

NON-FICTION | FALL 2021

## Some Body

By PK Kennedy

"Right in here, remove your clothes. Underwear and bra can stay on but put the robe on so it's open in the back, not the front, okay?"

The words are coming at me in a torrent; I can't understand any of them, but I know the drill.

I throw my stuff in a bag, take a deep breath, and open the door to the inpatient surgical waiting room. It smells like alcohol and ice and has no memories I can sense. Am I the first person that's ever come here?

"You're here for the lumbar?"

I cut her off before she could say puncture. "Yes."

"Your doctor isn't here yet, so c'mon over here, and let's get you on a gurney." I walk through the waiting room and into what looks like a huge operating room with ten beds lined up as if we're all going to have surgery together. Fluorescent lights beam above from what look like gigantic ice trays, although it's brilliantly sunny outside-lush poplars sway in the March breezes like tall stalks of broccoli; I see them through a line of clean, clear windows to my right. I long to be outside in this, the first sunny day of a long month. But this procedure has to be done today-no more delays.

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It's definitely got to do with your back.

Everyone I know seems to think the electric shock sensations down my legs are certainly related to an old back injury from too much running or a bad fall. I'm losing my bladder and bowels on runs, and some days, my legs feel like cement in quicksand. Sometimes my vision turns to squalls of grey and white snow. I'm tired in my bones.

Something logical is causing these weird symptoms. Everyone assures me.

There's an easy explanation—an easy fix. Just get a CT scan and you'll see.

I try to accept this logical explanation, but something doesn't feel right. Or rather, something feels very wrong. I see an affable doctor who has treated my back before, and when I ask him whether I might have the grave diagnosis that keeps coming up on WebMD when I researched my symptoms, he snort-laughs incredulously at my question. I'm immediately ashamed of

myself for thinking I have something so serious instead of what I probably have: a stress fracture or herniated disc. I'm embarrassed I've put myself in a category of legitimately ill people when I'm perfectly healthy.

But when that doctor calls me a few days later, his voice is soft and serious.

"The scan looks clear. I don't see any disc issues in your spine." There's a pause.

"I think you should make an appointment with a neurologist."

I'm no longer embarrassed. I'm afraid.

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A nurse guides me up on the skinny sled that'll serve as my home for the next few hours and smiles at me sympathetically. "How're you doin' today, sweetie?" I think she's probably seen my chart, so I don't bother saying anything but, "okay, I guess."

She covers me in three blankets before I realize I'm cold, and I wait amidst the sound of young residents talking quietly about their late cases from the night before as they sip coffee and await the arrival of their supervisors. Their voices are soothing over the squeaking wheels of portable blood pressure cuffs the nurses push next to beds as they coo: "okay, now I'm just gonna take your blood pressure—this might feel a little tight..." I hear phones ringing in the distance and a doctor discussing a hand surgery with a patient: "then we'll shave that knuckle to get it cleaned up, and you should be all set."

I long to be any one of them. I long to be anywhere but here.

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My students and I are sitting in our human rights seminar; it's early Monday morning, and students are rustling in their gigantic backpacks, pulling out water bottles and laptops, settling in as I quietly watch them from what feels like another dimension. I wonder if they can see how close I am to falling apart. I'm still light-headed from the spinal tap(s) and wonder if I dreamed the whole ordeal.

A student earnestly begins a research briefing including what he's learned about South African activist Steven Biko, the absence of police reports documenting his arrest or extensive injuries despite his death in State custody. Am I paying attention? Half of me cares deeply; half of me is trying not to vomit all over the table we're calmly seated around. I say something about crafting an argument around the absence of information as a valid approach. I don't make the connection to my own life.

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There are other, lesser triumphs to get here. I learn a flood of information in a matter of weeks: Urodynamic testing, evoked potential tests, electromyography (EMG). I realize how many systems have to perform perfectly for the human body to function as well as it does. I move through medical waiting rooms like a pro after three weeks of taking blood, getting shocked, and peeing into a bucket with electrodes on my abdomen to measure pelvic floor activity while shakily starting a semester of teaching.

The one definitive test that distinguishes knowing from not knowing is finally identified: an MRI. I'm emailing a radiology expert in New York City on metal conduction to make sure a wire from a previous surgery to reassemble the bone under my eye will not conduct heat from the magnetic charge and pull my eyeball out of my head. Many orthopedic doctors dismiss my worries when I respond yes to the MRI screening question, "do you have any metal in your face?" and explain what it is. The radiology expert listens to me and recognizes the risk. She kindly offers to oversee my MRI. I thank her profusely and desperately. I'm grasping futilely for control and feel a flood of relief that she'll protect me. I can't believe my good fortune until I remember what I'm trying to discern from the images.

The MRI is "inconclusive." The nausea returns.

There's one remaining way to confirm my diagnosis, or rather, finally eliminate all of the other contenders: Guillain-Barre syndrome, AIDS, Lupus, Cancer, Brain tumor, Lyme Disease.

Spinal fluid.

I haven't slept in weeks. I'm not sure if people can tell I'm disappearing.

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Once I lose the ability to walk without a cane, my colleagues stop making eye contact.

I don't blame them. Even I can't look at what's happening. I used to run marathons, coach college sports, happily crash into my office in sweats, holding a stack of papers and a knapsack full of workout gear. I rush from one thing to the next, my preferred speed.

Now I make sure I get to class a full hour before anyone arrives. I walk slowly and unsteadily from my office to the classroom when I know my route is clear of students, bikes, or any movement in my visual field that could disrupt my precarious balance and cause a fall. I am fully aware of stumbling like I am drunk; I concentrate on each step and talk myself through each movement. If I don't exaggerate the lifting of my right foot, I will land flat on my face. The previous week, while walking too quickly back to my office, I fall backward down a small hill into the street, spilling my backpack on the pavement. My hip flexors, rendered useless by whatever is happening to me, can no longer break a fall, so I simply have to wait until I'm down to assess the damage. I'm caught off-guard, embarrassed, but fine.

Once I cross the threshold of the room, I hide the cane in the corner. Sit down. Breathe. Remember that my brain still works even if nothing else does. I jot down some reminders: call Penn doctor to see if he'll take me; that's all I can manage. I'm becoming vulnerable to my mother's magical thinking, as she's been mailing me articles she's marked up with circled and underlined words pointing to one idea: if you had the right doctor, you would be cured. Or more urgently, this is a mistake!

I focus on getting a better doctor so I don't have to focus on the diagnosis.

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Finally, the doctor comes in with a small black medical bag from the 1950s, looking serious or nervous, I'm not sure. He does not come over to my gurney to talk to me about my procedure like the other doctors have done but looks around the room and quickly disappears. Suddenly I think my mother is correct—that this is all a terrible mistake—and I need to escape immediately. I'm certain my doctor has never done a lumbar puncture before, or at least not since the 1950s.

I'm almost right. After two hours of watching the ten other patients wheeled out around me, I'm finally rolled into a small exam room where my doctor sits at an empty desk with his back turned to me. He turns, smiles briefly at my chin without showing his teeth, and starts to talk to the nurse. The room is stuffed full of anxiety; I'm surprised the windows don't blow outward with the pressure.

He talks in clipped fashion as if he anticipates my interruptions. "Okay, lean forward. Deep breath. You'll feel some pressure. It may hurt briefly."

The nurse, who is not familiar with my doctor because he does not usually do outpatient procedures at this hospital, seems stiff and worried. She watches him as he talks to my chin. Maybe she senses it, too—that he doesn't know what he's doing.

Oh, shit. I think. Then I lean forward, pretend to breathe in and out, and someone shoves a knitting needle straight into my spine.

"AHHHHHH!" I scream out and sit upright. My doctor is pissed at me for feeling pain. It's clear from his tone: "I'm sorry" he fake apologizes and then blames the botched procedure on me. "I know this is hard, but you have to relax. We didn't get a sample."

I don't say anything because I want to punch him in the face. I hate him and his stupid bag and the awful tests he's already put me through and how he expects me to be silent while he pounds nails clumsily into my guts. I hate him.

He makes me lean over again, and now I know what I'll feel.

Snot is pouring from my nose as the tears come. I pray I'll pass out from the ax that must be stuck in my tailbone.

He holds a syringe up to his face and frowns. "It's got some blood, so it's no good."

Three hours later, another doctor with a gentler voice and a calmer hand uses a real-time x-ray called fluoroscopy to guide him through my arthritic spine and get a good sample of spinal fluid--painlessly. Gratefully, I grab his hand as he turns to leave my room.

I forget why I'm here once it's over. I forget that the fluid has something to tell us and how my life will change forever in a week from this brilliantly sunny day.

Patricia "PK" Kennedy has taught writing to first-year students at Princeton University since 2003. She earned a JD and an MA from the Washington College of Law at The American University in Washington, DC, after earning her BA at the University of Pennsylvania where she played two sports. Her research interests are international humanitarian law, human rights law, creative non-fiction, and more recently, narrative medicine. Her favorite hobbies include sports, reading and music, and she's coached women's lacrosse at Penn and Princeton and sings at local venues. Despite having had 15 years to live into her MS diagnosis, she would describe her relationship with it as shaky at best and writes often to find her way. Read more from PK Kennedy at medium.com/@pkennedy777.