



## PSAs, Pistols and Probes

A not-so-serious review of the prostate cancer screening process

by Jerry E. Tobias

It all began with a routine physical examination. My doctor discovered that the *prostate-specific antigen* (PSA) level in my blood was a little high. “You should have that checked,” he told me in a calm and professional tone. By the time those words reached my brain, however, they had the same impact that the words **"INCOMING...TAKE COVER!"** did when I was in Vietnam. I wished I still had my helmet and flak vest.

I responded by immediately seeing a specialist who rechecked my PSA and then introduced me to a device known as the *prostate biopsy gun*. Unfortunately, my first trip to this urologist's proctology pistol range was not to be my last. Because my biopsies kept coming back negative - even though my PSA level continued to rise - he kept checking and checking and check...well, you get the picture.

Many of you men will face prostate cancer screening and testing yourselves someday. To help prepare you for that experience, here's some of what I've learned about all of this.

1. Like most males, I am convinced that digital rectal exams (DREs) of the prostate are only slightly less uncomfortable than what women experience during childbirth. Believe me when I say that I have tried everything I know of to get out of them. I even replaced the box of medical gloves on the counter in an examination room one day with a makeshift sign that read, **"GLOVES ON BACK ORDER."** When the doctor entered the room, however, he didn't miss a beat. He simply said, "I hate it when I have to do this barehanded." I returned the gloves. Unfortunately, guys, there's just no way out. But, since you have to endure the DRE anyway, I'd suggest that you might as well get your money's worth and ask your doctor to check your tonsils while he's at it.



2. A higher-than-normal PSA reading does *not necessarily* mean cancer. Many other things can raise your PSA level: inflammation, infection or benign enlargement to name a few.

3. If you do become a candidate for a prostate biopsy, the doctor will normally use an ultrasound probe as a guide during the transrectal prostate biopsy procedure. According to a brochure that I was given, these devices are - and I quote - “barely bigger than a thumb.” Yeah, right! Whose

thumb? The Jolly Green Giant's? Don't let anyone fool you: these things are HUGE! Even though I have never actually *seen* one, my considerable experience with these probes leads me to say with some certainty that they are approximately the same length and diameter as a baseball bat.

4. The prostate biopsy gun, on the other hand, is actually not as bad as it sounds. It really causes very little pain or discomfort. You may feel a bit of a "sting" when it fires (snaps, really; it's spring-loaded), but that's it. Still, if you want to keep your anxiety level somewhat under control, I'd recommend that you avoid studying the gun and the other equipment or even looking around the procedure room itself. If viewing all of the medical paraphernalia doesn't bother you, I would think that seeing the extra nurses, medical students, janitors, the receptionist and her daughter's kindergarten class, the UPS guys, etc., who have wandered in to observe your procedure just might. I know. You're thinking that I've undoubtedly embellished the size of the crowd...and you're right. Because of their demanding schedules, the UPS guys seldom get to stick around.

5. I have experienced prostate biopsies both with a sedative and without, and the procedure is completely tolerable either way. If you are given a sedative, however, you will be a bit "groggy" afterward. Because of this, your doctor will probably tell you - as did mine - to be sure to bring a driver with you. That's why I walked into my last biopsy appointment with my new graphite-shafted #1 wood in hand. I take my doctor's instructions seriously.

Well, that's some of what I've experienced during my prostate cancer screening journey. And, although I may have exaggerated some of it (okay, most of it) to make a point or two, the whole process - even the biopsy procedure itself - is really not a big deal. The important thing is this: although recommendations vary, most doctors suggest that ***IF YOU ARE 50 OR OLDER OR HAVE A HIGH RISK FOR PROSTATE CANCER (SUCH AS A FAMILY HISTORY OF PROSTATE CANCER), YOU SHOULD HAVE YOUR PSA LEVEL CHECKED AT LEAST ANNUALLY!*** It is a simple and painless blood test that - while not foolproof - could quite literally help save your life.

And if you do have to go through any additional testing procedures, remember that you can find something beneficial or at least something humorous in almost any situation. I am now so familiar with the whole biopsy thing, for example, that I'm writing an informational brochure about it. I plan to call it "*The Prostate Biopsy Procedure: A Guide to Understanding the Tools and Tactics Used by the IRS during Your Tax Audit.*" It occurs to me that there are probably an amazing number of similarities between these two events. ■

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