CRYOTHERAPY
(Freezing of the Prostate Gland)

A PATIENTS' PERSONAL EXPERIENCE WITH CRYOTHERAPY

Larry Junker, patient at age 67 yrs.

Cryosurgery performed Sept 9, 1999

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INTRODUCTION

Over ten years have passed since I was introduced to Cryo for curing the prostate cancer that invaded my domain. Close scrutiny by Dr. Onik and attending Urologists find me strong, able, continent, potent and cured of the dreadful disease. I am indeed thankful and hope my experience will be of help to others facing the problem. I have learned a great deal about prostate cancer and the benefits of Cryo. I would make the same choice all over again, but much faster. I am very satisfied with my results and the results of the many patients I've counseled that made the same choice. It has been very humbling for me to receive accolades for providing words of comfort and knowledge. I will continue to do so to the best of my ability. Thanks for reading. Your comments and questions will be welcome via e-mail ljunker@juno.com or telephone, 321.452.4759.

The 2001 original version starts here: (Italics signify updates.)

I am of the opinion that prostate cancer has reached epidemic proportions. At last count 22 of my friends and myself have had to deal with the disease. Two are now searching for "their" solutions. Three have succumbed to it. Another is now undergoing radiation treatments to fight the cancer in the prostate and the marginal areas (tissues adjacent to the prostate). The rest of us have chosen one of the available options for fighting the disease and are now being monitored to gauge success.

Physically I stand 5'-8" short, weigh 147 lbs. on a medium frame. I have been physically fit and active most of my life. My bout with prostate cancer began in April 1999 during a routine Digital Rectal Examination (DRE) of the prostate performed by my family doctor. He found a hard spot on the surface of my prostate. My PSA was a low 1.5. An Ultrasound scan revealed nothing. Subsequently, after some resistance on my part, I submitted to a 10-needle biopsy. To my surprise the pathology report determined the presence of a ***Stage 2a***, Gleason 7 malignancy in one of the needle samples. (Left Far Peripheral zone.)

After dealing with the trauma of the news I began an intense study to understand the options for treating the disease. After much review and many consultations, I made the decision that I would opt for Cryosurgery. An Internet search led me to cryosurgeon Gary Onik in Kissimmee, FL. Consultation was held July 14, 1999. I had a list of questions, my biopsy report and bone scan film for the meeting. My wife and a trusted friend accompanied me. The

consultation lasted over two hours. We discussed the procedure, the equipment, my physical condition (Irritable Bowel Syndrome and mild Hemorrhoids) and recuperation. At the end of the consultation my decision was firm. Cryosurgery was the way to go for me. The difficult part was over. I had made my decision. A load had been lifted from my shoulders. ***I thanked God many times over.***

On July 21, 1999 Dr. Onik performed a more definitive biopsy of my prostate. The biopsy confirmed the findings of the June 23rd biopsy and ***also*** explored the regions of the nerve bundles and seminal vesicle glands. 15 ***snips*** were taken. It was concluded that the malignancy most probably had not escaped the prostate. After discussion of the overall situation it was determined that a partial freeze (meaning that only part of the prostate would be frozen) procedure could be performed and thereby spare one of the nerve bundles. That meant that I would not lose sexual ***potency***. I quickly opted for that. (It worked). Dr. Onik ***watched*** my case very closely. A partial freeze ***was*** not common ***then*** , but ***has*** become more common ***because of*** my results ***and results of others.***.

Overall, in my case, the following events occurred sequentially: Digital Rectal Exam, PSA test, Ultrasound, Biopsy (malignancy discovered), X-ray and Bone Scan, consultation with Dr. Onik, Decision, Definitive Biopsy, Cryosurgery, Recuperation, 3, 6, 9, 12 month follow-up urinary function exams and PSA tests, One Year Biopsy (necessary to verify cancer free following partial freeze). 15, 20, and 24 month PSA, Two Year Biopsy (again to verify cancer free), All tests were on target. I am strong and able, continent and potent. ***PSA monitoring continued through the years and continues to be stable at 0.4 at the ten year mark.***

RESEARCH RESEARCH RESEARCH

I looked at all options for treating prostate cancer. I did not ferret out all the details for each option. I explored far enough to understand the basics involved with each option. I also relied on my intuition. The final decision was based on a comfort level I was seeking. A balance between knowledge and intuition.

The Urologist that did the first biopsy recommended RADICAL SURGERY. His specialty was surgery. I rejected that option because I did not want deep intrusion to my body and I was concerned that there would be a potential for spread of cancer through the blood issuing from the cut tissue of the prostate.

An Oncologist, a friend that was treated for prostate cancer 8 years earlier, recommended EXTERNAL BEAM RADIATION. I intuitively rejected that because of the exposure to radioactivity and the potential for "burning" adjacent tissue. I felt similarly concerned about BRACHYTHERAPY (implanting radioactive seeds). My logic was "if I can't hug my grand children for ***seven*** or more weeks, what will the radiation do to my other body parts?" I had heard a couple of war stories about radiation failures. I know a surgeon who has "repaired" radiation damage.

A close friend had chosen ALTERNATIVE MEDICINE: Diet coupled with Hormonal shots. He had been on the strict diet program for 6 years and was winning the battle until it was determined in year 2000 that the malignancy had moved to a seminal vesicle gland. He ***continued*** in the shots and diet ***has since died of painful prostate cancer.*** I rejected that option early on in my research: Not enough documented success stories available and too much strict diet to endure.

In year 2000 another friend tried ACUPUNCTURE and HERBS for a year with no apparent success. In the spring of 2001 he opted for hormonal shots followed by beam radiation treatments. ***I did not follow his case.***

WATCHFUL WAITING was too risky for me to engage. I felt that a Gleason 7 was not to be dealt with over time. Gleason 7 is in the "high ***moderate*** risk" category. I wanted to rid myself of the cancer as soon as possible.

PRAYER was also an option. One of my friends engaged in prayer only. He had already made up his mind that God would heal him without entering into any medical solution. He passed away two years later due to prostate cancer. I did not approach God that way although I didn't rule out a miraculous healing. My approach was "God grant me the wisdom to do the right thing to rid myself of this cancer. I need Your direction, mercy, grace, and help to deal with this problem every step of the way". I tried to be sensitive to hear and act when I felt Gods' direction. Many others also prayed on my behalf. I looked for confirmation from my wife and my close friends. I knew that the peace of God would accompany His direction. Faith and prayer played a huge role throughout the entire process

STRUGGLES - I began to experience an information overload. I was also experiencing indecision, vacillating from one option to another depending on which article I last read or to whom I last spoke. There was too much professional bias to contend with and not enough technical information to make an intelligent decision. I had trouble sleeping because I could not turn my brain off. I had night sweats when I did sleep. I desperately wanted to make a decision. I initially decided to go for radiation. I made an appointment with a local oncologist. I was not happy about the radiation decision but I needed to make a decision hoping to gain peace of mind.

RELIEF - Then I learned about CRYOSURGERY. Targeted CryoAblation of the Prostate, TCAP, (a lethal freeze of the malignancy via high tech equipment). I like to call it CRYO. I called my best friend from my High School days. I knew that he had prostate cancer but I didn't know how he dealt with it. He informed me that he had cryo performed in 1997. He said, "it was a piece of cake". He sent me information. Internet information was also available. My wife and a close friend who helped me review the information concluded that Cryo made a lot of sense for several reasons:

It is approved by Medicare. The procedure is generally curative, if the cancer has not spread outside of the marginal areas of the prostate.

Swift death to the malignancy. Freeze, thaw, freeze, thaw. Its' over in less than two hours.

Minimally invasive (via the perineum), no cutting, minimal blood.

Only two hours of anesthesia, local or general.

Short recuperation period, minimal pain.

Outpatient or overnight hospital stay.

Partial Nerve save (one side) possible in some cases.

No radiation hazard.

Improved procedures, high tech monitoring and high tech equipment has all but eliminated unintentional freezing concern.

Urethra warming guards against freezing of the urethra and bladder.

Injection of saline into the cavity between the prostate and the rectal wall (Denonvillier's Fascia) guards against freezing the rectum and not freezing the part of the prostate adjacent to the rectum.

A second freeze is administered to insure lethal freeze to all areas of concern. ***During the first freeze the cells are dehydrated. During the first thaw the cells burst exposing the nuclei. The second freeze kills any residual that may be alive in the nuclei.***

The procedure, unlike the other options, can be repeated if the cancer reoccurs. (It is also approved for use for prostate Radiation failures). ***It is now the recommended salvage treatment for radiation failures by many surgeons and urologists.***

I was familiar with cryogenics from my 28 years as an engineer at the John F Kennedy Space Center. The technical aspects as applied to cryosurgery were very convincing to me:

Cryogenic temperatures kill, on contact, the malignant (and other) cells.

Cryogenic Argon, the media now used, is easy to control and monitor, unlike Cryogenic Nitrogen formerly used ***(circa 1990.)***

Ultrasound imaging monitors the formation of the lethal "Ice Ball" to insure that tissues adjacent to the prostate are not ***unintentionally*** frozen by the freeze. ***If prostate cancer prognosis suspects that the cancer may have escaped the prostate into the marginal areas (adjacent tissues) the freeze can be extended into the marginal areas 2 to 5 millimeters. This is a distinct advantage over radical prostatectomy, RP. I have two friends that are fighting prostate cancer in the marginal areas via radiation – years after they had RP.(Cryo may have eliminated the chance of recurrence.)***

Ultrasound imaging provides visibility for accurately placing probes ***and monitoring the formation and thawing of the ice that forms during the freezes.***.

Use of Cryogenics is not new in the medical world, including veterinary medicine. Treating growths on or just under the surface of the skin cryogenically has been going on for about fifty years. It is a pretty low-tech "spray can" application.

More recently cryogenics have also been used to treat internal cancer problems - liver, lung, brain, ***kidney, bone and*** prostate. Breast cancer treatment is still in the developmental / approval stage. Cryosurgery is a very high tech application.

I really liked the Cryo option. I cancelled my appointment with the oncologist I felt safe with my decision. I gained the peace of mind I had sought. Now, ***ten*** years later, having experienced the procedure, recuperation, and high quality of life, I would make the same choice over again.

My journey through the other decisions I made, the pre-operative regimen, the post-operative recuperation period and follow up care are recorded below in hopes of helping others in the fight against prostate cancer.

DECISION MAKING

The decisions made after the election to have cryosurgery were few but important. Prognosis, test results, facility and equipment availability, doctor schedules, skill, experience, risk and cost were factors that entered in to the decision making process. Cost factors did not weigh heavily on me. Considering the expected results and overall cost, I was pretty well

covered by my health insurance. Age, stage of disease, medical condition and personal preference also influenced my decisions.

OUTPATIENT - Florida hospitals were not yet equipped for the procedure in 1999. Medicare had approved cryosurgery in July 1999 but was far from settling the fine print of the regulations. Florida hospitals would not approve bringing in portable cryosurgical equipment that was available. Therefore other facilities were used to perform the procedure in Florida. The procedure was performed on me in an outpatient facility, namely The Tampa Bay Surgi-Center in Tampa, Florida. A Surgi-Center is a facility equipped with operating rooms. There are no overnight accommodations. I was strong and in good health. I saw no need for a hospital stay. I wanted to be an outpatient. I don't like hospital stays. Too many interruptions to my sleep.

HORMONAL TREATMENT – Ultrasound measurements determined that my prostate gland was not large. In fact was smaller than normal. The hormonal regime, which lasts from three to six months, is normally prescribed if the patient has an enlarged prostate and/or presence of considerable cancerous growth. The hormone treatment temporarily stops the growth of the cancer and shrinks the prostate thereby facilitating the procedure to be performed. I didn't like the term "chemical castration" that was associated with it. I learned that the hormonal treatments were stopgap measures that became less effective with each shot, so hormonal treatments cannot permanently stop the cancer growth. I suggested that the hormonal treatment be skipped. The Doctor concurred. So we skipped it.

OUTPATIENT CLINIC LOCATION AND SCHEDULE – As previously stated, hospitals in Florida were not equipped for cryosurgery. Likewise, finding a cryosurgeon was not an easy task either. ***Facilities and doctors are now readily available***. I found mine on the Internet. ***(Call 1.877.722.2796 for help and a list).***

Timing entered into my situation. I wanted to get this procedure over and get back to normal living. The cryosurgeon had the necessary equipment (portable) and traveled to twelve locations in Florida to perform the procedure. I opted for the next available appointment at any location. Tampa, 140 miles from my house, was the next available on his schedule. The date was set for 9/9/99. The time for my arrival there was noon. There were other surgi-centers closer to my home but not on his schedule till later.

The hospital at Celebration, FL is now equipped to perform cryosurgery. I was privileged to witness the procedure being performed there on a friend of mine in May 2001. Dr. Onik with Urologist Dr Fusia from Tampa did the procedure. My friends' recuperation was much quicker than mine – no infections or hurricanes. I was also privileged to watch the procedure performed on another patient, by a different cryosurgical team in Dallas in Dec 2000. ***I also watched a Cryo procedure being performed on a partially malignant liver in 2004.*** Sometimes I wish I would have been a doctor.

TRAVEL AND LODGING – My wife and I secured a motel suite for two nights in Tampa. The first night was 9/8/99, was the night before the operation. The second night was the night of the operation. That allowed me to rest the evenings before and after the operation. It also allowed time to assure that there were no post operation complications prior to traveling 140 miles back to my home. My wife became my caregiver. I was able to walk at all times after the operation. There was never a need for assistance in walking, standing, sitting etc. I could have but did not drive for three weeks.

ANESTHESIA - General vs Local. I don't do well recovering from general anesthesia. It confuses my mind and I am slow coming out of it fully. I had read that the procedure could be performed under local anesthesia. The cryosurgeon***, Dr. Onik,*** preferred that I have a general and I submitted to his choice. Most people do not experience problems from general anesthesia. Physically I regained my strength in about five weeks. I was driving after three weeks. But, I still felt the lingering of cloudy thinking four months later. Paper work became a chore. I suspect I was mildly depressed.

ATTENDING PHYSICIANS / HEALTH INSURANCE - Cost is a factor that affected selection of the attending physicians. My health insurance is structured so that it is more economical to select physicians and services that are affiliated with that PPO organization. Any selected that are not on the PPO list result in a significant patient co-pay. Fortunately, the Urologist and the Anesthesiologist were on the list. The Cryosurgeon was not. It is important to check out the co-pay requirements of your Health Insurance for the entire medical team including the test and pathology laboratories.

PROSTATE CRYOSURGERY- PREOPERATIVE PREPARATIONS

My doctors and the staff of the Surgi Center gave preoperative instructions to me. I followed them explicitly.

DIET RESTRICTIONS / LAXITIVE / ANTIBODIC

The day prior to the operation – liquids only.
That evening – oral liquid laxative. Nothing after midnight.
The morning of the operation – no food, no water, enema, antibiotic.
After the operation – soft food till next day. Continue antibiotics. Take pain pills as needed. Avoid constipation and straining.

CAREGIVER

Don't overlook the role of the caregiver. The caregiver is most important to provide physical comfort and help in the many tasks that need attention: driving, nourishment, clothing, bedding, ice packs, medication etc. Moral support is equally important: companionship, conversation, prayer, games etc. Care giving is not a 24-hour a day job but is time-consuming early on after the operation. I needed to be pampered, so to speak.

PROSTATE CRYOSURGERY - POST OPERATIVE EXPERIENCE

Even though the doctors and the Surgi Center issued instructions to guide my recuperation there were a few surprises and a few personal adaptations needed to improve my comfort level. Throughout the recuperation period I did not experience much pain. The period involved some discomfort but, for the most part, I felt too good for my own good.

THE CATHETER - This animal is not a delightful companion. However, it is utilized to prevent clogging the urethra from sloughing of dead tissue during the healing process. It became uncomfortable in the last week of the specified three weeks of having it in my body. It took a while to find how it could best serve me with the least bother and discomfort. Fortunately, the

catheter is now routinely removed in 7 to 10 days. ***and some are removing the catheter in four or five days. I recommend removal as soon as practical. Discuss with your doctor.***

The catheter system consists of a 10-inch long insertion tube, a four-foot urine conveying tube, and two urine collection bags. The insertion tube is inserted in the urethra during the cryosurgery procedure. It is flexible and there is a tiny ***liquid*** balloon at the end of the insertion tube that is inflated inside the bladder that prevents the tube from coming out. The hole in the tube drains the urine from the bladder. That tube is connected the conveying tube which is connected to a collection bag. When I awakened from the procedure, voila!, there it was, all hooked up and already in use.

The urine collection bags come in two basic configurations, the floor bag and the leg bag. I used the floor bag most of the time and only switched to the leg bag when traveling or outdoors or social situations. The floor bag was easy to contend with and the only way to go when lying down or reclining. Using the leg bag was great for mobility but a little more challenging because it was strapped to my leg and not easily monitored for fullness because the trousers hide it. The first time I used it, it filled to capacity before I knew it. From then on I felt the bag with my hand often to determine its fullness.

It was easy to switch bags but always best to do in the bathroom at the commode. The conveying tube is not used with the leg bag. To use the leg bag a very short tube is customized to fit the leg size of the wearer.

I found it important to **never** have the collection bag higher than my groin. The floor bag worked best when it was lying flat on the floor. It drained urine from my bladder without my knowledge. I was sure to monitor the bag closely. Empty it as needed. I made sure to empty it just prior to going to sleep. I drank a lot of fluids (doctors' orders), and was surprised at how fast the bag filled. I was able to do all the personal hygiene by myself.

The plus for catheter system is that I could sleep through most of the night. That was a welcome treat because I had been getting up three or four times a night for many months due to the prostate cancer. Also, the uninterrupted sleep helped to promote healing. Thirst awakened me a few times. I had a glass of water within easy reach at bedside. I checked the floor bag whenever I awakened. It was full several mornings, early. I would then trek off to the bathroom to empty it into the commode. I was sure to drink a glass of water before returning to bed. It always took a little time to situate the floor bag and clip the conveying tube to the bed sheet prior to getting into bed. Most of the time I slept alone so as not to disturb my wife.

I kept a record of all medications taken to make sure I took them as prescribed. Therefore, I did not have to tax my memory. I took all the antibiotics as prescribed. I took pain pills, rather infrequently, as I needed them. ***Pain was an insignificant issue.***

Upon awakening from the anesthesia I did not observe the position of the catheter extending from the penis. A visual reference of how far the catheter was inserted would nave been helpful when I experienced my first bladder spasm. (At 4:00pm the next day). A spasm is a sharp pain from irritation of the bladder caused by the catheter. I called the doctors' office and found out I was having a spasm. I then took a prescribed pill and got immediate relief. I don't know if the relief was because of the pill or because I had repositioned the catheter by gently pulling on it until it was seated properly. A visual reference would have shown me that the catheter had been pushed in a bit. It must have been accidentally pushed in when I was changing from the leg bag to the floor bag. I kept taking the anti-bladder spasm pills for a couple days. ***Looking back I am sure that the pills were not necessary.***

Also, I was not aware that the catheter had a balloon on the end of it that prevented it from being forced out of the bladder. I was in a panic situation because I thought I might force the catheter out with the pressure I was feeling from the spasm. I experienced a sudden urge to urinate and it produced some pain in the penis. Urine and a trace of blood was forced around the outside of the catheter and produced a burning sensation in the urethra near the end of the penis. A call to the doctor assured me that everything was okay. The doctor had given me his home and cell phone numbers.

One thing I experienced for a few days was a mild bladder spasm when I was having a bowel movement. I didn't realize that they were spasms at first. I thought the pain I had was just associated with the BM. I finally figured out that when I was seated on the commode the position of the catheter was at 90 degrees to its normal hang down position. I assume that most of us do urinate when having a bowel movement. This also happens when the catheter is in. The catheter apparently did not seal the outlet of the bladder when I was seated and I would experience leakage of urine around the outside of the catheter. That would produce a burning sensation near the end of the penis and perhaps a trace of blood. The solution to that problem was, while seated, to carefully bend the portion of the conveying tube just below the penis into a U shape and hold the U shape in the commode so that the penis was hanging down in a vertical position. I didn't get my hands wet. It was a blessing to have solved that problem.

What to wear around the house. I was somewhat house bound for two weeks except for evacuating for hurricane Floyd 4 days after the cryosurgery. I preferred the floor bag when I moved about the house. The leg bag configuration, with the short tube, caused irritation. I suspended the floor bag from a belt around my waist making sure that the bag was hanging below my groin. The tube naturally formed a loop. I wore a floor length wrap-around terrycloth skirt that overlapped and fastened in the front with Velcro. It covered the tube and floor bag and afforded protection from accidentally snagging. I was very mobile but used caution on the stairs to make sure that I did not snag the tube with my foot.

Do not attempt to remove the catheter. A trained professional should do the removal at the appointed time.

Another catheter, the Supra Pubic, is used by some urologists instead of the Foley catheter. Some use both. The Supra Pubic tube is inserted thru a very small incision in the abdomen midway between the navel and groin. The advantage of the Supra Pubic catheter is that the patient can try peeing naturally. If unsuccessful he can open the valve at the end of the tube to urinate. Usually by the third day the patient is able to urinate naturally. The Supra Pubic is removed a day or two later. When both the Foley and the Supra Pubic are utilized the Foley catheter is removed two or three days post Cryo. The theory is that the Foley holds the urethra open while the swelling in the area happens. The Supra Pubic is removed when the patient is urinating naturally.

THE SWELLINGS – Three areas experienced swelling: The abdomen, the scrotum, the perineum / buttocks. The doctor told me to expect the swellings and that ice packs would relieve the discomfort. He was right.

ABDOMEN

The first day of recuperation my abdomen protruded to about the size of a volleyball. It was quite humorous. There was no pain and very little discomfort. GAS-X helped dissipate the

gas that had accumulated in my abdomen. 2 pills a day for 4 days. The swelling reduced in size each day and my abdomen was back to normal size on the sixth day after the operation.

SCROTUM

My scrotum began swelling in the first day. On the second day it was about the size of a baseball and black and blue. Not much pain but I did take 2 pain pills (Oxycodapap) a day starting the fourth day through the eighth day. The fourth day was the day we started preparations for Hurricane Floyd. I was moving around too much and the discomfort intensified. I was able to rest after we evacuated our house. We stayed at a friends' house in Orlando, FL. We were there three nights. I stayed in bed most of the time sleeping and applying ice packs wrapped in a towel. ***Frozen peas, in the bag they come in, wrapped in a hand towel, is recommended.*** Twenty minutes on, twenty minutes off. Always being careful not to suffer thermal pain because of the ice. When moving about I wore a cloth sling, furnished by the Surgi-Center that supported the scrotum and kept it from producing pain from the increased weight of the scrotum. It was important not to do too much activity because after 2 or 3 hours of being on my feet my scrotum would ache. I needed to recline a lot to relieve the pressure. The swelling peaked on the sixth day and gradually subsided until it was gone 15 days later. I switched to Ibuprofen for pain control 11 days after the operation. I used the 200mg tablets. Only 1 pill 1 to 4 times a day depending on my discomfort level. I did not take any pain medication after the third week after the operation. I suspect I would have done much better if I would not have spent so much time on my feet preparing for Floyd.

PERINEUM / BUTTOCKS AREA

As the Cryo probes are carefully inserted they must penetrate skin and other tissue to get to the prostate. When the operation is over the tissue has to go through a healing process. I experienced some swelling of the buttocks (no pain) in the area of the perineum (the space between the scrotum and the rectum) for about two weeks. ***(I am sure it would have been a much shorter time if I had not had to evacuate.***

Also, each place where a Cryo or temperature monitoring probe had entered the perineum a stitch was made to close the penetration. The stitches became a minor irritation to my skin after the swelling subsided. The ends of the knots in the stitches were prickly. It took five weeks for all the stitches to be totally absorbed. I lubricated them with Vaseline when needed. I used a foam rubber "donut" to make sitting on a hard chair comfortable. ***The freezing probes are now smaller in diameter and stitches are no longer needed.***

TEMPORARY INCONTINENCE

My urinary sphincter muscle had been held open by the catheter for three weeks. I needed to regain control of it in order to hold back urine until I wanted to release it. That was not easy. Each time I urinated I would exercise my sphincter muscle by trying to stop the flow. At first I could not stop the stream. Gradually, day by day, I regained control. For three weeks after removal of the catheter, I experienced dribbling and spurts and I wore absorbent pads in my jockey shorts day and night. Fortunately, I had enough control and timing so that I seldom soiled the pads. As a precaution I wore pads whenever I thought I might need them, like on a long trip or on an airplane. Only twice did I lose control: Once while cutting grass on a hot day. And, once after waiting too long while driving a car on a freeway on a cold winter night. Unfortunately, I was not wearing a pad either time. Pressure problems are encountered now and

then. I usually take precautionary measures to ensure I don't get in trouble. ***Urgency problems are non- existent now, in 2010.***

INFECTIONS

Bacterial infection: Each time I had a biopsy I was required to take anti-biotics as a precautionary measure to fight any infection that might result from the procedure. The precautionary period is normally five days. If an infection is detected a longer period will be prescribed. I experienced an infection after the second biopsy. I was on antibiotics for two weeks longer. A similar regimen of antibodics was required for the Cryosurgery procedure; however, no infection occurred.

Yeast Infection: A potential exists for a yeast infection when wearing a Foley catheter. Even without a catheter it is a common urinary tract infection among women because of their short urinary tract. It is not as common among men but it is more likely when a catheter is involved.

Three weeks after the operation the Urologist removed the catheter. My urine was tested and it was determined that I had a yeast infection. The treatment for the infection is not antibodics. Fluconazole was prescribed. One pill daily for fourteen days at $10 per pill. There are less expensive prescriptions available.

Effects: My intestinal tract did not like the intrusion of all the medicines I was required to take. My Irritable Bowel Syndrome acted up and my intestines were stripped of the "good" bacteria needed for proper digestion. The result of all that was I could only eat soft comfort foods (mashed potatoes and alike) for a month after the operation and I supplemented my diet with acidophilus capsules. Seven weeks after the operation I was eating normal and finally had a normal bowel movement. Suprisingly, after thirty years of dealing with IBS it has gone away. I've been on the "Eat Right For your Blood Type" diet since two months before the operation. I feel sure that it has conquered the IBS. Thank You Lord!

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CONSTIPATION PREVENTION

It is beneficial to the entire healing process not to strain during bowel movements. High fiber dietary supplements are available across the counter. (Per Diem, Metamucil, etc.) I faithfully used one teaspoon of ***mild form of*** Per Diem each evening for three months. It worked and I did not have any straining during BMs. After three months I used it only when I consumed a meal that might cause constipation, i.e. lots of cheese.

GETTING THE WORD OUT.

Since my encounter with prostate cancer I have endeavored to inform my family and friends about what I've learned. I started in my Sunday School class. I told the men that it was important to monitor their PSA and to have their doctors perform a DRE. Many have done so and we have an awareness comradeship among ourselves. Three in the class have had to fight the fight. All others have had good reports – no cancer.

You can see that prostate cancer is a formidable foe and must be taken very seriously. There needs to be an awareness factor among the male population of the world. Statistics say that if a man lives to be 80 years old there is an 80% chance that he will have prostate cancer. The percentages are less for the younger years. But, most of us would like to see our 80^{th} birthday in good health. Also, if the statistics are correct, there is a one in six chance for having the disease during a lifetime. Pretty heavy statistic.

I don't think that the best cure for the disease has been discovered yet. We are all hoping for a pill that takes away the ill. Till then, early discovery will better chances for survival. I recommend a yearly PSA and DRE. Consider family history. If father, uncle, brother, cousin have had it, your chances are greater for getting it. Start tests early, perhaps 35 - 40 years of age. Be responsible for your health. Do your homework. Get a second and perhaps a third opinion. Get a physician that can communicate. Discuss his record, successes and failures. Try to eliminate professional bias and YOU decide what you want.

There is a lot of information out there and there is research ongoing that will hopefully improve the medical solutions to the problem. Prostate cancer research needs more attention and national funding. It should get more funding than AIDS and at least as much as breast cancer research. Perhaps we need to educate our male legislators. They have the power to springboard this nation to a once-and-for-all solution to prostate cancer. Wouldn't we as individuals and as a nation feel good if our sons and grandsons ***and future generations*** didn't have to be concerned about prostate cancer?

I can be reached ***on my home phone at 321.452.4759.*** I have spoken with many men and concerned wives about fighting the fight. Several doctors tell their patients to call me for my input. Professional bias is hard to deal with. Surgeons usually say "cut". Oncologists usually say "radiate". I am of the opinion that radiation is generally not a good choice for fighting prostate cancer. Treatment options following radiation failure are very limited and patients who fail radiation therapy often have upgrading of their tumor aggressiveness. A friend who is an urologist / surgeon is of a similar opinion and stated he has had too many repair jobs of failed radiations. Cryotherapy is now the procedure of choice for dealing with radiation failures.

Understanding staging, comparing options, exploring patients' experiences etc. takes a lot of digging. I am an advocate for understanding the problem and making the right decision. Thanks for reading. Calls, comments, and questions will be appreciated.

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Note: Cryo is blossoming into other medical areas. It is meeting great success in Liver, Renal (Kidney), Lung, Brain, Benign Breast and Bone cancers. I've been blessed by having direct access to the firm that manufactures the Cryo equipment and trains doctors in the procedure. I've attended doctor training sessions and witnessed "live" Cryo procedures. I've also attended three AUA conventions and one European EAU and have gained significant knowledge regarding other procedures and the state-of-the-art regarding each. I monitor several prostate cancer web sites and contribute when I think I can help.

My search indicates that if the Cryo patient does not have PCa recurrence within three years after the procedure he is unlikely to have PCa recurrence. That, contrasted to radiation, is comforting to the Cryo patient. The radiation patient chances of recurrence usually begin at the 2 to 3 year post radiation. The procedure(s) has the potential to damage DNA and possibly spur another cancer. The radiation patient has the rest of his life to worry about recurrence or another cancer. I'm glad I chose Cryo.