EPILOGUE: Late June, 2024.

It has been two days since we've returned from Lansing, leaving behind the wonderful people at Sparrow hospital and the staff at their dedicated cancer treatment center. Shirley has completed her final round of surgery, this time finishing up with the last phase of reconstruction. Nothing about her outward appearance will ever be the same again. There can be no option for her to wear a "V" cut dress at any formal occasion; the scars could be visible from almost any angle. Wardrobe and fashion styles will be limited to crew neck tee shirts and blouses in summer and the same high rounded neckline for sweaters in Northern Michigan's Fall, Winter and Spring. But now some shape has returned to her torso where upper body parts had been previously and unceremoniously removed.

It remains a personal choice for women who have to endure a mastectomy decision and treatment plan. Many choose no reconstruction at all. One of her doctors described it best. Reconstruction can be one way to give the middle finger to cancer knowing the disease doesn't mean you gave to give up your outward appearance too. This is why I suspect, medical insurance companies will pay for reconstruction as part of the disease treatment. That, and the mastectomy reduces the risk of having any further issues with that breast tissue. I guess they save money on mammograms and biopsies too. Maybe for them it is purely a financial benefit, who knows.

This last procedure was the least invasive with the shortest amount of time in the operating room. She was under for about 4 hours while the temporary tissue expanders were removed and the saline pockets were installed. I know, I sometimes seem to fall back on terminology that could just as easily be describing an automotive procedure. Yes, her temporary spare tires were replaced with new ones with a very long expected tread life. Apologies. It's the last chapter in the story and the last time I mix metaphors between surgical procedures and automotive repair. I promise.

Since the surgery was relatively shorter and less invasive, the anesthetic didn't need to be as nasty. Shirley seemed to awake and be fully alert in less than an hour. She could even stand and walk without feeling wobbly but they still made her ride the rolling plastic chair out to the car… Wait a minute, I need to run and get the car. Total time at the hospital this final day: 7 hours and 22 minutes.

It took a couple days following her return home to start absorbing the significance of this life event now coming to a close. Her latest cancer journey is indeed over. This second journey took almost another year of her life to complete, mirroring the timeline of her TNBC surgeries and chemo treatment 5 years earlier. Why does it take a year? I guess the treatment and recovery days, weeks and months required seem to correlate with the significance of the disease. Reverting back to my potty mouth while growing up on the streets of Detroit; "Cancer is a fu@%ing a$$hole".

It seems like the weight of this journey had lifted from her shoulders almost instantly, changing her mood towards the positive and seeing her start to talk about future events. Our granddaughter's first birthday is coming up. She was on Amazon looking for that red Little Tikes foot powered car that all of our own kids loved to play with. She started to talk more about our upcoming trip to Northern Europe, the temperatures we might

experience and what clothes we would need to pack. Our youngest daughter's birthday is also coming up so we're planning a trip to the Detroit area to take her to lunch. Things in her life are actually getting back to normal, and at good speed; almost like she is making up for a year of lost time.

It would still be a couple months before she would be allowed to lift anything more than a pound or two. When she bends down to pick up a pair of her jeans off the floor, she can feel the pull and the poke of internal stitches that have yet to heal and dissolve. You never think about it, but this limitation prevents her from most activities she was used to doing every day. Just one more step on the recovery path that needs to be endured.

It's hard for me to come up with the words that would accurately describe all that she has gone through this past full year, but then again I'm supposed to be the writer in the family and so I try. If I were to document the full range of emotions that had washed over her this past year starting with the initial mammogram, the list might look something like an:

EMOTIONAL ROLLER COASTER

Apathy:
It surrounded the activity of an annual and routine mammogram without any worry or concern that something might be found. She had already beaten the nastiest of TNBC breast cancer strains so this was just regular maintenance. It was an annual photo session. What could possibly go wrong.

Attentiveness:
There was a lingering question for her doctor about some infrequent clear liquid discharge from the breast, but the mammogram showed nothing. The doctor seemed to think the root cause might be something benign, so we were set for a repeat mammogram in 6 months to see if there were any noticeable changes.

Concern:
In six months, there was a noticeable change to one of the ducts. Again, it was described as something as typical and normal as could be found in a woman of Shirley's age, but most likely not cancer. A biopsy was ordered to be sure.

Frustration:
The original pathology report on the biopsy from our local small hospital system indicated it was not a carcinoma but some benign papilloma cells. These cells have been known to turn into carcinoma, but it was not a guaranteed transition. Given her TNBC history, many women decide just to remove all risk and opt for a mastectomy, but the hospital didn't support those surgical options. We were advised to drive 130 miles to their parent hospital in Ann Arbor. 130 miles. So much for picking a smaller town for a perceived "better" quality of life.

Worry:
We decided to return to Lansing and her original cancer treatment center which was closer to us after our move. Those doctors reviewed the pathology report and felt that there was a higher risk of carcinoma and duct removal surgery was scheduled. That post surgical pathology report would take another week or more to tell us if there was more to worry about.

Fear:
If you've read any of the previous chapters in this story, you already know that there were more medical discoveries in the pathology report that would play upon her fears. The duct showed cancerous carcinoma cells, and there may be more as yet undetected from any mammogram.

Dread:
She had already run through the potential surgical scenarios in her head well before that last pathology report had been published. The thought of another small removal surgery followed later by yet another mammogram discovery was too much to bear. She dreaded making the radical decision to remove both sides and end the pattern of new discoveries.

Anger:
Following the decision to perform a bilateral mastectomy, she became angry at herself for not making the decision to take this step after the first TNBC diagnosis years before. Even though the doctors at the time felt good about that approach in 2017/2018, Shirley knew she wouldn't be going through this AGAIN had she removed the breasts back then.

Resentment:
More emotions rushed in after the mastectomy as some of the tissue that received radiation treatment didn't want to heal. That prevented her from being released from the hospital. Had she removed everything back in 2018 this hardened, radiated skin wouldn't be there to be a problem. It kept her in the hospital for days.

Sadness:
It wasn't until the day after surgery where she felt the sense of loss. You can easily make a health care decision for surgery knowing it will cure a disease or help you live longer, but you also need to come to grips with the fact that you just decided to hack off parts of your own body to do so. The sadness and sense of loss only kicks in after the fact. It is natural. It is devastating.

Depression:
The recovery from her extensive surgery took months before she began to feel comfortable again. The additional skin and muscle removal taken from her back to replace the hardened radiated skin prevented her from getting any meaningful sleep. She always felt like she was being stabbed from behind. We didn't go out at all for the first few weeks, and she didn't really sleep for the first two months. Eventually we moved her out of a padded recliner to the bed with articulated pillows that allowed some comfort as she tried to sleep on her back. The weeks and weeks of painful recovery just brought her down.

Hopefulness:
As time passed following surgery, she began to look forward to the last component of this cancer journey that led to reconstruction. Our surgeon told her that a great number of things needed to heal and stabilize before that final tire change. (Sorry) But in time, following a number of bi-weekly office visits to check on her progress the final surgical date was scheduled for June of this year. There was more hope for her now than ever before with a light clearly visible at the end of the proverbial tunnel.

Relief:
It was weird really, to see her actually excited about taking the long trip back to Lansing and the hospital for a scheduled surgery. She knew however that this would be the last step in a series of procedures that started in July the year before. The best news was that this final procedure was out-patient and regardless of how long the doctor took in the O.R., she would be heading home at the end of the day. Everything went to plan though the surgery took a little longer than expected, and we were out of there. Even though still groggy and turning down what would normally be a slam dunk suggestion for a McDonald's chocolate shake, she was in good spirits all the way home. The relief was evident as she said more than once, "I'm done!".

Joy:
It took about a week before the surgical pain has softened into just discomfort, and that was about the time when she started to think about the concept of "tomorrow" and things yet to come. This is also the time where she hit Amazon for our granddaughter's birthday present, and started to talk about visiting our other daughter for her upcoming birthday. She reminded me that we had a scheduling task to do in July to book dinner at a couple hard to get in restaurants on our trip, and she started to spend more time outside in our little elevated garden area to see that the zucchini were already coming in. It's amazing that the human mind can instantly open up to a world of other thoughts and observations and activities once a potential life threatening or stressful situation is behind you. For Shirley, this whole past year is old news now. She has moved on to other things; fun things, productive things, anything that doesn't have to do with managing a disease.

The Wrap:
I thought about waiting to write this epilogue until after our trip scheduled for later this year. It was booked more than six months ago in anticipation of concluding this medical journey. In effect we simply anticipated the need for a celebration vacation after she beat the threat of cancer again and she got to pick where we went. It will wind up being the most expensive vacation we've ever taken so we expect it to be filled with once-in-a-lifetime memories. And, why not? The older we get, the harder it will be to do more strenuous things so why not do them now? No more climbing rocks and hundreds of granite steps in the small towns of other countries when we're 80. And so, we will do this last big trip now. Because why? Just because.

Not that pictures or videos from the trip have anything to do with my YouTube channel, this website or even woodworking but I might find a way to post something after we return. Perhaps an anthology of photographic images, each making up a memory we'd like to retain or something found to be unique given our unique surroundings.

For now, thank you for reading and sharing in our little journey. We have received many notes and comments along the way all ultra supportive of Shirley and her journey to recovery. She and I very much appreciate your well wishes.

If someone you know is going through a similar set of circumstances, my best advice to you is to be there for them in any way you can. Be an ally. Be a partner. Be a friend. Be the person that stops at the store for essentials when the patient doesn't feel like going out. Take out the trash. Help with cooking. Wash the dishes. Do a load of laundry (but separate whites from all other colors, and cold water for color washing is a rule, not a suggestion).

Not all your efforts will be perfect and not all your attempts to help will be happily accepted, but make the effort anyway. The person going through this hell will appreciate that you were there, trying to listen and trying to help. Don't be an uninvolved breast cancer bystander.

Our best to you all,

Mark & Shirley