The Hole Truth

Stephen Gendin goes in for a Pap smear and comes out with a date for surgery. But after talking to others who bent for the knife, that's one anal experience he'll take a pass on.

August 1, 2000 By Stephen Gendin

My rectum is a virtual treasure trove of nasty little irregular cells. Looking up my butt through an anoscope, the proctologist could see hundreds of premalignant areas lit up by the vinegar solution he'd pumped up there. If I could turn each one into a penny, I'd be a millionaire!

Still, there wasn't any actual cancer, the doctor assured me. Not yet. Lying on his proctology table, head floorward, ass up in the air for easy inspection, I listened as he recommended immediate surgery. This was not what I wanted to hear. I'd made my first visit to this doctor a few weeks earlier as part of an assignment for POZ. Having no butt-hole complaints, I was the perfect candidate for a story on anal Pap smears as a form of cancer prevention for positive men (see "Smear Tactics"). I expected a few minutes of embarrassment and vulnerability as the doctor opened my ass and did a little swabbing of my rectum, but nothing more. My butt-hole has been a major source of joy in my life—getting fucked was my primary sexual activity for more than a decade—and since my glorious pucker had never posed any problems for me, it seemed logical to expect a clean bill of health. But the Pap came back positive, which led to further visits to the doctor as well as biopsies of my rectal tissue—they also came back positive for highly irregular cells.

Suddenly I faced the prospect of serious surgery. Before agreeing to it, I decided to talk to other people who'd already undergone the procedure. The 10 reports were, without exception, terrifying. For most, butt-hole surgery was literally the worst experience of their life. In some cases, people had their entire rectums almost ripped out; I heard one person describe it as a bomb hitting their ass. Rectal tissue is very delicate and sensitive, so even minor surgeries had long recoveries. Weeks, even months, of suffering followed the surgery, butt feeling like it's on fire, each bowel movement a searing agony. Everyone reported feeling not only utterly unprepared for how much pain they'd had to endure but deceived by their doctor who, in each case, deliberately hid that fact.

I thought about my friend Carlos who, in misery a week after the surgery and convinced he must have some infection or other, took himself to the emergency room. No, he was matter-of-factly informed, this was just the normal "recovery" process. Or my coworker who had been told he'd lose one week of work but missed three, sitting in a hot bath around the clock for relief. His docs

denied his pleas for stronger painkillers, which would cause constipation, which would in turn lead to bigger bowel movements that might result in additional trauma.

Now, I'm a wimp about pain. Fall would be arriving soon—a season I love—and I didn't want to miss it by being wracked up in bed in a suffering ball. Nor could I afford to lose weeks of work. So, I looked for excuses not to have the surgery. It wasn't cancer, after all. And there was no good data on how long I'd have before my rectum turned cancerous. It could be years, decades, never. My doctor was sympathetic to my argument that with very few T cells and a very high viral load, I'd probably be dead before the cancer developed, so why put me through the surgery?

On the other hand, if cancer did develop, I'd have to undergo even worse surgery, followed by chemotherapy and radiation. What made the situation even more confusing was that my proctologist is a sort of pioneer in the world of anal surgery who holds the minority viewpoint that regular anal Pap smears are important and that any irregularities call for immediate surgery. Most doctors are nowhere near as aggressive. In response to critics, my doctor points to cervical Pap smears for women, long considered an off-the-wall procedure until medical trials validated how lifesaving they are. Intellectually, everything he told me made perfect sense. The comparison to cervical cancer, laid out in his self-assured, confident voice, seemed valid enough. The horror stories he recounted of people near death, dozens of them, showing up at his doorstep because they hadn't received early detection and treatment were almost as chilling as the reports from the people who had had the anal surgery.

But I couldn't do it. I knew that I might one day regret my decision; that if cancer did develop, I'd be cursing myself for my cowardice. Still, I decided to take that risk. I found a second proctologist who gave me a quick-and-dirty exam (well, not too dirty), simply shoving his finger up my asshole and poking around. No anoscope, no biopsies. (The first doctor had warned that this type of examination was totally inadequate.) I was given a clean bill of health—exactly what I wanted to hear. Now, nine months later, a part of me still worries that I made the wrong decision, that I should have taken the time to research more thoroughly and base my choice on science, not fear. But the bottom line is, my tushy knows better.

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