Scalpels and Scars: An Illness Memoir

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The brightness of the room pressed down on me as if the lights themselves had been granted a sterilizing effect. I lay flat on a table, encased in a gown that did little to ward off the chills that crawled up my spine despite the presence of a forced-air warming system pumping into my bare chest. I looked down at the blue-draped barrier, albeit unable to observe the orchestration unfolding within my lower body. The hums of machinery echoed within the background, punctuated by the rhythms of my slow breaths and the slight tremors of my fingers. The anesthetist had momentarily injected his cold liquids into my lower spine. In the ensuing silence, my eyes further wandered to the ceiling above, which offered no solace and reverberated the numbness that had begun to overtake my lower body.

The sound of clanging metals redirected my focus to the figure approaching me. The urologist's hands, gloved in latex, now moved confidently toward his operating site. I noted how the doctor's fingers were careful, gripping a nearby scalpel with an intimacy that nevertheless perpetuated an undercurrent of regret. This sensation lingered on until the doctor held the tool close to my scrotum and instigated his first slice. I felt nothing but a tingling pressure and the scent of blood-tainted antiseptic emanating from the site. My tight grip now eased its flexion into a relaxed state on the slightly warmer operating table. But then came the second slice.

A whispered "Oh God" escaped from the doctor's lips, a tone reserved for moments when medical doctors loathed what they had unraveled. This barely audible verbatim sliced through my flesh in a manner that exceeded tingles and was a much sharper slice than its predecessors. The doctor's words tasted bitter in the air, and I caught my breath, my mind twisting around the words until they felt like an open wound in itself. That two-word declaration lingered like an insidious stain, weaving itself into the light above and the oubliette below that tethered me to this fate.

"It is necrotic and dying," the urologist muttered with an undertone of complicity as his hands maintained their careful urgency. "I will do my best to save your testicle, but we might have to remove it."

The urologist continued with mere words that carried the burdens of forlornness. The word "necrotic" clung to my mind like an endless mantra that I could not silence. My numb body responded. My hands turned into a fist once more and shudders began to vibrate across my half-incapacitated body and limbs. My arms felt the coldness of the operating

table, my lungs inhaled the coldness of the room, and my eyes twitched at the blurring sight of the operating lights. Despite the nurse's efforts to calm me down and increase the machine's heating, I shivered for the entirety of the thirty-minute-or-so procedure that stripped me of the sense of time and ensnared me within eons of illusions and dark thoughts.

Would the doctor really remove my testicle? Why couldn't the doctor simply spare me from those words? Why didn't the expert consider this case during previous diagnoses? Why? Oh why?

I was experiencing what is medically referred to as testicular torsion — an emergency condition in which the testicle becomes entangled with the spermatic cord and the blood flow is subsequently cut off the testicle. If the emergency situation is not surgically addressed within six hours of its onset, the testicle becomes at risk of dying. My testicle endured more than twenty-four hours of excruciating pain before I had reached the operating room. At this point, my orchiopexy entailed a less than 10% testicular survival rate. I knew this very well as I had researched the topic during the first instance of torsion months ago when I felt a sharp pain take hold of my groin area for a few hours. My claims were dismissed.

However, what I was truly experiencing was intermittent testicular torsion, which includes occasional times of pain from torsions and elongated times of relief from detorsions. In other words, my testicle was twisting and untwisting on its own for months before the ineptitude of the urologist finally caught on.

"You probably have blue balls like all guys do. Just go and jerk off." These were the words that my kin shared when I told them that I felt an unusual pain in my scrotal area and wanted it checked out.

This was the first time I had experienced such a pain and after a few hours, the pain subsided on its own. I Googled scrotal pain at the time, and while testicular torsion was on the list of discoveries, my symptoms did not really match the nauseous sensation, the swelling/redness of the scrotum, the fever, and the frequent urination need I was reading about.

My first warning sign was dismissed.

Two months later on a fall 2019 Tuesday, I woke up to a much sharper pain than the first time. I had a long 8:00 A.M. until 5 P.M. day at university ahead of me where I was meant to submit draft progress for my creative senior study writing piece, as well as deliver an informative speech for my communications class — adorned in rather slim-fitting dress pants of course. At university, no seating position helped my case; I could not cross my legs, I could not place one foot on my knees and I could not even sit straight without the sensation of needles stabbing through my scrotum with no outlook for cessation.

I texted my mother throughout the day and received comments about my texting needs from one professor. I did not care. When the time came for the speech at 12:30 P.M., I faltered during the delivery due to the intensity of the pain. I asked to be excused for a break and eventually delivered the speech again, scoring a 96/100. Not bad, but I had had enough. After multiple communications, my mother informed me that my father had secured me a 3 P.M. consultation with one of Lebanon's most renowned urologists.

I dismissed the remainder of my day and rushed to the urologist's clinic, a walking distance away in Beirut's cosmopolitan Hamra street. At the time, Beirut was alive. The Lebanese people were alive. With every step that I took, I had no idea that a piece of me was withering away with it. The walk took my mind off this pain for a while, and I began reminiscing about the good times I had spent within these very streets. I recalled the smell of man'ouche from Barbar, I recalled the countless pool and bowling brawls with my friends at the arcade, I recalled the mouth-watering after-dinners at Deek Duke or Roadster Diner, and recalled getting a little tipsy at Ales and Tales. I wished I could get drunk and forget my pain, but my alcoholic tolerance and uptightness had never permitted me to ever get drunk.

I finally reached the polyclinic complex and was met with my parents waiting for me. My mother was already at the reception bickering with the secretary. My father was holding a magazine and seated next to an elderly man patched in gauze. Noting my presence, my mother rushed to her son and demanded him passage.

The urologist was seated in a leather office chair, his wizened head was held high with multiple certifications adorning the bulletin board behind him. His hands were steepled under his chin and his white robe covered his body like a cloak, pristine and neat. His gaze was as sharp as a scalpel and his arm gestured his three companions toward the seats in front of his mahogany desk.

After some small talk and descriptions of my pain, the urologist escorted me to an adjacent room to examine my testicles. Upon undressing, my scrotum was swollen enough to cover the entirety of the urologist's palm — a telltale sign of testicular torsion. However, this did not faze the urologist whatsoever — the mere act of listening to a patient's concern was beneath him and he proceeded to physically examine the testicle deeming it a case of orchitis, or a unilateral inflammation of the testicle. I could have sworn I noticed an ultrasound machine in the urologist's examination room. Was it a mere ornament or a relic of a protracted career?

Upon returning to his office, the urologist prescribed antibiotics and anti-inflammatory medications and sent me home. Yet again, my second warning sign was dismissed, this time by a seasoned professional. Indeed, what would Google know compared to a specialist in the field? After a day or so, the torsion subsided on its own and I attributed this success to the medications I was prescribed. I was relieved and life moved on.

And so came the third instance of torsion — during the pinnacles of the COVID-19 pandemic amid a strict lockdown and curfew system inaugurated by an inept and faltering state. Yet again, I woke up one day in March 2020 to an excruciating pain taking my scrotal area by surprise. I informed my parents who were too afraid to take me to the emergency room. Did they fear COVID-19? Did they fear that fledgling MDs would 'play' with their son? Whatever their reasons, I was taken to the urologist the next day in the early hours of the morning. I learned that he had shut down his private clinic and now only operated from his medical hospital's clinic; it seemed the economic meltdown hit everyone hard, even a snob such as himself. We all thought it was a relapse of the inflammation, but as my parents and I were heading out, the urologist called us back in.

Unlike last time, the thought of requesting an ultrasound actually came across the urologist's brain cells. I was escorted to the imaging department and initial screening showed little to no sign of blood in my left testicle.

I yelled: “testicular torsion,” and the radiologist was flabbergasted that I knew about the medical condition before even stating the diagnosis himself.

I was then prepared and rushed for emergency surgery. Thankfully, I had not even had the chance to have breakfast that day and anesthesia would not trigger adverse reactions.

The numbness below my waist seemed to deepen, merging with a hollowness that expanded within me as I recalled every missed chance to salvage an essence of my manhood. There I was, conscious and pinned beneath the medical doctor’s regretful words, his hands binding me to a fate presaged in advance. Tears began to manifest on my cheeks as I connected the dots together in my mind.

Finally, the scrotum was stitched closed and the doctor stepped back; his eyes were shadowed with an almost palpable remorse that seemed to carve his facial expression.

“I removed the dead parts,” he informed me in a half-broken attempt at reassurance. “We will have to wait…a month and conduct another ultrasound to see if it survives or needs removal.”

The knowledge of a salvaged testicle returned some color to my complexion. Despite the unresolved risk, my left testicle was still within my body and ultimately mine. I could not fathom otherwise, witnessing it lying idle on a tray in a nearby metallic trolly.

The nurse moved beside me, holding a phone in his hand, his voice polite but tinged with a peculiar curiosity. “Would you like to see images of your testicle and videos of the surgery?”

His words turned the ambience into something morbid, a clinical learning experience for rising neophytes who would hopefully not misdiagnose others in the future like their mentor had done. I shook my head in refusal and averted my eyes from both the screen and the nurse in front of me. The nurse understood and began asking me to try to shake my numb legs as he transferred me to an adjacent stretcher and up to my room.

“You would not take me to the emergency room yesterday and delayed my surgery for a full day! My testicle partially died because of you and that idiot doctor you forced me to see,” I said to a weeping mother and a stone-cold father.

I would not even look my parents in the eyes and wished them gone in my mind. Before I knew it, my wishes would be fulfilled. When a nurse had come to measure my vitals, her face turned pale and she took a few steps back as if I was an abomination before her. Apparently, I had a slightly elevated fever — a post-operative fever mistaken for COVID-19. My room would swiftly be evacuated, and a ‘CAUTION’ sign would be glued on the room’s door. I was isolated, misdiagnosed once more as one of Lebanon’s initial COVID-19 cases by a paranoid nurse who perpetuated the ambience of this accursed place. I was all alone.

A month had passed — a month where all forms of sexual activity amid a lockdown were medically forbidden and where blood-stained gauzes had to be changed on an almost daily basis — and I was scheduled for another ultrasound. During this time, I would inspect my testicle almost every day and would notice its texture morph, to and fro, from a very rigid-like state into tender tissue along the way. I also noticed it reduce in size, or atrophy in medical jargon. Despite the ischemic changes and atrophic size, the ultrasound ultimately showed that the testicle still pumped with blood. It was alive.

"You have balls of steel..." exclaimed the urologist as if the compliment would exonerate him from his malfeasance through appealing to my manhood.

His medically sanctioned bio-political impunity resonated with that of the corrupt establishment shielding him from justice. For the two years to come, the urologist's unsolicited compliment would be put to the ultimate test. Shortly after the second ultrasound, my restored happiness would be met with a fluctuating fertility due to my body's autoimmune response against its own altered organ through anti-sperm antibodies. For two long years after, my testicle entered into a phase of chronic pain, which would wake me up at night at times and prevent me from successfully performing something as simple as a single push-up at other times. My body was subjugated to not only physical as well as allegorical scalpels, but also to almost monthly tests that measured me against the backdrop of binary male normalcy. For two long years, my psyche was on the edge as I tried to balance this reality with the onset of my graduate studies shortly after the traumatic Beirut port explosion. But I persevered.

"PUSH," roared Rami. "Push this insignificant weight. UP," he continued as my veins began protruding out of my leg's dermis.

It was my first day at the gym as I had mostly trained at home because of the pandemic. After conducting a body assessment with Rami, I began my first ever personal training session. Rami stood head held high with a smirk as he escorted me to the training floor. The area felt tumultuous with constant clashes between metallic reverberations and the harmonic but motivational background tune. People there knew what they were doing, and I found myself glued to my personal trainer as I navigated these novel terrains. Rami proceeded to demonstrate stretches and exercises. Everything that Rami did, I would mimic. With watchful eyes, Rami often intervened to adjust any improper imitation, which had a calming effect on me as I learned to fix my technique. After a few exercises, Rami then suggested trying out the leg press machine.

As I pulled the side levers, I could sense the weight falling down sting my groin. Was my testicle ready to handle such weights? Should I stop? At this point in time, I had been experimenting with meditation and learned all about concentrating my mind on my body. I began focusing on my breath and reoriented my mind-body connection away from my groin. After a few repetitions, the pain vanished and I began feeling the pressure elsewhere – in my hamstrings, in my glutes. And by the end of the first set, I only asked for more weights.

By the time I got home from the gym and dinner with some friends, I decided to play some PS5. Gaming had always been one my passions and always helped me in transcending reality, particularly the one entailing the recent pains of my manhood. After a long session playing a shooter game and yelling at my teammates, a thought had struck me. How could online video games promote patterns of mobility and migration among their player bases? The question dazzled me. As I lay in bed pondering it, I knew that the social constructions of the virtual realm would serve as research grounds for an online ethnography for my graduate studies.

While some elements of diminished manhood had taken a hefty toll on me, I eventually found tranquility with my altered state. I learned to accept my arguably still-abled body and refused further medical intervention such as scrotal implants to restore volume and scrotal Botox, or commercial Scrotox, to numb the pain. As the years passed, my testicle grew naturally stronger and eventually stopped ailing me altogether. As the years passed,

my fertility was miraculously restored from the nadirs of azoospermia to the zeniths of "normalcy," which left my andrologist in awe. As the years passed, my androgen levels surpassed those of men with intact testicles. I also remained quite apt at maintaining my merit scholarship and pursuing my professional goals.

My dual graduate studies in Gender and Migration studies also introduced me to masculinities, disability studies and the medically sanctioned subjugation of bodies to normalcy efforts that align with the gendered binary. I related deeply and had come to the realization that the medical negligence I had endured paled in comparison to the subjugations other bodies had experienced at the hands of neocolonial medicine. Just like my body fortunately healed itself, I navigated a unique form of my own masculinity through reconnecting with others around me, wittingly narrating the story of the guy with the ball and a half to my close friends and intimate partners for a laugh or two.