork and ask questions the nurse has heard a thousand times before.
‘How do you freeze them?’
‘Liquid nitrogen.’
‘What if there’s a blackout?’
‘We’ve got back-up power.’
‘What if there’s a fire?’
‘The storage room is fireproof.’
‘Flood?’
‘We’re five floors up.’
‘Bomb? Meteor? Pestilence?’
‘We can’t protect against everything. Sign here.’

I was given a small plastic jam jar and we were led back outside, into the hospital corridor, via a back door.

‘First room on your left. When you’re done, ring the doorbell and we’ll let you back in.’

To say the ‘donation room’ was odd would be an understatement. It was like whoever had built the hospital found they had two square metres and a door left over so, to play a joke on the architect, they made it into a tiny room.

From the outside it looked like a toilet cubicle – a plain, white door with a little sign that says ‘Engaged’ when you lock it. On the inside it was an eighteen-year-old male’s bedroom in miniature – a cassette radio, a bottle of Scotch, a box of tissues and a pile of porno mags.

I asked Annabelle if she wanted to come in or wait outside. She said that if this was going to be where her child was conceived, then she was going to be there. She got comfy on the chair, I dropped my dacks and started … um … milking.

‘Stop it,’ I said.
‘What?’
‘Smirking.’
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‘I wasn’t.’
‘Yes you are. You can stay, but stop smirking.’
‘Well, it’s funny. Besides, what am I supposed to do?’
‘A strip show.’
‘Here?’
‘Here.’
‘But I feel stupid.’
‘Then we can feel stupid together.’

I’ll skip you the details from there, but let’s just say that Annabelle gave the most awkward strip show in the history of strip shows while I quickly discovered the difficulties of trying to catch flying sperm in a container clearly not designed to catch flying sperm. For one, it has sharp edges. For two, it defies gravity. While you’re pointing up, it needs to be pointing down. And since what goes up must come down, keeping it in the jar once you’ve hit the mark is near impossible. The alternative, of course, is to place the jar three feet in front of you and take impeccable aim, kind of like making the little fellas dive into a bucket from 10 metres.

I went for option one and, with immense luck and a flick of the wrist, got the lid on before our future children fell out of the jar and onto the sticky vinyl floor.

We both got dressed, opened the door, and noticed that straight across the hall from the room’s entrance was a glass wall into a doctor’s crowded waiting room. The whole room was looking.

‘See. They’re all smirking,’ said Annabelle. ‘Why couldn’t I?’

A brief rendition of the embarrassment shuffle took us back up the nondescript hallway. We rang the unmarked doorbell and I handed my warm see-through container of gooey stuff to a young nurse, who took it from me with a big smile, like I was delivering the daily mail.
Then it was back past the suspicious eyeballs of the waiting room and out the door. At home, I slept the uneasy sleep of a man who knows exactly what the next day will bring.
But not before I called my mum.

**My mum**

How do you tell your mum you’ve got cancer?

‘Hey, Mum. How are you? Me? Been in bed with cancer, but a few Panadol and I’ll be fine.’

‘Hi, Mum. You know how I promised to put you up in a really nice retirement home? How does sooner sound?’

‘Hi Mum. You know how you’ve got two sons? How do you feel about having just one?’

In the end I settled for a simple, ‘Hi Mum. I’ve got cancer.’

She was on the other end of the phone driving from Adelaide to Sydney. She didn’t say anything. Instead my dad got on the line. Dads always step in at the tough moments, don’t they?

‘Are you sure?’

‘Mmm. Sure.’

‘Can they do anything?’

‘I think so. Try not to worry too much.’ Like that was ever going to happen.

‘Tell you what, we’ll drop in and say hello.’

‘Okay, see how you feel. Drop in if you feel like it.’

Adelaide to Sydney is a 24-hour drive. They did it in sixteen and got there that night. Now my dad, Colin, is usually a bit of a stickler for the rules. He once got a fine at a red-light camera after getting stuck over the line while trying to turn right. In our household that was news of the week. He wrote in to challenge it, not because of the fine but because he couldn’t bear the thought of having a blemish to his name.
Lessons from my left testicle

They took one look at his record and wrote back agreeing to cancel the fine on the basis that in 40 years he had never before had so much as a parking ticket. They even offered wholehearted congratulations. I don’t think they’d ever seen a driving record so clean before.

Well, on this night he put paw to floor and broke every speed limit along the way. My mum said that if the police had given chase, he probably still wouldn’t have slowed down.

My mum, Nicki, is the eldest of four daughters. She was brought by her mum to Australia from England at age eleven. Five years later she was sent back again to live with her father, before returning a year later of her own accord, when she set up her own life and learned to look after herself. This has made her as kind and caring as any mum can be, but it’s also given her a resilience that means she isn’t given to crying. In fact, I can’t ever remember her crying. Yet now, I’m told, she broke down and cried the whole way. So there they were, my mum and dad, a speeding bundle of lawlessness and tears, hurtling towards my door.

When they arrived, my mum gave me a hug and simply wouldn’t let go. She said she had always had a bad feeling something was going to happen to me. She said she couldn’t let me go. Never. She said that there is no greater loss in the world than for a mum to lose a child. She said that for Annabelle, it would be a tragedy, but she still had her best years in front of her – she could move on and marry again and still live a happy life. She said that, for her, the childbearing years were over, and that all she had to look forward to was seeing her children grow old, happy, have children of their own, and lead a good life.

I said that was mean. Annabelle and I spent every day together, so for Annabelle it would be just as bad. I was annoyed. I felt like it was all about me, but that she was making it all about her. She had another
son, and with my dad, her future was already pretty much laid out. But Annabelle had gambled her future on marrying me – if I died, it would take that future away.

Mum said nothing. She just hugged me and cried. I felt like I was the one supporting her. But I wasn’t, she was actually supporting me. She was pouring her energy into me, and all the while asking God/Buddha/Allah/L. Ron Hubbard if he’d make a deal. ‘I’ll swap you him for me.’

She was being a mum, and she was right. And I was learning that, of all the people cancer affects, mums feel it the most.

**Chop chop**

Now get this. Before you can have your testicle chopped off, you have to sign a permission form. You *sign it away*. I’ve signed for parcels, I’ve signed cheques, I’ve signed letters, I’ve signed just to practise signing. But I never thought in a million years that if you showed me a dotted line I would sign away my testicle.

But I did. What else could I do? After a rotten sleep, I’d gotten to the hospital at 6 a.m., like I’d been told, and now it was almost 7 a.m. I was lying in bed wearing an oh-so-sexy hospital gown that showed my butt at the back, counting down the minutes before I was due in theatre, when the nurse came in with the form.

I wanted to get up and walk right out of there, butt-hair blowing in the breeze. I wanted to tell the nurse to stick the form, that I could kick cancer without the chop. I could keep my testicle just where I wanted it. But I couldn’t. And I knew it. So I signed.

The next thing I knew, I was getting a prod in the arm, and was told to lie down in my bed as two big, burly blokes in shower-caps wheeled me down a long, white hall. I watched the fluoro lights on the ceiling flick past, just as they do in *ER*, then everything went blurry and I was out – before I could count to ten, before I could tell
Lessons from my left testicle

them I’d changed my mind, before I could say goodbye to my lumpy, cancerous testicle.

**The beep**
Waking up from an operation is a weird thing. I’ve done it a few times now and it’s always the same. It starts with nothing. You’re nowhere. There is nowhere. No dreams, no awareness, no REM, nothing. Non-existence.

Then you hear the beep. It’s a pretty ordinary beep, and I doubt you would hear it at all, except that there is something strange about it. It’s got a primal rhythm. It’s not a constant rhythm, in fact it’s a tad out of time. And even though it’s a sound you don’t recognise, the rhythm is comfortably familiar. At this stage you’re still nowhere and there’s still nothing, except that the rhythm is there and you seem to be going beep, whatever you are.

Then come voices. They’re far away but also strangely near, so you open your eyes and stare straight at the ceiling, which spins nothing like a ceiling does, until a nurse’s head pokes into view and looks deep into your eyes.

Suddenly it’s ‘Action Jackson’ in your mind and you feel on top of the world, like you’re drunk at a party and you want to tell anyone who will listen everything about where you’ve been and how good it feels. But as soon as you try, you start to choke, really choke, like someone has shoved a broom handle down your throat; the beep gets faster and less rhythmic as you start to panic, and nothing feels good any more.

Then, before you know it, another head pokes into view, someone shoves a hand down your throat and whips the tube from out of your trachea, which jolts you back to reality – a far less friendly place than the one you left moments before. Then the two heads are gone and you hear the beep again, and realise you have been woken up by the sound
of your own heartbeat. It all makes as much sense as it can in a place like that.

You feel sleepy like never before, and the ceiling starts to move again as another big, hairy man in a shower-cap takes the end of your bed and pushes you back to the ward. So you drift off again, only slightly less confused than when you woke up, and more than happy not to go through that again for a while.

8 a.m. and all is not well.

Twenty minutes later, back in the ward, it all happens again – the drifting, other-planet experience, the ‘Where am I?’ wake-up, the distant sounds of concerned mumbo-jumbo, and the strange face in front of mine. Only this time, when the face comes into focus, it’s not so strange; it’s Annabelle. And, thankfully, she doesn’t stuff her hand down my throat.

I remember what I’m there for and what’s happened. I feel a big wad of gauze where my ball used to be. I feel giddy. I feel ill. I feel like going back to sleep again, so I do, and I sleep all day until it’s time to go home. Then Annabelle helps me limp into the car, drives me home at grandma speed, then helps me out again and into a bigger, warmer bed, so I sleep some more.

If someone had asked me, right then and there, ‘Do you want to go to that place far, far away again and never wake up?’, I think I might just have said, ‘Yes’.

The diagnosis

If there’s a pay-off for losing a testicle, it’s a straight answer. After two days the biopsy came back, and I could finally say with certainty, for the first time, that I had cancer.

The good news was that there wasn’t much of it, still nothing like an orange. The bad news was it had invaded the blood vessels, which
meant a 50/50 chance it had spread. Overall chances of survival still good. But never guaranteed. No-one can promise that.

Still, the disappointment was there. I had hoped, planned in fact, that the first operation would be the last and I would be one of the lucky ones who lost a ball but skipped chemotherapy. It’s a human trait, I think, to blindly expect that you’ll be the lucky one. How else do you explain lotteries? And smoking? And game shows?

All my life I’d been sure it wouldn’t happen to me. Not cancer in particular, just anything bad and unlucky. You know the feeling, like life’s tragedies are reserved for other people who you pass in the street or see on TV. Not you, and certainly not me.

Then, when the cancer did happen, I convinced myself that it wouldn’t happen as badly as it does to other people. Now, slowly but surely, the realisation was kicking in that it wasn’t going away in one operation, things weren’t about to go back to normal, and I wasn’t getting off lightly, thank you very much. I was about to become a fully-fledged cancer patient, and that simply didn’t make sense in my head.

No matter how hard I tried, this new reality didn’t fit.

I’d watched the same TV shows as you. I’d read the same papers. I’d been sent the same brochures and seen the same ads. Cancer people lived different lives to me – it was as simple as that. They had bald heads and sad faces. They were either very young or very old, and they existed only in hospital wards, from where they desperately asked for our generous donations as they hung on for grim death. There was no humour in their lives, and the only positive thing that ever happened was when the odd sports legend or Ronald McDonald came bounding through the door offering up a signed cricket ball or a giant cheque.

Worst of all, in my mind they had always been like that. It wasn’t that I didn’t feel for them, it’s just that I was strong and they were sickly, and I couldn’t do anything about it. For me, life was the big, wide world.
For them, hair only grew on other people and the hospital was home, destined to be forever decorated with cheap art prints and bad but well-meaning children’s drawings.

They were the unlucky ones, the ones we bought little yellow flowers and rubber wristbands for, and now I was about to become one of them. How could this be? I had always been the lucky one.

The lucky one

I was born in Australia, the Lucky Country, with four limbs, five senses and two good parents. In this world that’s head start enough, but my blessings were only just beginning.

I grew up tall and, for all purposes, athletic. In my youth I played soccer and basketball, always in the best teams. And when I got bored with those, I tried white-water kayaking, rugby, and pretty much any other sport that came my way.

Living by the beach, I embraced that culture wholeheartedly, learning to surf and skateboard with all the local kids. We would spend hours in the streets, making our own skate ramps, then laughing at each other as we left our skin on the tarmac, trying to pull off moves that only existed on the latest, and appropriately named, Bones Brigade videos out of the US. Come to think of it, they should have been called Broken Bones Brigade.

Local residents would frown at us or yell sensible advice as we blocked the street they were trying to navigate, but we didn’t care. We were young, they were old, and the more the powers-that-be told us skateboarding was a crime, the more determined we were to commit it. Besides, if things hotted up too much, we would just ride down to the beach and swap skateboards for surfboards.

On the weekends I was a surf lifesaver, still a teenager, but trusted enough to ride in the front of the rescue boat. As the surf
Lessons from my left testicle

pounded in we would fearlessly take to the sea, flying high over thumping waves and dragging drowning swimmers from certain doom in the riptides. At least that was the idea. In truth, no-one ever needed a boat rescue in the whole time I was on patrol, so the driver and I would take to the sea and fly high over waves anyway, just because it was fun.

At school things went well too. At ten I was singled out as one of the smarter kids in the State (I bet they’ve changed that test by now) and sent to a smart-person school designed to make us all even smarter. When high school came around I won a scholarship to a place usually reserved for the children of the ultra-rich, and my parents scrambled together everything they could find just to meet the cost of uniforms, books and all the extra-curricular activities that weren’t part of the deal but were expected of me nonetheless.

I did them all, finished with a good mark, spent four rampaging years at uni, and came out with a degree in Accounting and Economics, something that gives its owner a licence to print money. I watched as my uni compatriots put on suits and ties and headed off to, well, print money, before deciding to try something completely different, as an advertising ‘creative’. While strewn with far less riches than the golden streets of corporate finance, and fraught with questionable job security, I found that my new path was filled with interesting, artistic people and the opportunity to learn about pretty much anything the world has to offer, under the guise that one day you might have to make a poster about it.

I took this speculative step with the blessing of my long-struggling parents who, I’m sure, would have been far happier if I’d helped their investments come to fruition faster by taking the path most travelled. Even though I didn’t, I’m glad to say I have enjoyed job security ever since. But my luck still didn’t stop there.
While some people seem destined to live alone, the girl of my dreams simply walked into my life one day and never departed. I’d seen her around, in the street once or twice. And I was sure I recognised her from uni.

Once I saw her in the car registration office. We were both in the waiting room, waiting for our numbers to called along with about 400 other poor souls, some of whom were starting to grow beards, and all of whom, I’m sure, were thinking they should have brought a tent and a week’s worth of emergency rations. Yet I didn’t mind.

Figuring I had time to spare, I sat myself close, but not too close, so I could anonymously covet my prey. Grabbing a pamphlet, any pamphlet, I proceeded to use it like an Arab woman would a burkha, covering all distinguishable parts of my face while allowing my eyes full freedom to carefully study the delights before me. If Annabelle had simply turned her head to the left, I’m sure my ogling eyeballs would have been busted big-time. As it was, she didn’t, and I was free to browse at will.

The first thing I noticed was she was tall, really tall for a girl – six foot – but still a bit shorter than me. Hrrrr. The second thing was that, unlike some tall girls who try to hide their height, she was elegant and slender. She walked, in fact, with a little bounce in every step, making her appear at once playful and even taller. Her hair was long, brown and just a touch scruffy. Definitely not one of those high-maintenance girls who spends every weekend at the poodle parlour, I thought.

Overall, she had a style I can only describe as ‘urban hippie’, like someone had taken that futuristic cool that seems to come naturally to only rock stars and Japanese comic book characters, then mixed it with a genuine flower child of the Seventies. It was an unlikely mix, and I liked it.
Lessons from my left testicle

As I watched, I told myself, ‘I want a girl like that’, never actually daring to consider that ‘a girl like that’ could turn out to be that actual girl. Then, one day, we met.

You see, I worked in a big building. Every lunch my friend and I would sit on the grass nearby and challenge each other to put more and more wasabi on our sushi rolls. As it turned out, Annabelle also worked in a big building and also liked to eat lunch on this particular patch of grass. So when my friend and I went looking for a patch on which to perform our daily rituals of pain, I saw Annabelle sitting on the grass with her friend.

I gave him a nudge. ‘Hey, check her out.’
‘Oh, you mean Annabelle.’
‘You mean you know her? Why didn’t you tell me?’ I accompanied this with a bigger, slightly aggressive nudge.
‘Get out of it, you never asked. Come on, I’ll introduce you.’

So we sat down and all ate lunch together, Annabelle and her friend, me and my friend, and a pile of sushi rolls, on a small patch of grass surrounded by big buildings. Does that make sense? Good, good. Let’s move on.

At first, we all met on the grass about once a week, at random. Then I started pestering my friend to eat lunch on the grass every day, so we started to meet a lot more often. The script was always the same. Everyone said hello, we all made about eight seconds casual banter, then Annabelle and I spent the remaining 59 minutes, 52 seconds ignoring our friends while we pulled out stories and found new ways to make each other laugh. All the while, our friends sat in polite silence, happy in the knowledge that, just by enjoying their sushi, they were helping play Cupid. In fifteen lunches they never got a word in edgeways. Thanks, guys.

From our mutual friends came mutual parties, and finally we had
a chance to test out our mutual attraction. Everything fell into place just fine.

A few years later, in 2002, we made the choice to travel the world so, with a perfectly good future ahead of us in Australia, we upped and left it. Over the course of four fantastic years, we travelled through Thailand and India, then landed in Dublin, where we eked out an existence among people who I still consider to be the kindest and most accommodating in the world. Befriended almost the moment we stepped off the plane, we spent a year and a half learning the ins and outs (mostly ins) of the two million pubs that exist in Dublin alone. Then, when those were drunk dry, we spent our weekends up and down the windy west coast seeking secluded surf breaks on which to try out the world’s thickest wetsuits, hoods and booties. Finally, when holiday time came around, Annabelle and I skipped off to Europe, spending our anniversary in Paris and Christmas in London.

From Dublin we flew to Thailand again, but not before spending a month soaking up the rest of Europe, lazing on Spanish beaches and lounging in Dutch coffee shops. When the month was up, we did a week on safari in Zambia, just ’cause we could, then hopped a plane to Bangkok.

In Thailand, I got one of those jobs you only hear about. I was put in charge of advertising bars of soap to China, India and the rest of Asia. Soap-bars might seem like a small thing, but with 30 different colours and smells to choose from and over 2 billion people to sell them to – all of whom seemed to talk at least a dozen different languages – the job took on an unlikely level of complexity. I soon worked out that the only way to tackle a task so daunting was to write TV ads without words in them. That way, we could use the same ad for lots of countries and nothing would get lost in translation. My next stroke of genius was figuring out that the best thing was not for me to actually write those commercials, but
to get advertising people who already worked in these countries to send in their ideas, so I could spend my time simply figuring out which were worth making and which were not. Finally, when an idea was decided on, I would fly to the country whence the idea sprang, or those ‘creatives’ would fly to mine, or we would all fly to a different country altogether, and make a TV ad that had no dialogue and that half the world would see.

This job required that I live in a big apartment in Bangkok and be sent on regular trips around Asia to the company’s various offices. While away, I would be forced to fly Business Class and stay in five-star hotels. Annabelle was more than welcome to stay with me for nix if we footed the hundred-dollar airfare to get her there. Oh yes, and everything else could be put on the company credit card. And I mean everything.

Flying Business, I lived the dream of shuffling on in shorts, thongs and a T-shirt, at least the first few times, until my frozen feet delivered the unfortunate realisation that onboard air conditioning is designed for the comfort of those in a suit and tie rather than in my somewhat more casual attire. On Western airlines, this behaviour was met with pursed lips and a sharp look up and down. But on Asian airlines the stewards and stewardesses seemed to enjoy the silliness of it all. They would giggle as I walked up the stairs to the top floor of the jumbo, then reward my casual attitude with extra good service and the recurring offer of a gin and tonic too many.

Over the next year and a half we saw Indonesia, the Philippines, Malaysia, Singapore, India, Shanghai and half of Thailand – all on company brass. Annabelle got a job at the UN and, between trips and working, we rented our own tiny Thai island, convinced over 80 close friends and family to fly over and join us on it, and got married. Twelve monks and a celebrant performed the ceremony, which lasted a week. When the monks prepared to depart, the whole event was fairly well summed up by the name of their speedboat, *Perfect*. 
For the honeymoon we quit our jobs and took an extended overseas holiday, working our way across half a dozen countries on a slow mosey back home to Australia. We climbed Mount Fuji in Japan. We hired a convertible and cruised the length of California, chewing up boulevards in Hollywood and tacos in San Diego. In Nevada, we stood agog at the hugeness-that-can’t-be-explained that is the Grand Canyon, then spent two nights sipping half-yards of frozen margaritas as we strode the lights of Las Vegas. We bought baseball caps in Harlem, in New York, and stumbled on an underground party on 118th Street that I can still barely remember. We did Halloween in Miami, then hitched a tiny plane to Havana, where the strongest cyclone ever recorded in that part of the world forced us to hire a car and escape to far more temperate beaches on the other side of Cuba.

A little soggy but unscathed, we flew right back over Australia and did the bits of Asia that the company hadn’t paid for, including sunrise at Angkor Wat in Cambodia and sunset on the Mekong River. Then, for good measure, we went all the way back to Africa to do another safari in Zambia and one more in Kenya.

In each country, we drifted from place to place as we fancied, never on a schedule. Time took a holiday with us and the days lost their names. There was no Monday, Tuesday, Wednesday, simply one day called Today. And Today was wonderful. I’ve never felt so free.

Then, when life got all too lazy, we dragged rucksacks full of dirty clothes and memories back to Australia. We were married, life was sorted, and we were ready for our happily ever after. Except one thing was wrong. Life wasn’t sorted. Instead, I was fighting for it.

Where were we?
Oh yes, somewhere far less exciting – Dr Willy’s office, listening to the diagnosis, staring at the pasty white wall, trying to match perception
with reality, while he slowly outlined the next battle in the war, the new front in the fight against my own body.

He told me he’d be referring me on and that I’d likely need another, far bigger, operation called an RPLND (that is, a retro perennial lymph node dissection), followed potentially by chemotherapy, just to be sure. Not perfect, but not all doom and gloom. I wasn’t facing certain death, in fact the odds were still in my favour. I added this up and had to admit things could be worse. Maybe I was still the lucky one.

Then, oddly enough and for the first time since it all began, I felt a slight sense of relief, not so much in the numbers (any chance of death still scared me) but more in the fact that I’d finally been given some sense of certainty about what I was dealing with and what might be yet to come. All of which made it feel like the right time to start telling friends and the rest of my family.
all the lymph nodes in your back. This is because, if the cancer has
spread, that is where it will go.

Following that, six weeks of recovery, then the possibility of chemo. If
I have chemo, it will be another few months before I start to get back
to life again. I will be spending my recovery getting fit as can be.

So, that’s the bad news. The better news is that the whole thing has
a 90 per cent cure rate, so I’m not dead yet and probably won’t be.

For all those who’d like a bit more info or know something about
this stuff:

• For now it’s a stage-one cancer. The CT scan showed no definite
spread, and my protein levels were not elevated at all. This is good
news.

• It’s an embryonic carcinoma, meaning it is an aggressive cancer.
When they cut it out they found it had invaded the blood vessels
in my nuts, which gives it a 50/50 chance of having spread in
the sort of tiny particles that a CT can’t see. This is bad news.

• The net result of this is that even though the evidence is of a
stage-one cancer, no-one can be sure until they open me up, so
from this moment forth I will be treated for stage-two cancer.
Hence the intensive regime coming up.

Not much else to say except that I’ve read Lance Armstrong’s first
book already and am onto the next. Not particularly depressed by
it all, in fact I feel oddly calm. There is the niggling matter of the
10 per cent that you can’t help but wonder about, apart from that
it’s a case of six months out of life followed by, no doubt, a renewed
vigour to kick on in a bigger way than before. I might lose my hair.
It’ll grow back.

I tell you this so you know, but also for the simple reason that I
think each and every one of you should go and feel your balls (if
you have them) for lumps, or those of someone you love (if you
don’t). Then do it once a month. There’s no known cause (not even
smoking) so it can happen to anyone (well, anyone with balls).

Plus it’s the number-one cancer in guys our age and very treatable
if you catch it early.
Lessons from my left testicle

So there ya go. No need to call up and offer condolences just yet. I’m sure Annabelle will need more and more support as time goes on, though. If she keeps doing the caring at the rate she’s going now, she’ll be burnt out before I even reach the hospital again.

So, may all your testes be smooth, and if I don’t show up to your birthday drinks this year, there’s a 90 per cent chance I’ll see you there next year.

: b

If you’re faced with this situation, I’m sure it’s tempting to tell just close friends and family. Maybe it’s embarrassment, maybe it’s not knowing how to say it, maybe it’s an intense need for privacy. I felt the opposite. I wanted to tell everyone I’d ever known. And I’m glad I did, because of what came back.

I didn’t get a hundred miserable phone calls, I got a lot of support and reassurance from people I hadn’t heard from in a long time. Even more importantly, a whole bunch of people came out of the woodwork to tell me that they, or their father, or their friend, or their brother-in-law had had the same thing and were still alive and would I like their phone number to talk about it? Which, as you can imagine, was invaluable stuff.

Here are just a few of the many replies.

Re: A different year to that expected

Hey Benny and Annabelle,

Thanks for letting me know. This subject and your predicament is very close to me, as I had the same thing happen to me when I
The lump

was 26. I admire your courage to let your friends know, as when it happened to me I was so embarrassed I tried to keep it a secret. Looking back now, it was not the best thing to do. I even kept it from my parents until I asked my mum to take me to the urological surgeon, three days before I went to hospital.

I remember going to my GP. He was not sure about it. I was very worried and had an ultrasound on my ball (a very strange experience). It showed up a neoplasm (a growth) but nothing was made of it. I knew in my heart it was a cancer and after much worry and angst, went to see a specialist urologist. Three days later, I had my left nut removed. It’s strange, I knew what it was, but was so shocked and saddened when they took it out.

I remember they said they would just have a look and see, but I knew it was going to be taken out. I had it removed only six weeks after I noticed the lump. It was a well-encapsulated embryonic carcinoma, and luckily I did not need chemotherapy. It’s very shocking, I remember crying for three hours in the recovery room after telling everybody to ‘get the fark out’. Also the timing was so fast, the whole experience did not really sink in for a couple of weeks.

I had follow-up monitoring blood tests every two weeks for a year, and over time the protein/chemical marker (I think it was called ‘alpha beta 1’) for the cancer slowly reduced to normal levels.

I had a couple of nasty scares over the proceeding months, with some spots in my liver, but they ended up being small fatty deposits. As you said it’s a fairly aggressive cancer, but the cure rates are high. I have had no trouble since mid-1998, although I still have the protein levels checked every four or so months.

I recall your proposed treatment regime being discussed with me, but because the cancer was embryonic and well-encapsulated, my doctors decided to just keep a watch on the protein marker levels, and if they did not subside I was to have the chemo and the removal of the lymph glands. As you know, it’s a big operation which will take some time to recover from.
Lessons from my left testicle

For months afterwards, I thought that I could still feel my left ball, but alas it was not there. I did experience some associated ‘phantom’ feelings and to a lesser degree pains, but all of that slowly disappeared over about nine months.

There are lots of little things to talk about, and email is not the best medium. Perhaps I could drop around over the next few weeks if you wanted to chat about it.

Well I hope you recover well from the orchidectomy over the next few weeks – no heavy lifting. As you know, the chemo will knock you around, but you will get over it and recover. I would like to keep in touch with you and see how you are going. Both Kate and I are thinking of you and Annabelle, and we know that both of you will be receiving a lot of support from friends and family over the coming months.

Warmest regards,

Matt

Ben,

Good to talk on the phone. Glad to hear that you’re in no way ready to check out yet. There’s a lot to be done, from stoking it up on a perfect boatshed evening to having a few laughs playing foosball. Now I forgot to mention something that I believe is important – mantras.

Each morning I spend five minutes in the car saying: ‘Every day in every way things are getting better and better.’

I’ve done this over the last ten years and noticed that I’m much more positive and optimistic when I’m in the habit of doing it every day – it builds and may take a week or two to start working, as it works on telling your subconscious a message. Whether you believe
it or not, the subconscious does, so you just keep rambling the same thing, even when someone cuts you off in traffic or you see a dead monkey on the road (as I did yesterday, an unexpected road kill). Or so the theory goes.

It works for me and it may just work for you. I didn’t do it so much in Thailand because I rarely made the time and was busy concentrating on whether I was going to become a skid on the road when on the eight-minute bike trip.

So that’s base level but it’s easy to create your own, like ‘Today I’m getting stronger and healthier’ or whatever. Visualising the cancer being destroyed by your body is good too, or so I read.

Best of luck with the operation, fingers doubly crossed that you can avoid chemo. Hang in there mate and keep smiling,

Jube

Hey mate,

I’ll do anything Annabelle is sick of doing ... except sleep with ya and holding your hand to the potty.

Cheers
Puds

I’ve been told that testicular cancer is a rare form of cancer, but out of 76 replies, five people told me they knew someone who’d had it. And plenty more came out of the woodwork along the way. If this is rare, what must it be like if you have a common form of cancer?
Slice and dice

I’m going to beat this cancer or die trying.

*Michael Landon*

New operation, new doctors. For this big operation, the RPLND, a new and by all accounts impressive urologist, who we will call Dr Cleaver, would be doing the surgery while an equally impressive anaesthetist, Dr Snoozewell, would take care of life support. Both were hand-picked by Annabelle’s father and brother, who, if you’ve been paying attention, you’ll know are doctors, too.

In many ways they were the perfect team. Before the operation, Dr Cleaver didn’t have much to say. He was kind enough to put up with and answer my questions, but I could tell that he’d really rather not have, and fair enough. Who likes being laboriously questioned on every detail of their work by someone who knows nothing about it? Not me. Not him.

I was pleased to notice Dr Cleaver had spent his intern days training at the Memorial Sloan–Kettering Cancer Center in New York, the very same from which I had gathered so many of my articles, questions and other ‘best-doctor’ information. When I proudly presented him with my dossier, he considered it in the way one might ponder the appearance of a freshly dropped dog turd on one’s perfectly manicured front lawn. Then, urging me to scoop it back into the bag whence I had produced it, he turned to his computer
and logged straight into the Memorial Sloan–Kettering internal
database. If you wanted information on cancer, this was the mother
lode and the motherboard.

He printed only two articles, but together they offered the latest
techniques, arguments and statistics for the various schools of thought
in the treatment of testicular cancer. Neither was more than six months
old and, I was pleased to note, we were talking about the rigorous analysis
of treatments which all offered potential results in the 92–98 per cent
survival category. Nothing I had downloaded offered me numbers that
good and, as Dr Cleaver quickly pointed out in a tone of voice that tried
to be friendly but I suspected meant I had taken up enough of his time,
the RPLND offered the best results of all. He might not have been overly
friendly about it, but this man knew his stuff, and that was all I needed
to know. I turned tail and was out the door.

While Dr Cleaver discussed the operation begrudgingly, Dr Snoozewell
decided to tell me way too much. As friendly a man as you could meet,
he eagerly ushered me into his rooms, sat me down and proceeded to
happily do everything in his power to make me faint or throw up.

In the interests of not having me freak out when I woke up from
the operation, he felt that I needed to know everything. Absolutely
everything. He explained in horror-movie detail how he would start the
anaesthetic process with a small needle inserted deep into my wrist. This
on its own created a small squirm in the guts, but clearly not enough,
because the next step, he told me, was to remove it and instead replace
it with (he pulled it out to show me) ‘something that looks like this’.
What he held in his hands was no less than 20 centimetres long and
half a centimetre wide. It wasn’t a needle, it was a drill bit. You could
have knocked T-Rex out with less. My guts went to lumpy jelly, I felt
bile ascending my food pipe. I swear I almost fainted and fell clean off
my chair.
Mistaking my weak effort at a smile as relaxed encouragement, he eagerly went on. He told me that the needle in my wrist would not be the main one and that the real action would take place in the form of an even bigger catheter stuck straight into my neck. From this would hang three attachments, just in case he needed to pour something into me fast. Like blood.

‘It looks a bit like a Christmas tree coming out of your neck. It sometimes freaks people out when they wake up.’ No, really? He was thinking one of those wee Christmas trees you put on the mantelpiece, but I was picturing a conifer pine so big you’d have to bend the top to fit it into the lounge room. My guts went from lumpy jelly to plain old baby mush. Through my spinning eyes, I looked for a safe place to land on the floor.

Before the operation, he told me how he would take two litres of my blood, ready to dilute and pump back in again in double quantity should things go awry. On top of that, he said he’d have another four litres of O type (my type) on hand ‘just in case’. Just as I started to picture where the rest of my blood might go to require a six-litre top-up, he proudly stood up, gave me an enthusiastic handshake, and let me go.

I didn’t walk out of that room, I floated, feeling possibly the sickest I have ever felt. If there had been a wheelchair around I’d have ridden it all the way home.

So, what is an RPLND?
Cancer, if you don’t know, has two favourite ways of travelling around your body. One is through the blood system, and the other is through the lymphatic system.

The idea of the RPLND is to take out the nearest lymph nodes to the cancer in the hope of cutting it off at the pass, so to speak. In the case of testicular cancer, these are the ones near your aorta, along your back.
'One more question, doctor.'

'Mmm.'

'I’m told this operation can stop you ejaculating. Is that true?'

'In some cases.'

'Why?'

'Well, sperm are produced in the testicle but they are stored in a gland that sits against your aorta, roughly behind the belly button. The lymph nodes we are cutting out are right near there so, if we have to cut too close, it can damage the nerves that trigger ejaculation.'

'Oh. What happens then?'

'Well, you still produce sperm, you still orgasm. You just can’t ejaculate. Nothing comes out.'

'Oh. And then how do you have kids?'

'You go to an IVF clinic and they lance your testicle with a needle and get the sperm out that way.'

Dry retching noises.

'I mean but ... do you think I’ll still be able to have kids the normal way?'

'I’m 90 per cent sure of it.'
Lessons from my left testicle

Since slicing your back open is pretty much a non-option, the easiest way to get to them is to take a scalpel to your belly and make a nice long cut.

In an ironic twist, had the cancer been more advanced, had it spread to my lungs rather than simply shown up as a microscopic dollop of evil in a slightly less microscopic blood vessel, I would have skipped the RPLND and gone straight to chemo. As it was, the RPLND gave me a fair chance of whacking the nasty bastard on the head and dodging chemo, so I took it.

It’s a big operation, possibly second only to open heart surgery. And even then, in an RPLND, the cut is longer, much longer. It goes from the top of your pubic hair right up to your solar plexus, just under the bone. Basically, a cut about as long as you can make on the belly before you strike bone in either direction. Top to bottom, it leaves a scar about a foot long.

Once they’ve made the cut, those wonderful men and women in white lift your guts onto a tray and dig out the offending, or potentially offending, lymph nodes. Then they stuff your guts back in and sew you up.

Unfortunately, just like when you dig a hole in the ground then try to fill it back up again, only to find the dirt no longer all fits, your guts don’t quite seem to fit back in, either. The result is a belly so swollen that for a few months you get to look like a man with a world-class beer gut, without the pleasure of drinking any beer. The whole operation goes for four to six hours, and up to twelve if you’re lucky. The only reason the RPLND comes second to open heart surgery is that in heart surgery they cut through your ribcage and slice your heart open, which, I imagine you’ll agree, is about as bad as it gets.

Anyway, in both operations the aftermath is a nasty and very delicate split that leads straight into your insides and takes a long time to heal … which leads me to a story I heard along the way.
Slice and dice

My father-in-law (a heart surgeon, remember) told me this one. He had a call one night from the hospital, requiring his urgent presence to re-stitch a patient whose stitches had become, let’s say, unstuck. This confused the good doctor. The patient had spent a post-op week in hospital and progressed very well. He’d already been home a few days and all reports had been of good progress. How on earth could his stitches have come undone?

As it turns out, he’d been sitting on the toilet, getting ready for bed, and having a little trouble moving his daily motion. In a moment he’ll regret for the rest of his life, he’d grabbed the handrail and squeezed really hard. Too hard. With the extra leverage the hand-hold gave him, he squeezed so hard that his stitches popped open, his skin split at the scar, and the bone sprung apart, leaving him sitting on the toilet with his chest gaping wide open to the world, with nothing to do but wail to his wife for help.

He was rushed to hospital, the good doctor stitched him back up again and, I’m pleased to report, everything eventually turned out fine, although I like to suppose he ate prunes daily from that moment forth. True. All true.

The operation
I remember being wheeled into the operating theatre. I remember lying my arms out on a table in the shape of a cross, and being told, ‘We call this the Easter position. Can you guess why?’

I remember starting to count to ten, and only making it to five. After that, I don’t remember a thing.

A rude awakening
The unconsciousness, the beep, two heads ripping the tube out of my throat, the relief, the hairy man in a shower-cap, the ceiling starting to
Lessons from my left testicle

move … The drifting back to sleep … The drugs making everything seem so easy when it’s actually about to get a whole lot harder.

An hour later, I repeat the process, only this time I’m in the ward. And the drugs have worn off. The first thing I hear is my dad saying, ‘Shhh, shhh … look, he’s awake.’ Then I open my eyes to Mum, Dad and Annabelle. They look so worried I think they must look even worse than me, but a quick glance in the mirror makes me realise that is definitely not the case.

‘How are you feeling?’
‘I have no idea.’

My worst fear is waking up with the conifer pine sticking out of my neck, but it doesn’t seem to be there. This is a huge relief, but only temporary. When I try to scratch my nose, a pain jars in my throat, and I find I have a steel tube going up my nose and into my stomach. Not as big as a broomstick this time, but still thick enough to retch on.

Apparently the stomach doesn’t like being handled, so it simply stops working at the first sign of daylight. The tube is there to keep it empty until my digestive system kicks in again. In the greater scheme of evolution this does seem to make sense. I picture an antelope caught by a lion, and come to the conclusion that, historically, anyone whose guts are sunbaking is never likely to need them again.

Mum and Dad and Annabelle calm down and take turns doing things like giving me a foot massage and rubbing my hand. I like that. Those are two of the few parts of me that don’t hurt.

A quick (or rather, painfully slow) examination of myself reveals 46 staples holding my guts in. That’s right, staples. My stomach is so swollen you could have been mistaken for thinking the doctors had left a medicine ball in there. In parts the wound seemed to be gaping so wide that, given the right angle, I’d swear I could see in.
Slice and dice

My guts. The floor. A few dozen staples and a strip of sticky tape in between.
Lessons from my left testicle

To tell the truth, I’ve seen grandmas do better stitch jobs on pillowcases than they did on my guts. For one, the skin seemed to overlap in some spots, yet barely come together in others. For two, it looked, no … still looks to this day, like they lined it up wrong when they stitched it back together. The pudgy bits are spread out on one side and squished up on the other. In short, it looks like a shirt that’s been done up with the buttons one hole askew.

So there I am, sporting a huge stomach with 46 staples in it, a tube going up my nose and, because everything happens in threes, a catheter stuffed up the eye of my trouser snake. I note that no-one mentioned the catheter in pre-op.

I let the various massages send me back into a druggy, tossy, turny sleep that barely qualifies as sleep, but I don’t care. Anywhere has got to be better than awake right now.

Fast forward
I don’t really remember the rest of the week, but I’m told that’s a fairly common phenomenon. The mind has an uncanny ability to remember good feelings and dispose of painful ones. We still remember that we were in pain, but we cannot remember the feeling of pain. I can tell you it was one of the hardest weeks of my life, but I can’t go back there and describe it because, really, I’d be making it up.

Fortunately, I summed it up at the time so I’ll let you read what I wrote in just a moment. But not yet. First I have to tell you about the few bits that do stand out in my mind.

Behold the mighty movement
Now I don’t know about you, but I’ve always been discouraged from farting, especially in bed. Not so in hospital.
Every morning, every night and thrice in between, the nurses asked if I’d let one rip (actually, they said ‘pass wind’, but for us boys that’s far too polite), then looked ever so disappointed when I said no. It went on for days like this, the expectation that I might fart followed by the nurses’ disappointment.

Then, on the third day, it happened, a wee *fwwrtrt* sound, like the tiniest bit of air coming out of the stretched neck of a balloon. I reached for the Emergency button and pressed hard. I don’t care what the daily rags say about the dire state of our hospitals, when I pushed that button the nurse was on hand, pronto.

‘What’s up?’

‘Nurse … I farted.’

‘Well done, Mr Peacock, that is *fantastic* news.’ She took the clipboard at the end of my bed and made note of my fart. I imagined her as my schoolteacher jotting down the various subtleties of my grand effort … fruity nose, sustaining odour, minimal moisture, hint of carcass. High Distinction.

‘Now you make sure that if you fart again you tell us immediately, won’t you?’

‘It will be my pleasure.’

As she walked away, I couldn’t help but let boy fantasies slip through my head. Young woman. Nurse’s uniform. Gets more excited by my farts than I do. I wonder if she plays video games …

My attention quickly snapped back to Annabelle. I don’t think she’s ever been impressed by my farting, especially in bed. Finally, I had good reason to explain myself.

‘You see, when I start farting it means my stomach is back on the job, which means I can start having food and the tube comes out of my nose. Then when I start eating, I will start going to the toilet, and that means the catheter can come out.’
‘I know, darling, you told me twice yesterday.’
‘So aren’t you excited? That was a good one.’
‘For once, and only once, I am.’

The worst night of my life
Alas, the other lasting memory of that week had nothing to do with farts. It was much darker than that.

I may not remember the pain, but I definitely remember the fear. If pain is the Teflon of the memory, then fear is the burned rice at the bottom of the saucepan that you can simply never scrape off.

Maybe we forget our pains but remember our fears. Maybe it’s because pain is physical anguish but fear is mental anguish. Maybe it’s because fear is much more intense than pain. Anyway, it started as pain and ended as fear.

The pain was fairly stock-standard. It was before the delights of the first fart, so I still had a tube stuffed down my throat and 46 staples holding my guts in. As I told you, my tummy was swollen like a basketball, and relieving myself had become decidedly unrelieving, as it had to be done through a catheter. In summary, I was in pain.

The fear came from the pain relief. I was given a morphine pack and a red button to push when the pain got out of hand. It worked well: two clicks and I was off to the land of the giant Z. In fact, it worked so well that I figured I might as well spend the week on a morphine high and snooze my way to wellness.

Not to be. You can’t overdose on morphine, because they won’t let you. If you click the button too many times the machine just stops giving. You can click it enough times to get some nasty side effects, though.

I was in my happy haze land, half asleep, half awake, when I noticed that my breath seemed to be out of time with my body. It’s hard to explain, but imagine your breath is a drummer and your body is the
band, but the drummer keeps playing half a beat behind. Of course, the drummer wants to drum in time, so, in a desperate attempt to catch up, he drums really fast, but then slowly slips behind again. He repeats this ad nauseam (literally) and, to make matters worse, every time he slips behind, he slips behind a little further, and you start to wonder if he can ever catch up.

Yet he does. But each time, only just, and by now it feels less and less musical. The beat becomes wonky and out of time, and your body loses its rhythm. It starts to mess with your head because you’re starting to get awfully short of breath. In fact, there is no breath at all.

I woke up with a huge gasp. It must have been huge because it was 2 a.m. and it woke Annabelle up as well.

‘What’s up?’
‘I can’t breathe.’
That was a lie. I could breathe, but I couldn’t breathe enough.
‘Shall I get the nurse?’
‘No it’s okay, it’s just that when I go to sleep, it’s like … it’s like …’
I explained the drummer story.

That’s when I looked around the room and everything went strange. Again, how do you explain these things? I’ll do my best.

Everything was dark, too dark. And even though rationally I knew where I was, in my head I had no idea. I imagined that outside the door was hell. I felt like the darkness was starting to seep into my skin. The silence was amplified and our words echoed like in a cave. I felt like Annabelle and I were locked in a coffin together 20 metres underground, and that Satan himself was on his way to collect us.

I hadn’t eaten for days but I thought I was going to puke. I felt my stomach tighten; the pain ripped down the length of the slice in my belly. My throat contracted, so that the tube stuffed down it felt as thick and hard as a walking stick.
Lessons from my left testicle

A new veil of darkness fell over the already encroaching black, and I started to go rigid, which really didn’t matter because I couldn’t move anyway. I felt the blood draining from my head, and knew that in five seconds I would throw up or pass out from morphine-induced fear, so I squeezed out my final words.

‘Please open the door.’

And Annabelle opened the door and the light gushed in. And hell wasn’t outside the door, it was just a boring hospital corridor, in all its fluoro-lit glory.

My head stopped spinning, I looked at the walls. They weren’t dark or scary. I looked at the air around me. It wasn’t as thick anymore and the promise of Lucifer’s breath on my face seemed to be subsiding.

I lay back on my bed and with a concerted effort I could breathe again. Just.

Six o’clock the next morning
I don’t know why they wake you up so early in hospital. It’s not like you have anything to do all day. Maybe it’s just that they can’t wait to prod you with more needles.

‘Good morning. Only three jabs this morning.’

Woohoo.

‘Nurse, something really weird happened last night.’

Prod. Ouch.

‘It was all dark, really dark.’

Prod. Ouch.

‘And I couldn’t breathe.’

Prod. Ouch.
‘Really? Maybe you should go easy on the morphine.’

I wanted more answers than that, so when Dr Cleaver came to visit at the far-more-civilised hour of 8 a.m., I asked the same questions.

‘So you noticed, did you?’

‘What?’

‘The morphine. It affects your breathing, makes it shallower than usual.’

‘No kidding. How much shallower?’

‘Well, you won’t die. You just might wake up short of breath.’

‘Like I’m choking?’

‘Possibly.’

‘And the satanic visions?’ I probably didn’t say that, but you get the picture.

‘That’s just nightmares.’

‘But I was awake.’

‘Yes, well, they can be quite intense nightmares. Morphine can have a slightly hallucinogenic effect.’

‘So if I can’t breathe and I have nightmares while I’m awake, that’s normal?’

‘For some people.’

A politician’s answer. I think he really meant to say, ‘No, but “normal” is what’s normal for you, and since you freaked out, it proves that you’re not at all normal.’ But he refrained.

‘Can I do anything about it?’

‘Sure. Go easy on the morphine.’

I took the morphine button, tossed it out of reach, and never touched it again. I’ll take pain over fear any day.
‘One more question, doctor.’
‘Yes?’
‘Remember we had that conversation about ejaculation?’
‘Mmmm.’
‘Well? Still okay?’
‘Actually, it was a bit trickier than I expected.’ (I swear he was that casual about it.)
‘And …’
‘And I had to cut quite close to the nerves.’
‘So …’
‘So I think it went well.’
‘And I still have a ninety per cent chance of having kids the normal way?’
‘Maybe not ninety per cent now.’
‘Eighty per cent?’
‘No. More like fifty per cent.’

**My girl from heaven**
If there was one thing that my night in hell reminded me of, it’s that my girl is from heaven. Every day I spent in the ward, getting a little bit better and walking a little bit further, Annabelle spent with me. The nurses were kind and gave her a fold-out bed to put beside mine. She slept there every night and kept me company every day. She watched the same crappy TV shows on the same crappy TV set and ate the same crappy dinners. She saw the same crappy two minutes a day of sunshine
and put up with my crappy whingeing. Then, when I thought I couldn’t go on, she told me it was all okay and that I could.

Incidentally, if you’re a carer, I have only one piece of advice for you. By all means, tell people it’s okay when it’s okay, but don’t say it’s okay when it’s not. Tell it like it is. Tell them the truth, then reassure them that no matter how hard it seems now, they have the power to get stronger and that, one day, it will be okay. The truth can be handled. Lies just lead to mistrust, and then everything becomes confusing.

If Annabelle told me I could do it, I could. But she must have wondered if she was going to be a widow at 32, or at least stuck with a whingeing, one-balled husband with a foot-long scar instead of a six-pack and no ability to ejaculate. You don’t sign up for that on your wedding day, do you?

Fortunately for me, she wasn’t going to take long to find out about the ejaculation. It must have been just two weeks after the operation that she pulled a move on me. Whether she found me sexually attractive in that state I will never know, but if she didn’t she sure pretended well.

At this stage I’d only just lost the staples and still couldn’t get out of bed without first rolling over, plopping onto the floor and slowly uncurling from the carpet. So, when she put the moves on, it wasn’t like I had any escape even if I’d wanted one.

She didn’t avoid the ugly bits: she stroked the scar on my belly and kissed my bed-breath lips. Then she slowly and ever so delicately lifted herself on top and gently applied pressure only where it felt best.

At first I was scared – no, petrified. I couldn’t sneeze without fear of bursting my scar, so to have a lady atop was surely precarious at best. But she made it all okay, I relaxed, and the rhythm of life took over and it didn’t hurt a bit. In fact, far from it.

Then something in me sparked anew and brought uncanny strength. She moved gently onto the mattress and I had the power to not only
roll over, but let the wave of love roll up and down my body with no regard for scars nor stitches. With the fear gone came pleasure, which intensified in the areas that, for the past month, had given me nothing but pain and angst.

We came together, and when I felt for the comfort of a warm, liquid goo, it was there. That’s when I knew that the 50/50 had gone my way and I could still ejaculate. I might have been left with one ball but, by God/Buddha/Allah/L. Ron Hubbard, it had heard the words of my GP, and I felt like it was on its way to populating the world.

For now.

A little help from my friends

At the time the cancer had hit, we were living in our own apartment. It was a new apartment, at least new for us. We had bought it from Thailand – somewhere to live when we arrived back in Australia. When we did arrive home, we moved right in, ready to turn what can only be described as a renovator’s dream into a dream home. We’d been there four weeks.

In that time, we’d made it about a quarter of the way through the renovations. I had personally stripped, sanded, filled, and painted one room to give us somewhere to stick a bed, then started on the rest.

But, by the time I lay in hospital, 46 staples in the belly, it had become an abandoned work in progress. And more ‘work’ than ‘progress’, at that.

This presented an awkward problem. On the one hand, it couldn’t be rented out. Apart from the room we were living in, the whole place was half-finished. We’d sanded back the red paint its previous owner had not so lovingly applied, but so far replaced it with nothing. Where the walls were damaged, we’d dug out the plaster, leaving only holes.
Thanks to the sanding, every flat surface was covered in a centimetre of fine red dust.

On the other hand, we couldn't afford to keep it this way. Anyone who’s familiar with a Sydney mortgage knows it costs less to buy property in the Vatican and that not even Bill Gates can meet the repayments without getting up and going to work each day.

Being reasonably fresh off the plane, all my work to date had been on a contract basis, so there was no sick leave to fall back on. Annabelle’s situation was the same. With chemo still to come, and at least six months ahead of us before work might become even a possibility again for me, we were forced to call upon family and friends.

The easy part was finding somewhere to live. As they were the ultimate architects of my treatment, and also lived close to the hospital, it made sense to move in with Annabelle’s mum and dad.

The apartment was not so easy. I could call on my own father. A renovator of the highest talent, he taught me everything I know, from roof rivets to damp course. He’s so skilled at the art that I’ve seen the people who run the renovation centre gather around him and seek answers to the most obscure questions. The problem is, there was only one of him and, hard as he tried (and he did), renovating my apartment was always going to be too much for one person.

What I didn’t count on was the support of so many of my friends. Hamish, a friend I had always considered so talented on a computer that he could program the space shuttle but questionable when faced with any tool more technical than a tin opener, showed up every day after work to put in another ‘day’ at our apartment, filling the walls I had so carelessly left destitute.

Antony, halfway through renovations of his own, abandoned them to do the same hours for us. Not to be one-upped, his wife, Jen, came too, only she was six months pregnant.
Kristian, a man who thinks Sunday should be just another chance to spend time at the office, dropped pen and picked up tools. As did his lovely wife, Caro.

Wazza, renowned for disappearing at the exact moment the need for manual labour arrives, picked up spatula, paintbrush and broomstick alike and worked like he’d never worked before, or possibly since, for that matter.

And Roland, running his own company and with a newborn second child, organised the friends who couldn’t help renovate to put in money to pay for things.

I was never there to see it, but I’m told that, powered by Eighties hits and classic memories, my dad and his Coalition of the Willing (Dad’s Army?) worked weeknights and weekends until the walls beamed white and the floors and fittings sparkled. Then they took photos, called an agent, and had it rented out in a week.

And while this seven-day-a-week working bee went on, with so much effort being made on my behalf, all I could manage was to spend my days at Annabelle’s parents’ place, lazing around in bed and slowly building up to the highlight of each day, my walk.

**Walkie-talkie**

I’m sure cancer has the power to break a relationship, but it also has the power to bring you closer than ever before. Annabelle was by my side for pretty much everything. So when you see the word ‘me’ anywhere in this book, it generally means ‘we’. Me, we.

The thing is, though, that cancer is a very personal experience. No-one can share a dream with you where you attend your own funeral. No-one can take a needle for you. No-one can tag-team in when your innards are squeezing through a crevasse in your guts. What someone
can do, though, is be there when you’re doing the hard yards, hold your hand, and listen to the whingeing.

As time went on, I dropped my whingeing wherever it landed. Nurses smiled sweetly the first time, then never stayed quite long enough to give me time to start again. Friends listened intently on the phone but the typing sounds in the background gave them away. Don’t get me wrong, they cared. But when the whingeing started, they multi-tasked.

Other patients were receptive, but their return barrage was often far more intense than my own, and I was left to ponder that of all medicines, a dose of your own is sometimes the hardest to take.

So, the biggest whinges of all were kept for Annabelle, the one person I could rely on to listen intently. And, of those whinges, the biggest of all were administered on our daily walks.

Those walks kept me sane. Annabelle almost always came with me and, apart from the joy of whingeing, there was the delicious feeling that, for half or sometimes a whole hour a day, I was an ordinary person in the real world, where no doctor could find me and no hospital soup could be shoved down my throat.

At first they were slow and painful. For six weeks after the slice and dice I couldn’t stand up straight, and that made my shoulders and back ache. Muscles which had never before been asked to lift more than a set of pecs were now taking the full weight of my hunched figure and my mouth full of grumbles. In return, they let out a sharp, searing pain that was impossible to ignore and that made me hunch over more.

For those walks, I took to stumbling out the door and down the hill until I was at the lowest point in the street, a minor valley between two gentle inclines. By then, both the way forward and the way back became a hill too far, so I would stop at the power pole and slowly straighten my
Lessons from my left testicle

back until the staples in my tummy felt they would surely tear and spill my guts in the gutter.

After a fifteen-minute battle to reach full stretch, I would turn tail and spend fifteen more shuffling back to the house. Over half an hour for a 200-metre round trip, Annabelle holding my hand all the way.

It took weeks to get past the power pole and climb the gentle hill to the end of the street, but, when I made it that far, the road became flat, giving me the encouragement to walk even further. There’s something in that: the hardest journeys, the smallest steps, and so on.

In time we created a 3-kilometre circuit that took a full hour to endure, and when we got fed up with that, we did it in reverse. And all the while we talked, about life and pain and what we’d do when it was all over. And every step made me more tired, yet also offered the strength to go on – until, instead of lamenting the four walls of the bedroom that I spent so much of my day staring at, I came to appreciate returning to them, in the knowledge that they were housing my recovery as I prepared for the big wide world waiting outside.

Subject: Post-op.
Date: 2 April

Dear y’awl,

Update for all those who care to read.

The first thing to say is thanks for all your emails, goodwill, visits, presents, cross-town vibrations, cars, flowers, balloons, messages and so on and on. If it’s anything to go by, they have been highly
effective, as right now things are as well as can be expected and honestly a whole lot more.

It’s been a while since the last email, so the brief version of the medical update is this:

Went for the big operation. They sliced open my belly like a big trout and took out the lymph nodes from around the gut, as this is where cancer (my type anyway) likes to hang out. The operation took four hours, which is not bad, as it was predicted to take six, and now I have a foot-long scar which I will henceforth claim was a shark bite.

That kept me in hospital for a week. To ease the pain I was issued with a TV the size of a postage stamp and a little button which gives you a morphine hit on demand. I learned to push the button in my sleep until I discovered that morphine gives you strange nightmares. It’s a bit like a trip, which all sounds really cool until you think about taking a trip with 46 staples in your belly, a catheter stuck up your willy, a tube down your throat, and someone wanting to give you a suppository every six hours.

I made it my mission to get rid of everything hanging out of me and to be walking by the end of the week. The nurses begged to differ – that wasn’t nearly soon enough.

At 9 a.m. on the day after the operation I was woken up and told, ‘It’s time for a walk’. Twelve hours after the operation finished, I kid you not. I protested in a big way, but soon discovered that the nurses do this for a living and have heard every excuse before. So, I went for a walk – all of about 5 metres in a quarter of an hour – then was helped back into bed, hurting but glad it had happened.

It was the start of one of many small realisations, that if you want your body to heal, make it heal. If you let it lie in bed all day there is no urgency. If you go for a walk it will hurt at the time, but the next day your body will have toughened up a little, ready for another.

I stayed in hospital for a week. There are some photos attached, in which you will see I am not only telling the truth but that I have been very modest by not telling you just how stylish I looked while
I strode the hospital aisles. Expect to see something like that on next year’s catwalks.

I can now walk for an hour and a half around Sylvania Heights, and even dared a few steps of jogging yesterday, although that turned out to be a really bad idea and I stopped again instantly. The merest bounce up and down reminded me just how thin the scar is – I got the sudden feeling that my guts were being held in by nothing thicker than cling wrap. Still, all in all, that operation is now starting to feel like a memory.

There is, however, also some bad news. When they cut the lymph nodes out they found some cancer had spread. We’re talking small amounts, but the location is problematic. It has made its way into the spermatic cord, which means the little bastard (as I now call it) has burrowed a small door out of the lymph nodes and into the bloodstream, giving it an all-new opportunity to spread just about anywhere. There’s no proof that it has spread, but there’s a good (or should I say bad?) chance it has, and that possibility alone is enough to warrant more treatment.

Net result: chemotherapy has become a reality and I’m in for three rounds. Chemo, for anyone who is a little shaky on the facts, involves pumping your body with chemicals that create free radicals. These free radicals kill cells as they divide. The first cells killed are the ones that divide fastest. Testicular cancer cells fall into this category, which is why cure rates are so high. Unfortunately your hair cells, blood cells and stomach lining also fall into the fast dividing category, which is why you go bald, throw up, can’t eat, feel tired, bleed easily and take on the ‘a cold can kill you’ immuno profile of an AIDS patient. Not great. People die from it.

The wonderful treatment is given to you as an outpatient. You go to the clinic and literally book yourself into an easy chair for the week. Then you roll up on the five days for five hours a day, and let the heavy metals leach into your system by IV drip. There are six easy chairs in the room. I’m told standard protocol for addressing your fellow patients is ‘Chemosabe’.

After a week of chemo you get two weeks off. This gives your body time to recover without giving the cancer cells enough time to
take over. After these two weeks you’re ready to go again. That’s one cycle.

As I said, I have three cycles to get through, starting Monday. I feel for the other types of cancer patients, who go through years of these cycles. If you’re going to say a prayer, make it for them. And if you smoke, let it be known that lung-cancer patients get the most treatment, all for a less-than-50 per cent chance of survival. A lot less.

As for my numbers (for what they’re worth), even with the possibility that the cancer has spread, I’m still considered to be an 88–90 per cent chance of full recovery. Funny how the numbers change – but I’m not complaining, they’re still on my side.

So that’s the update, medically speaking. Wish me luck in chemo. More updates somewhere along the way ...

: b

If there’s one thing I lament about my time in hospital, it’s that I wasn’t lucid enough to ask my family to take more photos. These ones were taken just before I was allowed to go home, and are far too chirpy to tell the full story. I guess that’s what you get for posing for the camera.
Lessons from my left testicle

**Re:** Post-op.

Nice pecs, you hunka hunka burning love ... been doing weights?

Cheers, Ian

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yeah mate i been lifting hospital jelly

Ben

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If that scar is only a foot long I’ll jump in the lake!

Waz

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Hi Ben,

I’m in the office for a few hours today, so just read your email.

Good luck with it all – I know (unfortunately) lots and lots of people who have been through this, and they’ve all come out well at the other end. You will too!

What a drag though – good luck with it. We’ll have a drink when you’re well!!

Sim
Thanks!

You just made the author very happy by reading the first two chapters of *Lessons From My Left Testicle* (just seven more to go).

Like to read the rest or buy it for someone who would?

If you’re in Australia, click here to buy a signed copy from eBay.

If you’re in the USA or the rest of the world, click here to buy it from Amazon.