

The Midnight Trot
An article by The Other Writer

The thing about what my daughter calls men's 'dangly bits' is that they are simply great when they function perfectly and they are simply awful when they begin to show signs of wear and tear.

If you are young, virile and your water works and reproductive organs have never needed routine maintenance, wipe away that smug smile – your dangly bits can turn nasty on you at very short notice – no matter what your age!

Now I am not talking about erectile dysfunction. Erectile dysfunction is frankly yesterday's topic. Pick up any magazine from Cosmo to Men's Health during the last five years and you'll soon find some slant on the old 'my old soldier won't stand to attention' routine. I mean you are simply not in with the in-crowd if at some point you haven't been under sufficient stress or tension, work related preferably, to cause a failure in the pumping-up department. 'God, Jerry has it hard in the city all day, no wonder he can't get it hard at night' has been the rallying call of the middle classes for far too long. And anyway, since Viagra (blessed little penile pumper) it's not half the problem it was.

No. I'm talking about restless nights. I'm talking the midnight trot. I'm talking the drips down the leg. I'm talking the soggy jockeys. In fact, I'm talking 'Prostate,' that dubious little gland tucked away at the base of every bladder; a gland so cunningly hidden, so modest about its presence, that you won't even know it's there until it decides to go wrong – and even then, as I have recently discovered, it is prone to hide its misdemeanours behind a whole host of symptoms that could be anything from a chill to a back ache.

My dalliance with my prostate began nearly 14 months ago when I became vaguely aware of being more tired than usual. My wife pointed out that this was probably because I kept interrupting my sleep (and hers) in order to visit the loo.

Now I came to think about it I realised that I was going far more often than I used to. Being adept at doing such things with my eyes barely open, I hadn't really been aware of this until she pointed it out. Of course, once she *had* pointed it out my nights were ruined: first I would lie in bed expecting the urge to go, then I would try to resist the

urge when it arrived and finally, giving way to it, I would start a vicious circle in which having been once I would almost immediately want to go again....and again.....

Lying in bed, crossing my legs, I would try not to go by thinking of other things but no matter what fantasies I dreamed up - Tottenham winning the League or Joanna Lumley begging me to stop - they quickly changed into aquatic scenes of running water, rivers, waterfalls and dripping taps - until in despair I would make my first loo bound trip.

I don't know if you are familiar with that old magician's routine where an empty glass keeps filling itself with water, even though no one's pouring anything into it - well that's what my bladder was like - there was a seemingly endless stream of urine from some miraculous source deep within me and the flow was irresistible. I would lie there like some urological King Canute but the tide just went on flowing through me and the miraculous spring just carried on welling up - if I had been a 'source d'eau mineral' I would have been inexhaustible and bottling a fortune.

After suffering this for a week or two (convincing myself, of course, that I had galloping cancer of the dangly bits) I became aware that someone had wrapped an elastic band around my crotch - very tightly just below the scrotum - at least that's how I explained the sensation when I eventually plucked up the courage to visit my GP.

'Any other pain,' he asked with the detached air of one who had not himself spent the last month doing an imitation of a waterfall.

'Slight aching here...' I sketched a line vaguely across my groin, in a slight diagonal, 'and some back ache...here.'

'Right then. Let's take a look at you.'

My Doctor ran his hands over my groin and parts, whilst I affected a look of casual detachment - I find eye contact very disconcerting in such circumstances.

‘Errrrm.... I’m not sure’ (Ah, I obviously have such galloping cancer he can’t face telling me.) ‘..but I think you should see a Urologist. Might be prostate..’.

Prostate?? The only reason I know for having a prostate, is so you can get cancer in it. Which is obviously what I’ve got. After all it’s been in the press enough... Arnold Palmer, Jilly Cooper’s husband, Harry Secombe...

After a fairly lengthy wait I walk into the rooms of a urologist. I’m surprised. He’s smiling and about my age and that’s too young for a specialist – specialists are grey and grumpy; I’ve seen ‘Doctor In The House and ‘Carry On Nurse’ - I know!

We go through the sad story again and in yet more detail. ‘Right, let’s have a look at you on the couch.’ (Just a moment, what exactly are your qualifications?) I scramble reluctantly up.

‘Slip the trousers and underpants right down please.’ (No! Shan’t!) We achieve a compromise which leaves my dignity more or less intact and while he prods my abdomen and goolies, I focus on a small piece of chewing gum unaccountably stuck to the ceiling.

‘Right, now I need to examine your prostate. I’ll need to put my finger into your back passage. Roll onto your side and curl up into a ball.’

A finger ? Where? Surely he didn’t say....?

He did!!

A latex clad finger slipped itself into a place where no finger has slipped before and with a heave he turns his upper body through 90 degrees allowing his digit to make contact with what I later discovered was my Prostate gland. The twin sensations of having my internal organs pulled out through a very narrow opening and of having my genitalia folded back in on themselves sends tears to my eyes and a tirade of abuse

to my lips. At this moment I realise how the chewing gum became attached to the ceiling!

‘Mmmm.Tender.’

I confidently confirm his diagnosis.

He sighed. I could see I was not as interesting a case as he had hoped for. It seems we are only looking at prostatitis. He must have seen my blank expression.

The prostate it turns out (and indeed mine felt as if it had just been turned out) is a walnut sized gland that sits at the base of the bladder and nestles up against the wall of the rectum – hence the undignified examination; the rectum providing a convenient point of contact between it and the doctor. This little walnut is a bit of a medical mystery – no one knows all of its functions – but it certainly provides fluid to the sperm as they pass through the urethra at the moment of sexual climax. The fluid provides energy for the sperm, and also enzymes which alter the fluidity of the semen; it’s all part of the necessities of reproduction apparently .

The urethra, incidentally, is the pipe, which in a man, serves as both a route for the energised sperm and a discharge outlet for urine. It’s a funny old thing, the body!!

When the prostate becomes infected or swollen through other causes, it locks around the urethra and this both irritates the bladder, making it want to discharge urine even when it is only partially full, and also prevents a full flow through the urethra. This is Prostatitis.

Now here’s a staggering thought: it is reckoned that up to 50% of the male population will at some time or other develop a form of prostatitis - that is to say some form of infection of the prostate. Considering what a large number that it is, it is extraordinary how little we talk about this disease. I guess men just don’t like bringing their dangly bits out into the open, or admitting how many fingers they’ve had up their bums!!

Also, the prostate naturally enlarges throughout a man's life and thus more than half of men in their 60's and up to 90 percent of men in their seventies and eighties will experience what is called BPH or Benign Prostatic Hyperplasia – that is swelling and blocking. In men of my age (mid forties) the cause of such blocking is usually an infection or possibly cancer. Though the incidence of cancer is much lower in men in their forties than in their fifties and sixties.

Of course at this time about the *only* thing that I did know about the prostate was that you could get cancer in it! My urologist said that he would send a blood test off which would confirm or exclude that possibility.

He did. It wasn't.....

I was relieved!

So all I needed was a course of antibiotics, which I duly took for a couple of weeks. And it worked!! Within days the nocturnal visits had gone, and I was back to my old self.

But not for long.....

After six months , quite unexpectedly, the bursting bladder and sleepless nights returned with a vengeance. So, my GP gave me a further course of antibiotics..... And another..... And another.And I was still rushing off to the toilet every night.

Eventually, with some trepidation, I went back to my Urologist.

Barely had I enquired after his health than I was back on my side with his finger up my bum! It's an unusual form of greeting - but each to his own...

Later with my trousers back and my dignity nearly back, I slumped into a chair while he explained.

There were two possibilities. One: either the bacteria had developed resistance and/or we were treating it with the wrong medication, in which case he needed to grow a culture from fluid within the gland; or two, there was no bacteria now but the residual effect of a previous infection had left the prostate swollen, restricting the flow of urine which was backing-up and being forced into the prostate itself, causing ongoing inflammation.

I would require a dubious sounding ‘prostate massage.’ This was basically the insertion of the digit once more into the anus and the application of pressure until the gland released some fluid, which could then be used to grow a culture. ‘Now,’ he enquired, ‘Would you prefer a local or a full anaesthetic?’

Was he kidding?

We fixed a date for the general and he told me he would take the opportunity to check my bladder with a ‘scope at the same time. Well, whatever you want Doc – so long as I’m asleep....!

The operation took place a week later. I won’t bore you with the sordid details – nor with the after effects. If you don’t know what it is like to pass razor blades and barbed wire in your urine for two days, then I wish you well and won’t alarm you.

There were no bacteria in the culture and I confess to a slight feeling of having let the side down. But as my Urologist explained – it was probably that months of antibiotics had removed the bacteria and what he was now treating was the aftermath of the infection.

To do this he prescribed more drugs; something to target the actual swelling of the prostate itself and the blockage in my water works.

Today (some 60 days after the examination) I am taking alpha blockers and anti-inflammatory drugs twice daily and I can expect to do so for the next 3 months. The alpha blockers target the alpha 1a andrenoceptors – these are specialist cells in the prostate, bladder and urethra that cause the urethra to contract. The blockers reduce

their effect and the anti-inflammatories target the swelling in the prostate and neck of the bladder.

There is apparently a 75% chance that the treatment will be effective, though 20% of those who benefit will later relapse and require further treatment.

Incidentally and significantly, I've now discovered that there are moves among some Urologists to re-label prostatitis as 'chronic pelvic pain syndrome.' I can identify with this. When you have this problem there is no pain in the prostate. Most of us don't know where that is anyway but any sufferer will tell you about the pains in the scrotum, crotch, pelvis, back and bladder – it is indeed 'chronic', 'pelvic' and 'painful'!

If I fall into the 25% category for whom alpha blockers don't work then there are other possible treatments. These seem to involve using microwaves or other 'waves' to heat the prostate, and are effective in most of cases of prostatitis.

Frankly, considering the possibility of having my bits 'microwaved' I'm hoping most sincerely that the alpha blockers are going to be just fine... in fact I'm praying for it. I definitely feel better already. I'm sleeping better and my nocturnal wanderings have almost ceased.

There have been some odd side effects. Dizziness when standing and what the leaflet that came with the pills calls '..abnormal ejaculation.' – what you and I might call a 'dry run' - but apart from that I am definitely getting better. Of course faced with the alternative forms of treatment this may just be wishful thinking.....But on the whole I am getting better.... Honestly, Doctor, I am getting better... I really am!

Ends

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