Weaning: First Day of School

*Wendy Wisner*

Weaning
is out the window, along with a tinge
of yellow on the oak trees. Last night I dreamt
I took my college job back—typing, data entry—
and rushed home to pick you up from school.
I saw a flash
of your shiny blue sneakers, then lost you.
All morning airplanes cresting in the sky,
car doors slamming, children screaming.
You wake up thinking you’ve peed your pants
and I unbutton my nightgown
to nurse you. While you suck I wonder
if there’s any milk left, when you’ll wean,
if anyone at school will be able to tell,
perhaps by looking at your lips—

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On Not Seeing Whales

*Nikki Schulak*

It's impossible to think objectively about one's death and still carry a tune.
- Woody Allen

My mother wanted to see a whale before she died. In a boat off Montauk, Long Island, we puked over the side railings for the entire four-hour tour. No whales. We went on an Alaskan cruise—absolutely guaranteed to see whales—but we only saw harbor seals and a few scattered eagles. Then my mother died, without seeing her whale, which left me bitter.

Whales. They're so evasive with their beady little eyes. They sing and get all this attention. Every time one of them is stranded on a beach, there's another story in the press. *Please.*

For my mother's honor, however, I've continued to look for whales. I've even made a proclamation: I will see a whale before I die! At first, I didn't try very hard. Swimming with dolphins in the Florida Keys didn't count. The water was murky, and our time with them was choreographed and trite. You could tell they didn't care about the money we'd spent. But when we moved to the West Coast and found everybody hiking around in vintage sportswear drinking kombucha, casually talking about whale sightings, I knew that someday soon I would be able to die fulfilled.

Whale watching became a family chore, and we traveled to the coast every few months. We went during the migration south. Then during the migration north. Then we hunted for non-migrating whales. One late March afternoon in Depoe Bay, a few years into our search, my husband spotted his first whale. Actually he didn't see a whale, just the spout, which I didn't think should technically count. The next day, my kids saw spouts, too. But not me. I watched and waited. I watched people watching whales. In their fleeced bulk, gathered in a row along the seawall, they were mesmerized like gamblers watching a roulette wheel through binoculars.
Our leader kept up steady encouragement. “Wait for it. Wait for it. A BLOW! 300 degrees at 45 millimeters!” The crowd murmured with excitement as though they’d seen David Bowie out there on the horizon. There was even an option to watch the action on a video monitor inside the whale watching station. Then you’d get a sticker that said “Thar be whales in Depoe Bay, Oregon—and I saw one!”

When I was six years old, I had a cerebral hemorrhage. CT scans were a brand new technology in 1973, and mine diagnosed an AVM—Arterio-Venous Malformation. This abnormal knot of blood vessels was lodged deep in my language center, and so I lost words as a result of the bleed. I eventually gained them back. The Decade of the Brain was still twenty years away. Surgery wasn’t an option. There was nothing to do but cross fingers and hope it didn’t happen again.

“It’s in an ‘elegant’ part of the brain,” a neurologist told me of my AVM, when I had a seizure fifteen years later. No surgeon would be willing to risk removing the malformation when it was tucked deep in such elegance. “Don’t exert yourself,” the neurologist advised me. “Start anti-seizure medications. Don’t get constipated. Don’t lift weights. Don’t get pregnant. Keep up on the literature. Don’t orgasm.”

I could be a secret shopper for brain surgeons, I’ve done it so many times. I can rattle off the top departments in the country. I’ve met brain doctors who are pompous, others who are socially awkward. Some won’t shake hands. That I can understand—they have super important hands. A friendly young brain surgeon in his first year of residency once told me, “When I pass through the ER, white coats part like wheat in the wind.”

My newest brain surgeon here in the Northwest is an awfully nice guy. Dr. W, according to his biography, likes hiking, bird watching, and spending time with his family. The first time I met with him, he looked through my thick envelope of scans, pulled out the newest ones, and slipped them onto his light board. Maybe he had some new ideas, some new tricks. I gave Dr. W a minute to consider the images, then commenced my barrage of questions.

“So, what do you think? Is it treatable? Is it worth the risk? What should I do? What would you do? What would you recommend if I were your—” I was about to say “daughter” but I stopped myself. “—your wife?”

“I can’t say, really, without an angiogram.”

My first angiogram was when I was six. I’d been sedated, but I have a vivid memory of screaming as I was held down. The IV catheter was threaded into the great saphenous vein in the back of my knee, then fed through my body up to my brain. It sent contrast dye into my cerebral vessels so that they would show up on X-rays. I had a second angiogram when I was twenty-two. This time the catheter snaked from my groin to my brain. Despite the sedation, there was a shooting pain inside my head when the dye was injected. Afterwards the insertion site bled profusely, turning an outpatient procedure into a two-day hospital stay.

Dr. W listened to my previous angiographic experiences. “Well, it wouldn’t be like that with me. No pain. No bleeding. You’d be completely comfortable. I’d make sure. Think about it, but not for too long.”

I didn’t make the appointment. A year went by. Then six more.

In addition to subtle bragging about whale sightings, we here in the Northwest also chatter lightly about the Big One. When the megathrust comes, our bridges will snap and our schools will crumble. But what can we do? We live in a subduction zone. Out on the sidewalks after raking leaves, one of us will quip, “Let’s get together to set a time to have a neighborhood meeting about earthquake preparedness.” Thinking about earthquakes is part of our collective unconscious. I’ll be walking my dog in the cold, dark rain and the thought will cross my mind: I hope the Big One doesn’t happen right now. I worry about the fault lines in my brain.
in the same way. As I drive the soccer carpool over the Ross Island Bridge in rush hour, I think, I hope this isn't the moment I go.

After those seven years, I conceded that the angiogram was unavoidable. The once periodic episodes of numbness on my right side were now happening multiple times a day. My right hand had become increasingly weak and it was getting harder to hold a pen. I wanted advice from Dr. W, but he wasn’t going to give anything away without that comfortable angiogram. I called his office and scheduled an appointment, three months out.

I saw my therapist a few times. I did sun salutations. I hiked with my old dog. What if, after the angiogram, Dr. W thinks I should do something? Like stereotactic radiation? Or embolization? Over the years, treatment options had tripled. People eradicate their AVMs all the time. I no longer have seizures. My headaches respond to Advil. Most doctors have told me that doing nothing is a reasonable choice. What if this is no longer true?

The single worst artifact of my AVM is the sound in my head. It’s blood passing through an area of high pressure in my brain. A “bruit,” French for sound. I hear it when I sit in a quiet place. I hear it at night while my husband breathes deeply at my side. My bruit always impresses the doctors. They put their stethoscopes against my temple. “This is an impressive bruit,” they tell their residents. “Listen.”

When our friends talk about securing their foundation to their floor joists using Simpson Strong-Tie seismic attachments and titan anchors, I get nervous, because if they do it, then we’ll have to do it, too. Fortunately, our friends usually decide to spend their retrofit fund on a trip to Sun River, and I’m off the hook again. Our water heater ought to be strapped down. We should have hard-soled shoes under our beds. But we are more prepared than most people because my in-laws give us safety gifts for the holidays. We have several first aid kits, a hand-crank powered flashlight and FM radio, a wrench, and a Life Hammer that will break a car window and cut through seat belts. I have gallons of water in the basement that I haven’t changed in a decade. But if we don’t do the seismic retrofits, stale water in the basement won’t matter much.

Although I swore to my husband before we married I would never live in an earthquake-prone area, when we explored Portland and interviewed for jobs, nobody we met seemed worried, so I didn’t worry either. My kids learn about earthquake preparedness as part of their standard curriculum. I check with them when we’re out for dinner, or at the zoo, “What would you do if there was an earthquake right now?” I know that in a tornado you kneel up against a weight-supporting wall and fold your fingers over the back of your head. But for earthquakes, I can never remember, does one go outside, or stand under a door? I assume the Big One will hit on a warm day in August when we’re all eating breakfast together. My husband won’t be out of town at a conference. I won’t be in the shower with shampoo in my hair. My daughter won’t be in the basement of her three story brick school.

I have meals ready in the freezer, childcare arranged, my hair cut and my eyebrows waxed. The pre-op information sheets arrive in the mail. One page says I can have clear liquids the morning of the procedure. Another page says no food or drink. I call the scheduler.

“Can I have a drink before the procedure, or not?”

She tells me that in the past, they’ve let people have a piece of dry toast and a cup of tea the morning of, but she thinks those rules have changed. She puts me on hold.

“No,” she says when she returns. “Nothing to eat or drink.”

Am I more afraid of the pending cerebral angiogram, or the possibility of being hungry? It’s a close call. It’s easier to focus on food deprivation than on the catheter that’s going to be fed into my groin and up into my brain. The scheduler wonders if I have any more questions.

“Will there be food after the angiogram?”
She puts me on hold again.
“Honey, they’ll bring you a turkey sandwich when it’s over.”

On the way to the beach that weekend, I begin to dwell on death in a casual, neurotic sort of way. I worry that if I actually do see a whale this time, I will die. Suddenly, I don’t want to see a whale anymore, but I worry that I might. When we arrive at the beach my kids scan the horizon. I avert my eyes. My six-year-old son sees me not looking.

“Mommy, you’re not trying. To see the whales you have to try.”

Late Sunday afternoon there’s a phone call; I can tell it’s the hospital from the caller ID. I answer hesitantly. Maybe they’ve changed their mind about the turkey sandwich.

“This is a pre-registration call from OHSU. Are you still at the same address?”
“Yes.”
“Has your insurance changed?”
“No.”
“Do you have a religious preference?”
This question catches me off guard.
“No,” I say quickly. Then I backtrack—I mean, I do, but an angiogram is an outpatient procedure. I’m not planning to need last rites. “Why do you ask?” I finally say.

“Because the clergy will visit you while you’re there. As part of their rounds.”

This idea disturbs me deeply. It’s not accurate to say that I don’t have a religious preference. If there was a gun put to my head, I would prefer a rabbi over a minister, and a minister over a priest, but personally I’d rather have the doctor visit me in post-op. I tell the caller this.

“Do you have a preference?”

“Do you have a hospital magician? How about a post-procedure magic act?”

The woman laughs uneasily. The idea of having a clergy member visit me after my angiogram bothers me for the rest of the evening.

Before inserting the catheter into my femoral artery, Dr. W shaves my pubic hair himself, which I think is a nice touch. We chat about body hair removal, a topic I happen to know a lot about. While he cleans the site and injects a local anesthetic, I tell him that as best as I can recall, angiograms hurt more than a bikini wax. Dr. W is determined that this will be the best damn angiogram I’ll ever have.

I’m woozy afterwards, lying flat on the hospital bed to keep the incision in my groin from bleeding. Dr. W stops by. He wants to know how I feel. I can see he’s fishing for compliments. I tell him it was great.

“There are several aneurysms in the nidus of the AVM.”
“Are the aneurysms new?”
“I don’t know.”
“Will they burst?”
“I don’t know.”
“Can you remove them?”
“Yes, but it would be risky.”
“What about the risk of not removing the AVM?”

The chance of the AVM bleeding increases 5% every year. But there’s a chance that I’ll live the rest of my life—perhaps a long life—with no bleed, ever. I could die from cancer in the next decade. Or be hit by a bus tomorrow. So could we all. How much should I worry? How much should any of us worry?

He tells me to make an appointment in his office. “We’ll talk.”

I don’t call him. A year goes by. Then two.

I’ve had a stressful month and my shoulders ache. I haven’t had a massage in years, but I’m suddenly desperate for one. I call around and find a clinic that can fit me in. The receptionist tells me to go
into the room with the green door and prepare myself. I take off my clothes and crawl under the sheet.

The masseuse starts on my shoulders, then moves in on my neck. I tell her to go deep, but it doesn’t feel good. I keep waiting for her to let up, but it doesn’t happen. She’s half my age. The deeper she goes, the older I feel. When I tell her it hurts, she says, “Breathe into the pain.”

It feels more like she’s wringing my neck, but I can’t tell her to stop. I don’t want to appear weak. Finally I say, “I have an old injury in my neck. Can you work someplace else?”

She halts the massage, cracks her knuckles, then yanks an enormous handful of my hair.

“Ow!” I scream.

“Breathe into the pain,” she whispers to me.

The next day the left side of my neck is tender and throbbing. I take one Advil, then another. Does this warrant a call to the doctor? Is this a normal neck-throbbing, or an urgent neck-throbbing? And what am I going to say to the doctor? I had a bad massage?

I wait a day. Maybe it’s a TMJ issue. My dentist has been trying to get me to wear a mouth guard at night for years. He’s certain I’m a grinder. I’m not a grinder. A screamer, maybe. But not a grinder.

After another day of neck-throbbing, I do some soul-searching. What if the masseuse bruised my carotid artery? Don’t I owe it to my family to make sure I’m okay? I call my internist. The nurse calls me back. I tell her I have a philosophical question for the doctor. I’m a moderately healthy, active forty-three-year-old who has a potentially life threatening medical condition. If I choose to treat it—through a multiyear process of radio-static lasers, embolization or resection, I put myself at significant risk. If I choose to do nothing, I also put myself at significant risk. The end result is that I think about death all the time.

The nurse pauses. “So, what’s exactly the problem?”

“My neck hurts.”

“I’ll have the doctor call you.”

My internist doesn’t think I have a bruised carotid artery, but she calls in an order for an ultrasound. I don’t call the radiology department to make the appointment. We’re on our way to the beach for the weekend. What will they do, anyway, if it is a bruised artery?

It’s cold at the beach. There are no whales. On Monday I call Dr. W.

It’s always depressing in the neurosurgery waiting room, but Dr. W’s office at least has a great view of the river. He’s behind schedule. I flip through Country Gardens, Neurology Now, and Cigar Aficionado. I’m nervous. I should have called sooner. I shouldn’t have waited two years. What if he doesn’t remember me?

I want him to remember me. I want him to like me. I’ve put on lipstick, and the new musk oil that my husband favors. I need to make a good impression. Maybe he’ll offer me a treatment that he doesn’t offer his less likeable patients.

I make charming small talk. Then I tell him about the knuckle-cracking, hair-pulling masseuse who tried to choke me. Dr. W is professional and kind. He tells me not to take methamphetamines, or get chiropractic work done on my neck. But massage is okay. He thinks I’m okay.

I describe my recent short-term memory loss, my chronically cold hand. Are these peri-menopausal issues, or neurological problems? Are all these years of radiation from scans going to give me brain cancer? I’m running on and on. I can’t stop talking about my fears. I wish he would do an exam. I want him to listen to my bruit. I want him to touch me.

I want him to confirm that what I’m choosing—to do nothing—is still a reasonable, rational choice. He says I could have a hemorrhage when I’m eighty. I could have one in the parking lot when I leave his office.

“I think what you’re choosing is reasonable,” he says. Those are the words I want to hear. “But,” he says, “the best way to survive
an AVM is to treat it before it causes a problem. The treatment is almost always neater than letting nature take its course.”

He pauses, then asks in a gentle voice, “What do you do?”

The question catches me off guard. What do I do? Some students in my daughter’s class wrote me a note recently. “Thanks,” it said, “for taking time out of your moderately busy life to chaperone our field trip.”

“I used to be a teacher, but I’ve been home with my kids.” Suddenly, I feel like I’m failing the conversation. “I have two kids,” I tell Dr. W. When I come in to the ER with a burst aneurysm, I want my chart to look like I’m worth saving. What do I do?

“I’m trying to become a writer,” I tell him. “Oh?” He looks interested. “What do you write?”

“I write essays. I write about my body.”

“Do you write about your doctors?”

“Sometimes. But I always change their names.”

Dr. W has a southern accent. He has big ears. Pockmarked skin. His face and neck have turned slightly red in the last ten seconds.

“I haven’t ever written about my AVM, though. I’ve wanted to. I just haven’t…yet.”

There’s an uncomfortable silence, probably more uncomfortable for me than for him. He doesn’t say, “I understand.”

I try to lighten the moment. “Mostly, I write comedy.” I tell him about a piece I wrote about buying my first thong.

“Send me that. Can you? My wife would enjoy that.”

Then, I remember something. “I’m going to be performing—with a comedy group.”

“Really? When?” He’s interested. The conversation is taking a good turn. I imagine him in the audience at the comedy club, in the front, drinking gin. I’d introduce him. “I’d like to thank my brain surgeon for being here tonight.” He’s going to save me after all.

Where?” he asks. He’s ready to write down the name of the comedy club on his pad. I’m flustered. I can’t remember the date or the location.

“Somewhere downtown. Sometime in March.”

“Send me the information.” His face and neck are still red. I’m sure my lipstick is worn off. “E-mail me. I want to come see you because…you seem like you’re probably…funny.”

When I make the plans for a family trip to the San Juan islands, I know full well we’re going to see whales. The captain of the whale-watching vessel absolutely guarantees we’ll see them. I feel like I’m settling a debt.

The sun is bright and the air is clear. My kids are standing on the bow of the boat wearing orange life vests. We see a dozen orcas leaping and arcing out of the water. They move swiftly past the boat. They are chasing salmon and it looks like play. The orcas are everywhere around us—black and white and so close we can see their scars. The salmon are swimming for their lives. It’s beautiful. But I don’t want to die now.

Can I do that? ☞