You Might Be 'Cured' – But That's Not the Whole Story

By Jamie Wells, M.D. — May 25, 2017

When we think of the word *cure*, we think of it as the end when, in fact, it is often the end of a beginning. For those surgically “cured” from cancer, enduring amputation from sepsis or receiving a transplanted organ, the story —though different and uncharted—begins anew.

Why? Because we live in extraordinary times of tremendous medical advances where life’s quality is considered more and more on par with one’s survival. The result is often trading in one life-threatening condition for more manageable ones.

I use the example of basic pharmacology. At this point, we tend to laugh in unison at the endless litany of side effects and seemingly random symptoms certain advertised medications list in their television commercials. So much so, they are now frequently satirized on popular shows. But, with much humor comes fundamental truths. Drugs turn one system or function on in the body while turning something else off. That’s how they work.

This, too, is how *cures*—particularly surgical ones—spark new challenges.

Cancer can range in its aggressiveness. The extent to which it invades surrounding structures determines if it is operable or surgically curative as well as gives insight into what life looks like post-treatment. For those with a cancer of the small intestine like duodenal adenocarcinoma, if they are lucky enough to be eligible for the famed Whipple procedure then they can experience its after effects. When it comes to life or death, the possibility of secondary issues seems way more tolerable.

The surgery can entail removal of a substantial portion of the stomach, first part of the small
intestine, gallbladder, common bile duct and a chunk of the pancreas. The pancreatic remnant gets attached—or anastomosed—elsewhere routinely in the intestine, but if not possible even dunked into the remaining stomach. Ostensibly, this mega-surgery is like having a gastric bypass plus multiple other procedures resulting in re-routing of vital abdominal contents to ensure proper digestion and organ function.

As the individual is often the variable in medicine, a wide spectrum of problems can integrate into one’s post-cancer life. For some, very few or minor issues—for others, more meaningful ones. The pancreas is responsible for secreting insulin to manage our blood sugar levels so the glucose can be converted and used for energy. It also produces enzymes that help with digestion. Because only a portion of it remains in this case, a certain percentage of patients are at risk of developing pancreatic insufficiency or diabetes. Fortunately, these are readily managed today. With any gut or gastrointestinal surgery, closely monitoring for malabsorption and being assured of optimal nutritional status is essential to staving off any adverse impact of nutrient depletion. (See Shannen Doherty Reveals Unspoken Truth About a Cancer Diagnosis [2] to explore what remission really means).

Shifting gears to amputation, mechanics, strategic decisions and etiology play a profound role here for the future. When a person is septic from an overwhelming virulent infection like the so-called “flesh-eating” bugs or experiencing end stage peripheral vascular disease, amputation can be the difference between living and dying. Where such necrotizing fascitis or gangrenous infected tissue presides determines much of the clinical course and eventual outcome. As does your underlying health status since many in the case of end stage vascular disease are also diabetic or have cardiovascular and kidney problems.

It’s all about the real estate. For instance, a very large tissue defect in the leg may need muscle and skin grafts from other parts of the body for reconstruction. Finding those sources can be a challenge in extreme scenarios. These wounds are also atypical in distribution, not uniform. Whether the amputation is above the knee (AKA) or below the knee (BKA) [3] is a huge predictor of quality of life later. Preserving the knee joint substantially diminishes the work necessary for a person to walk and remain ambulatory. AKA poses higher risks for pressure sores and mobility challenges. The resultant cascade of reduced ambulation brings about opportunities for infection albeit pneumonias, urinary tract or the stump site itself. So, close surveillance becomes a new normal.

For those who are non ambulatory, even the retention of the knee can serve as a lever so they can still scoot up in bed, move around and push off of the bed. With situations like perineal necrotizing fascitis [4] (genital regions involved sometimes advancing to the abdomen and hips) or an infection that results in the need for a high AKA where fecal contamination would be an issue, additional surgeries to divert stool away from the wound site might be necessary so as not to permit secondary infection. Decisive steps and aggressive actions that stop further imperiling of the patient are done to save their life.

In the acute phase of sepsis—especially in an otherwise healthy person—it is act now, assess the damage later. Many organ systems can be endangered and experience insults. The lasting effect will be treated after the initial crisis and will determine long-term limitations and interventions.
Fortunately, otherwise healthy individuals tend to be more resilient and there is much we can do to enhance a life today.

The example of organ transplant jumps to mind too. In these situations, a person has endured a significant amount of suffering and is traditionally not functioning well. A vital organ is failing them and all of the accompanying benefits of that organ evade their grasp. By the time of transplant, the operation or procedure (e.g. bone marrow) is their last hope and they are quite sick.

After the transplant, a liver recipient will ultimately regain energy and get reprieve from their intense, non stop itching. A lung recipient will breathe comfortably. The possibilities and dreams for the future will be filled with hope.

To sustain the life-saving endeavor, a patient will require a lot of medicines to combat developing various forms of rejection. These suppress one’s immunity. Optimizing vaccinations becomes essential. Avoiding infection and being aggressive in the context of one requires early medical intervention. If steroids are used chronically, then closely monitoring for elevated blood sugars or joint issues, for instance, becomes necessary.

In these and so many other circumstances, the consequences of modern techniques and developments saving a life from a premature death are considered very tolerable given the alternative. We are lucky to live in a time where when such heroic measures are implemented we also know what to expect and how to intervene. Though these same modern conveniences routinely bring some modern costs in a person’s next chapter, humanity’s indomitable spirit, resilience and perseverance allow him to take these hurdles in his stride.

COPYRIGHT © 1978-2016 BY THE AMERICAN COUNCIL ON SCIENCE AND HEALTH

Source URL: https://www.acsh.org/news/2017/05/25/you-might-be-cured-%E2%80%93-thats-not-whole-story-11328

Links
[1] https://www.shutterstock.com