

# The Prostate Saga

## My journey through prostate cancer

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## Dedication

To the dedicated Urology team that have done an amazing job of destroying my prostate cancer. My specialist nurse (Macmillan) who has always been there for me. And to Helen my wife who has had to put up with me 7 x 24 through this journey and whose patience, support and encouragement have gone way beyond what I could have reasonably hoped for.

## Introduction

The ramblings below are my collected FaceBook updates during my journey through Prostate Cancer, in places my humour may appear a bit dark but that's just my way of coping.

**NOTE:** The opinions expressed in the following document should not be considered as clinical facts, (more cynical than clinical), and is written as an expression of an end user experience.

## The Prostate Saga – Chapter 1 22-02-2016

My recent 60 birthday was not as enjoyable as I would have liked (through no fault of Helen), about a week before it I was diagnosed with prostate cancer. Fortunately it is described as treatable, but doing nothing is not an option. This all started back in August last year when I needed to see my GP because of a pulled hamstring, just as I was leaving Helen said “and don’t forget to mention that you’re going to the loo too often at night”, that’s three or four times a night. My GP suggested that I have a blood test to check my PSA, she also explained about the other ‘treats’ that form part of the diagnosis. Well, the PSA came back as 3.6 which she thought was a little high, so we progressed to the next stage. DRE is a digital examination, but there’s nothing technical about it. So far I’ve been prodded and poked, sliced and diced, I’ve had a DRE, an MRI, a TRUS biopsy and a bone scan. Private areas of me seem to be almost generating public interest, well at least to the medical profession.

I saw my consultant this morning and he had some good news for me, that the bone scan was negative. He explained that this meant that the cancer was still contained within the prostate and has not spread any further. We discussed my options, surgery or radiotherapy; I still prefer the thought of radiotherapy. I now just have to wait for an appointment with the Clinical Oncologist, hopefully sometime in the next two weeks.

Why did I put this up? Hopefully so that anyone who reads this and is male, around 50 years old or more and has not had themselves checked goes and gets themselves checked. If through reading this one person gets themselves checked, then my work is done.

## The Prostate Saga – Chapter 2 15-03-2016

Since my last update things have moved forward, a little, I now have a confirmed appointment with an Oncologist next Tuesday 22<sup>nd</sup>, the letter arrived this morning. I’ve been looking into service levels and according to the NHS Constitution from cancer diagnosis to first discernible treatment should be no more than 31 days, this is going to be tight. Page 29 in this link spells it out:

<http://www.nhs.uk/choiceinthenhs/rightsandpledges/nhsconstitution/documents/2013/handbook-to-the-nhs-constitution.pdf>

What else is happening? Well thank you for asking, the good news is I feel fine and wouldn’t know that I have a virtual time bomb ticking away inside me (sneaky little so and so this prostate cancer). But it is very frustrating at the moment as we can’t make long or medium term plans, we want a holiday!

I’ve also made some dietary changes:

Pomegranate, the breakfast juice of choice (although the scientific evidence is a bit weak)

Lycopene’s, (cooked tomatoes, pasata) are on the menu.

Selenium, three Brazil nuts a day

Soya, soy beans are great in a casserole

Cruciferous Vegetables, greens! Broccoli etc, etc, and even horseradish and wasabi.

Definitely potential for a prostate pizza, anchovies and mozzarella providing calcium.

Caffeinated drinks have almost disappeared, but there are some reasonable decaf teas and coffees, and I'm starting to like them. The great news is that cutting out caffeine I'm only making one visit to the bathroom in the night and I'm sleeping better, that means Helen is sleeping better too.

Basingstoke has a Prostate Cancer Support Group, and I've been along, we had an interesting talk from a McMillan dietician, hence the changes above.

One friend has told me that he has asked his GP for a PSA test, that's more good news.

And finally, alcohol (in reasonable quantities) doesn't seem to make any difference.

### The Prostate Saga – Chapter 3 23-03-2016

Yesterday we met with the Oncologist and discussed various treatment options, after a constructive conversation, this is the plan we came up with:

1. I start hormone treatment immediately; this will be like a male version of the menopause with the joys of hot flushes to look forward to. On the plus side my skin will feel softer and I may not have to shave so much.
2. The Oncologist is going to write to another consultant asking if I can be treated by High Intensity Focused Ultrasound (HIFU). This destroys the cancer with sound, I've been shouting at it since I was diagnosed and it's made no difference!
3. If I'm not suitable for HIFU, then its back to the Oncologist and get signed up for radiotherapy.

One of the big problems about reaching this point is that all the treatments are of equal merit, your choice is which set of possible side effects do you want to live with.

The changes in diet continue:

Coconut water: I am acquiring a taste for it, Helen isn't.

Bean Quinoa (Iceland): Helen found this and it's really tasty and healthy!

Cutting out caffeine is still working, but some of the red bush teas take some getting used to.

Helen has now booked a round Britain cruise for June, can't wait.

### The Prostate Saga – Chapter 4 24-04-2016

Friday was a good day! It didn't start well as the consultant was running an hour and a quarter late. We were first shown my MRI scan, amazingly detailed and we were shown the various layers of me. I'm not sure if this guy lives on adrenaline or a lot of strong coffee, he talks very quickly, good job that I had done my homework on High Intensity Focused Ultrasound (HIFU). He described the procedure as "I stick a probe up your bottom and destroy the cancer with ultrasound, takes about an hour and a half". Fortunately for me I'll be under general anaesthetic at the time, I'll be lying on my back with my knees on my chest, a bit like the position an astronaut takes when blasting off for the space station (and that's probably the closest I'll ever be to an astronaut!) My cancer is a little more aggressive than what is normally treated by this procedure, but he has done some, this means that I'm going to be a bit of a labrat. About half way through the discussion, when I could get a word in edgeways, he scribbled something on a piece of paper, at the end of the discussion he asked if I wanted to go ahead to which I agreed, "good, I've already filled out your admission form"! Now we just have to wait

for the letters confirming the dates for the pre-admission check-up and admission, I probably won't even be in overnight; the outlook is for some time in July.

#### Injection mix up

When I saw the oncologist some weeks ago he put me on hormone injections, well he gave me a piece of paper and told me to make an appointment to see the nurse at my GP's surgery, which I did. Then when I saw the nurse she asked me for the injection. No one mentioned that I needed to see my GP to get a prescription for the injections; it took a couple of days to sort out. It was somewhat disconcerting that on the day of the injection the news mentioned they were trailing these injections in Sweden on paedophiles to reduce their revolting desires.

#### Travel insurance rip off

With the next cruise only six weeks away Helen needed to organise travel insurance. The best she found put up the price by £10 for her knee replacement and a whopping £100 for my prostate, and I'm not even ill!

#### Dietary dilemmas

I'm continuing with my daily Brazil nuts, but last week managed to break a tooth on one.

Vegetable couscous yuk

Cauliflower couscous OKish

Chicken Quorn tagine seriously yuk

Kellogg's Ancient Legends nice

Pomegranate seeds OK, Helen found a really neat way of extracting the seeds on the web.

Quorn mince spag bol with spiralised veg pasta good

Rubicon coconut water very good (Helen can't stand it and thinks it must be a man thing)

Despite all the careful eating and exercise I'm gaining about a 1lb per week probably due to the hormone jabs. Fortunately, I can come off the jabs after the HIFU.

### The Prostate Saga – Chapter 5 28-04-2016

At last some good news, phoned the hospital on Monday and was told that I am on the list, they know that we are going away until 13<sup>th</sup> June, but no firm date, and the operation will probably be sometime in July. What a difference a couple of days make! A letter arrived on Thursday morning, not in a hospital envelope and first class post, but I could see it was from the hospital from the typeface in the window (sad that I can recognise it). Well the pre-op assessment is booked for the 15<sup>th</sup> June, that's two days after we get back from a 12 night cruise, my BMI, weight and other statistics are going to be high (please don't ask me about recent alcohol consumption). The operation is scheduled for 23<sup>rd</sup> June, now there's something else on that day; it puts a whole new meaning to in or out. Just goes to show what a little bit of chasing can achieve.

This hopefully means that I have my last hormone injection on Tuesday. I'm getting fed up with hot flushes at night and not sleeping well, ladies you have my sympathy, I fully understand. Fortunately, no moobs yet.

All bunged up

Feeling a bit congested I checked the medicine supplies and found we had some Boots decongestant tablets. When I checked the dosage I noticed:

X Do Not Take: If you are a man with prostate problems.

Very strange, looks like I'll have to put the kettle on and inhale over steaming water.

## The Prostate Saga – Chapter 6 15-06-2016

The pre operation assessment went well this morning. Apparently I have a good flow rate and the ultrasound scan of my bladder confirmed that I am not pregnant. Just before the op I will have an enema; this will be a new experience, though some people reckon they have been having this stuff out of me for years! I had a class on plumbing, and how the catheter will work, hopefully I'll only have it for five or six days.

While on our recent cruise the admissions department called me on my mobile to advise of a change of date for the operation, just what you want to discuss when wandering round a strange town or on a ship's tender. The op is now scheduled for the afternoon of 30<sup>th</sup> June, so I will have to be in overnight. When we returned on Monday I gave them a call and got the explanation for the slippage. The machine they are going to use on me is brand new and a representative from the manufacturer has to be present at the operation, that's reassuring, and this is the first date they can make. In some ways the extra week is a blessing, with Helen recovering from cruise flu/cabin cough.

## The Prostate Saga – Chapter 7 02-07-2016

**WARNING:** The following contains graphic detail of a surgical procedure and is not intended for persons of a nervous disposition or anyone with an iffy tummy!

It was my big day on Thursday, when Colin cancer got ablated. I duly arrived at the Hospital for 14:00, it was going to be a long afternoon, didn't go down until 17:30. There were some new treats to endure; starting with the enema, once that had been administered I could have beaten Usain Bolt in a 10yards sprint for the pan. Next I was asked the same set of questions by the registrar, anaesthetist and the nurse who walked me to the operating theatre in my snazzy gown.

There was also a very serious moment when it nearly got cancelled, one of the consultants was concerned that the cancer was too close to the prostate capsule, and he explained how this could result in a hole in the rectum wall (rectal fistula). He put it like this; I could end up peeing poo and pooing pee, not a good situation. The consultant conducted a rigorous digital examination followed by inserting an ultrasound probe to get the complete picture. Fortunately for me the hormone treatment that I had been on had shrunk the cancer to make this a manageable risk.

After being walked to the theatre, we had some fun in the anaesthetic room. I could hear my heart on the monitor and tried to play a tune by adjusting my breathing, it just proved that I'm not very musical. We discussed how amazingly good Tim Peake was at taking his own blood on the space station, unfortunately the student who attempted to insert the cannula (with my permission) was not up to Tim's standard, well they have to practice somewhere and no harm was done.

The next thing I know is that I'm in recovery and its 9:30 in the evening. I've only got pain in one place, and that's where my newly installed external plumbing (catheter) leaves my body. This was

soon fixed with a dose of morphine. When I was conscious enough I was moved to an individual room, with a lengthy guided tour of the hospital ceilings on the way.

Didn't have a great night's sleep, plumbed into oxygen, drip and a night bag which needed emptying a couple of times.

Breakfast was great, orange juice, Weetabix and hot buttered toast (nothing wrong with that). Next the clinical lead arrived plus entourage of eight. It seems that the procedure had been very successful (phew! But I never doubted them). I now have years of close monitoring to come, and I have no problems with that.

Here's some of the brilliant team that fixed me:

<http://www.hampshirehospitals.nhs.uk/news-events/news/new-forms-of-treatment-for-prostate-cancer-available-at-hampshire-hospitals.aspx>



*Fig. 1 Members of the HHFT urology department, with the new cryoablation equipment*

I have now been home a day, and am coping with the external plumbing, it's strange that the only way you decide if you need to go to the loo is by feeling your leg!

#### Engineering Problems

Last night I needed some means of support for the night bag, it consisted of a bucket, a wooden batten and two fold back clips. This worked reasonably well with the added advantage that when the bag reached one litre full the batten flipped over creating enough noise to wake me and go and empty it, Helen isn't impressed. This morning I made the Mk2 by adding stabilisation to the batten and four hooks to hang the bag; hopefully this will allow it to get to its full capacity of two litres.



*Fig. 2 Night bag stand and containment Mk2.*

Next

On Wednesday I have the TWOC Clinic (Trial With Out Catheter), I believe it's a bit like a pub lock in but with only water to drink! There should also be an MRI scan.

### The Prostate Saga – Chapter 8 02-07-2016

Things are just got very serious; the catheter removal did not go well. It was skilfully removed and I then downed two litres of water and a cup of tea. Nothing happened, except extreme discomfort, it's very unsettling when basic bodily functions don't work. I was offered the option of self-catheterisation and expertly shown how to do this, but it was just too fiddly and would need to be done every time that I needed to pee. I just couldn't see me doing that at 03:00 a.m. So I now have a shiny new catheter and an appointment to return next week.

The MRI scan didn't happen, apparently it was being cleaned, but I now have an appointment for the middle of Friday.

### The Prostate Saga – Chapter 9 13-07-2016

Just back from a successful visit to the hospital, it was the same routine as last week except this time everything worked, literally quite a relief.

Last Friday I had my follow up MRI scan, they were running an hour behind schedule. Even with a cannula in my arm attached to a pump and the noise of the machine I still managed to fall asleep during the 40 minute scan. I've now received my appointment for my follow up consultation; this will be at the end of August.

## New Developments

The press at the moment seems to be full of potential new treatments for prostate cancer, every week something new is reported. The modern wonder drug statins is being shown to be beneficial in preventing it, although it's also known to mask the condition. There's even talk of a modified version of salmonella being a potential cure, I had never thought of a chicken fast food outlet as a pharmacy! But we all know that it will be years before these new treatments enter front line service.

<http://www.dailymail.co.uk/health/article-3680902/Are-STATINS-key-beating-cancer-Patients-taking-cholesterol-busting-drugs-half-likely-die.html>

<http://www.dailymail.co.uk/health/article-3675612/Could-salmonella-secret-beating-cancer-Game-changing-research-shows-harmless-strain-bacteria-shrink-prostate-tumours.html?ITO=1490>

## The Prostate Saga – Chapter 10 14-07-2016

I didn't expect to be writing this update so soon, but things took a turn for the worse yesterday afternoon. Basically, I got retention and had to go to A&E at eight o'clock last night. They saw me reasonably quickly and took an ultrasound scan of my bladder; one nurse said to me "there's plenty in there". She wasn't wrong, the scan showed over a litre. Once I was replumbed the pain disappeared very quickly. Back home for 11 o'clock, shattered.

This morning I've had a call with my specialist nurse who has talked to my consultant and is prescribing me a drug to relax the prostate, then it's back to the hospital next Thursday.

I guess things were just going too well.

## The Prostate Saga – Chapter 11 22-07-2016

Yesterday was not a great day at the office. At the TWOC session in 3.5 hours I consumed 2 litres of water and performed 3 flow rate tests; none of which produced an acceptable flow. After each test I had an ultrasound bladder scan, each time there was still too much left behind. There was a time when I could have a night on the beer and afterwards pee for England, or Wales for that matter! Between me and my nurse we concluded that my prostate is still sulking. So, I now have my forth catheter fitted. My specialist nurse is now trying to see the surgeon to work out where we go from here.

## The Prostate Saga – Chapter 12 25-07-2016

Me again, when I started these write-ups I picked the title 'saga' as a bit tongue-in-cheek not expecting it to end up as such a long and arduous tale. My specialist nurse phoned today, she had spoken to the surgeon and here's the plan; another (minor) operation. He is going to up a camera up my w\*\*\*\*, have a good look at the tube, then a bladder wash-out, all under general anaesthetic. To quote Billy Conolly "I don't mind them putting the camera up my w\*\*\*\*, but I'll be f\*\*\*\* if they going to put a sound engineer and a producer up there."

Things are now moving quickly, Admissions called and I have the pre op assessment tomorrow, and the op next week (I was impressed this this).

Not sure if I can see the end of this tunnel or just a train coming towards me.

## The Prostate Saga – Chapter 12+1 04-08-2016

Not taking any chances with this chapter. The pre-op assessment went well, same nurse as last time, the greeting was almost “not you again”. On the Thursday I was going to the hospital anyway for the Prostate Cancer Support Group, and had arranged to meet my nurse to collect some plumbing consumables. We had a chance to discuss what lies in store for me next week. My specialist nurse outlined what she thought might happen, but it really depends on what they find. I commented (ever knew that you were going to use the wrong works but could not think of a way out) “you mean they will suck it and see”, that raised a giggle.

Yesterday I arrived in the Admissions Lounge to be greeted with a cheery “not you again”. I was to be second on the list, so it looked like I would not have to stay overnight. Usual format, stats taken by the admissions nurse, chat with the anaesthetist, chat with the surgeon then the walk of shame in with my dressing gown and hospital gown just about covering my dignity.

The operation was quite short and I was in recovery 30 minutes later. Back on the ward the surgeon came to see me and said it had gone well, he had taken some pictures and performed a washout. There was not much debris and the pipe did not have any obvious blockages. I still have a catheter (no. 5) and no real reason why the pipe closes, not great really. We agreed to leave things until I have my post-operative meeting with the first surgeon at the end of the month.

Today I called my specialist nurse with a few questions; she is going to talk to the surgeon to see if we can try removing the catheter in a couple of weeks. But she was able to give me some really good news from the recent MRI scan, that it appears all the cancer has been ablated.

## The Prostate Saga – Chapter 14 18-08-2016

Yesterday I attended another TWOC clinic; I thought it was best not to go public until I knew the outcome. Things seem to be going well at the moment, though my nurse did initiate me into the ancient and painful order of self-catheterisation. I had this demonstrated on me before; this time it was all my own work (actually it wasn't that bad, but not something for the squeamish). It's a great feeling to have regained bodily function the way that nature intended.

Hopefully that will be the last of the semi-permanent catheters. No more shall I worry about the leg bag parting company from the catheter like it did last week in the town centre or forgetting to close the flip-flow valve after emptying, yuk.

## The Prostate Saga – Chapter 15 30-08-2016

My big meeting today; and it did go well with a few caveats:

1. I've picked up a urinary infection so I'm back on anti-biotics for a couple of weeks. Well, I've been poking tubes into me and no matter how hard you try to keep things clean it was almost inevitable.
2. It should not have worked out like this I've been very unlucky, so I'm told, length of time on catheter, retention and now an infection.
3. Still having to get up 4 or 5 times a night, I'm shattered.

On the plus side, everything they wanted to ablate is gone, they just need time to get more PSA results and see where the trend is going. During the day I can go a massive two hours between pees, result!

Today has been a watershed, I have moved (or staggered) from post-operative care into long term monitoring. With that, there is a bottle of Pol Roger Champagne chilling in the fridge for later this evening, and the next cruise is booked for October.

I hope this is the last chapter in this saga, and I say that with fingers and toes crossed whilst touching wood, trying to type like this is tricky.

A big thank you to everyone who has bothered to read, like or comment my ramblings, your support and encouragement has been invaluable and is very much appreciated. The message still remains the same, if you know a man over 45 who has not had a PSA test, drag the shy, selfish so-and-so down to the doctor's and get it done!

## Glossary

Throughout this journey I've been learning a new vocabulary or new uses for words within this context.

NOTE: These are in no way the clinical definitions, more like the recipient's experience.

**ablate**, method of destroying cancer by friction as in ultrasound.

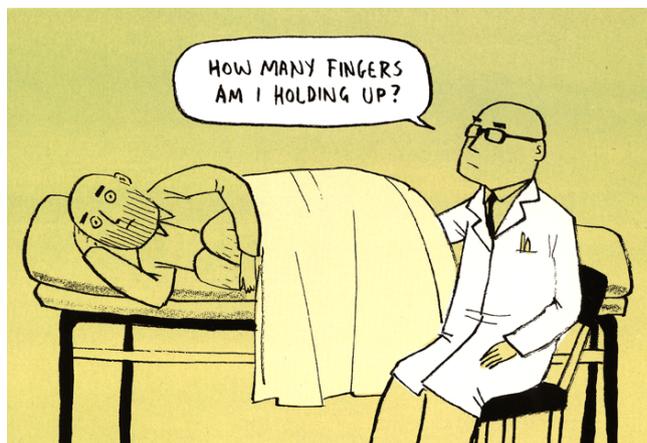
**bladder scan**, method of measuring how much pee is in your bladder using ultrasound. For this to work properly a cold gel has to be applied to your tummy.

**bone scan**, a whole body scan that is taken after a radioactive isotope (technetium) injection, this shows if the cancer has progressed to the bones. Before the scan you have to drink at least a litre of water, and then you are asked to have a pee in the only toilet I have ever seen with a radioactive hazard warning on the door.

**bypassing**, this is when pee decides that it is not going through the catheter, instead it goes around the outside of the catheter, this is messy and can lead to you being *compromised*.

**compromised**, polite expression for leaking, dripping, seepage or anything else that makes you wet.

**DRE**, Digital Rectal Examination, don't be misled there is nothing technical about this as the digit in question is a gloved and gelled finger. Strong men wince at the thought.



**flip-flow valve**, small plastic tap fitted to the end of a catheter or leg bag which allows you to drain off pee. If a flip-flow becomes detached you will feel wet very quickly, similarly if you forget to close the valve. The exit pipe has the ability to hold 2 to 3cc of pee; this will then be discharged into your pants when you tuck it away.

**Focal HIFU**, the method of destroying an area of cancer within the prostate using High Intensity Focused Ultrasound to ablate the cancer. It is non-invasive and non-toxic.

**Gleason score**, fiendishly complex method of assessing the biopsy result to give a value of cancer aggressiveness and spread. Medical students have been known to lose the plot when it is being explained to them. Basically, six and above is bad news, max value is 10.

**leg bag**, also known as a collection bag, I've only come across collection bags in church before now. Surprisingly, it is worn on the leg and the more it collects the heavier it gets, and gravity will ensure that it doesn't stay where you want it to.

**Multi-Parametric MRI**, advanced form of MRI scan which is proving better at detecting prostate cancer.

**night bag**, another collection bag, this time with a 2 litre capacity. They have about a metre of flexible tubing attached which is connected the catheter *flip-flow valve*; if you are a restless sleeper this will strangle bits of you like a boa constrictor. They have various valves on the bottom to facilitate drainage, one type is the 'T' valve which slides from slide to the side to open, I call these T bags.

**pads**, these are absorbent disposable pads which you stick inside the front of your pants to catch any drips, and can provide more confidence in helping to avoid being *compromised*. When I say I'm going out padded up it does not mean that I'm going in to bat at a cricket match.

**PSA test**, Prostate Specific Antigen, this is a much maligned test that can indicate the presence of prostate cancer, you get warned about the possibility of false positives which can lead to unnecessary and highly intrusive further tests, e.g. *DRE* and *TRUS biopsy*. It is a simple blood test, the higher the score the more serious the result, cycling to the Doctor's for the test can create a false positive.

**self-catheterisation**, masochistic method of remedying retention by inserting long fine tube into the urethra.

**staging**, this refers to the spread of the cancer, whether it is Local or Locally Advanced or Advanced, once again there is a set of metrics to quantify the spread.

**TRUS biopsy**, that's Trans Rectal Ultra Sound, it's performed under local anaesthetic and is very uncomfortable. You know when the biopsy is being taken as you will hear a noise a bit like a stapler.

## Timeline

The purpose of this time line is to demonstrate how intrusive and disruptive prostate cancer can be. I have not included the various visits to the pharmacy to drop off and collect prescriptions.

27-08-2015	Appointment with GP, excessive night time visits to the bathroom was discussed.
04-09-2015	Blood test for PSA.
17-09-2015	Appointment with GP to discuss PSA result and conduct DRE.
02-12-2015	Hospital appointment, DRE and discussion of diagnostic stages.
09-12-2015	Hospital appointment, MRI scan
22-12-2015	Specialist nurse phoned with MRI scan result and to set up appointment for TRUS biopsy.
11-01-2016	Hospital appointment, TRUS biopsy.

29-01-2016 Hospital appointment to discuss biopsy result, recommending bone scan and potential treatment options.

10-02-2016 Bone scan

22-02-2016 Hospital appointment to discuss bone scan result, and decide treatment.

25-02-2016 Hospital, attended prostate cancer support group.

22-03-2016 Hospital appointment with clinical oncologist to discuss External Beam Radio Therapy. I also asked about Focal HIFU as a treatment option and will be referred to clinical lead. Was prescribed hormone treatment (Zoladex).

31-03-2016 Hospital, attended prostate cancer support group.

05-04-2016 Appointment with GP to discuss transport for radiotherapy.

07-04-2016 Appointment with GP nurse, for hormone injection (injection not available) got prescription for injection.

12-04-2016 Appointment with GP nurse, for hormone injection

22-04-2016 Hospital appointment with Urology clinical lead to discuss Focal HIFU, agreed on this treatment option and admission request made.

28-04-2016 Hospital, attended prostate cancer support group.

03-05-2016 Appointment with GP nurse, for hormone injection

31-05-2016 Appointment with GP nurse, for hormone injection

15-06-2016 Hospital appointment met with my Urology Specialist Nurse to conduct flow test and bladder scan and discuss operation. Attended pre-operation assessment for general check up.

30-06-2016 Hospital appointment admitted for Focal HIFU operation.

01-07-2016 Discharged from Hospital

06-07-2016 Hospital appointment Trial Without Catheter (TWOC) clinic, result = failed.

08-07-2016 Hospital appointment, MRI scan.

13-07-2016 Hospital appointment, TWOC, result = success.

13-07-2016 Hospital attended A&E to have new catheter installed.

14-07-2016 Call to specialist nurse to advise of having to attend A&E the previous evening. Call from specialist nurse to advise that she was faxing prescription request to my GP for Tamsulosin.

21-07-2016 Hospital appointment, TWOC, result = failed.

25-07-2016 Call from specialist nurse to discuss treatment options. Agreed that minor operation, cystoscopy and bladder washout.

26-07-2016 Hospital appointment, pre-operation assessment.

28-07-2016 Hospital, attended prostate cancer support group. Also met with specialist nurse to discuss operation and obtain supplies.

03-08-2016 Hospital appointment, admitted for cystoscopy and bladder washout.

16-08-2016 Appointment with GP to request prescription for more Tamsulosin.

17-08-2016 Hospital appointment, TWOC result = success

24-08-2016 Appointment with GP phlebotomist for PSA blood test.

25-08-2016 Hospital, attended prostate cancer support group.

30-08-2016 Hospital appointment. Flow test and bladder scan. Meeting with consultant.

07-09-2016 Phone call with specialist nurse to discuss status of infection.

14-09-2016 Phone call with specialist nurse to discuss status of infection.

26-10-2016 Appointment with GP phlebotomist for PSA blood test.

01-11-2016 Hospital appointment. Meeting with consultant.