

Passing A Kidney Stone In The Twilight Zone

by John Olson

A few weeks ago I was sitting at my desk when I began feeling a sharp pain in the area of my back just above the hip. I got down on the floor and lied on my side to alleviate the pain however I could. It lasted about ten minutes and slowly dissipated. Is this a kidney stone, I wondered. It was. But it would take weeks of misery and an MRI before I received a conclusive diagnosis. Several weeks later, I experienced another sharp pain in my groin which seemed to be centered just above the pubis bone. The pain was so intense was I writhing on the floor. It dissipated, but a milder version of that stinging pain did not go away at all. I ended up living with it on a daily basis for about a week or so. And then the attacks became unmanageable. I'd get down on the floor groaning, grabbing at my groin, writhing back and forth, while our cat hid under the bed.

I tried to get into see my doctor. He wasn't available, he was on triage or something, but another doctor was available, a younger, cheerful and sociable man. I provided a urine sample shortly before the doctor arrived. By the time he entered the exam room, he already had an analysis. There was blood in my urine but no crystals or high pH level that would indicate a kidney stone. He suggested it might be a urinary tract infection and gave me a prescription for an antibiotic.

I hated the antibiotic; it gave me diarrhea and headaches. The pain continued. I stopped the antibiotics.

Several days later I got another excruciating attack. I was resisting a trip to the emergency room. I'd been down that road before. Emergency room bills are astronomical, and the wait to see a doctor can take hours. We'd heard horror stories from friends. I also tend to think of emergency rooms as places for gunshot wounds and serious car accidents and heart attacks. We tried finding a nearby

urgent care facility. We live in Seattle. The closest urgent care facility was north, in Edmonds, about a 15-mile drive. I got on the back seat where I could lie on my side. Marilyn, my wife, drove. Each traffic light was a tortuous, endless interval in the cruel mechanics of time.

This was a Saturday. The urgent care clinic closed at 4:00 p.m. We arrived at 3:50 p.m. The door was locked. Marilyn called the reception desk. The receptionist answered that they closed the door because it was too late to receive more patients. Marilyn explained that her husband was in excruciating pain. Didn't matter. She wasn't going to budge. "So what you're saying," I shouted into the phone, "you just let people crawl off to die rather than open your door?" I didn't wait for an answer. Another car drove up, a married couple, with an emergency of their own. We explained the situation. They left for another urgent care facility. My pain reduced to a more manageable level and we returned home. I now know the real meaning of 'urgent' in the urgent care system: it's urgent the medical staff go home on time.

The following Monday came another attack. I tried contacting my regular doctor again. A staff member phoned back to say he recommended I go to the emergency room. There was no getting around it. This was the third time a doctor had sent me to the emergency room rather than treat me in their own office, the way doctors used to do. They used to treat people in well-staffed, well-equipped clinics. Now they send them to the emergency room.

Marilyn and I sat in the waiting room. It was crowded. Everyone watched a flat screen TV on which a cartoon played. It helped distract people from their pain. The man who'd taken my name and information when we first arrived, a guy with a goatee and a few tats that weren't particularly fresh, pushed an old woman into the waiting room slouched in a wheelchair and without saying anything flipped the channel to another station, a corporate news show. Nobody said anything until the old woman left the room again. As soon as she was gone, we all decided to change the station again. We chose a courtroom drama.

The door to the one of the emergency rooms opened and a middle-aged black woman in a hospital dressing gown poked her head out as if she were looking for someone. She looked pissed. Minutes later she stormed out of the room with a younger woman, maybe her daughter, and had changed back into her own clothes. It appeared she'd run out of patience waiting for help. Not a good sign.

Several hours went by before I was called into the room. I was asked to remove my clothes and put on a hospital gown and get on the bed. Marilyn helped fasten the gown behind my back. The bed mattress felt warm. I noticed several spots of blood on it and made sure to shift my body to the left as far as I could without falling off. A young woman took my blood pressure, asked for a urine sample and left us waiting for the next phase of the treatment cycle.

About 45 minutes later another woman entered, a registered nurse, and after I told her my systems, wrapped a flexible band around my arm and inserted a needle into my vein to draw blood. I was impressed with how skillfully she handled the maneuver. When she finished, she took the urine sample and left. I was left with an implanted port in my right arm.

An hour or so went by and the registered nurse entered accompanied by a doctor and a silent young man who appeared to be monitoring the event. I explained my symptoms and the doctor said he would examine the urine and blood samples and see what the problem was. He left the room and we waited for another hour or so. The registered nurse entered and had brought with her an ultrasound device. She slathered some cold gel on the area of my groin and ran the ultrasound device over it, staring at the image on a screen. She found no urinary retention, which was a big relief. After she left, we went back to waiting. And waiting. By now, we were feeling very fatigued and thirsty. No one had offered us any water.

When several more hours had transpired, I persuaded Marilyn to go down to the desk in the hallway to see if she could get some information about what was happening and what the approximate wait might be. There was a sliding glass door that opened on the

hallway. Hospital staff kept going back and forth in flurries of routine hospital business. It always felt like something might be on the verge of finally coming to our aid again, a diagnosis that would explain my medical dilemma and thereby offer a solution, allowing us to return home without that dreaded pain in my groin. But one hour followed another, and another, and another. It had been around five hours since we'd been admitted into the room, the same room that that angry woman had exited so indignantly.

Marilyn returned from her mission to the woman seated at the desk in the hallway upset. It had not gone well. The woman was showing a friend some pictures on her smartphone and did not take kindly to Marilyn interrupting her. She was quite rude, and did not give out any information. Marilyn responded by suggesting that we just leave, and the woman answered fine. She could give a shit.

We were feeling disconsolate now, frustrated about the interminable wait and lack of information, and hungry and thirsty. We hadn't eaten since breakfast.

I imagined Rod Serling entering into the room, seemingly invisible to us but fully apparent to the TV viewers, with an introductory speech: "Here we have Mr. J.D. Smith, an amiable but somewhat salty septuagenarian with an acute pain in his groin, the result of a kidney stone stubbornly lodged near the internal urethral orifice, and his caring and increasingly bewildered wife Marilyn waiting patiently for the wonders of modern science to relieve Mr. Smith of his pain and return them to the modest sanctity of their home and calico cat. But there is no rationale in these corridors, no logic, no reassuring analysis or healing tone of medical expertise promising remedy and comfort, only the rustle of medical staff bustling through cheerless corridors giving the illusion of care but not its substance. For this is no normal hospital staffed with sage efficiency and insightful solutions, but another dimension entirely where time is a matter of indifference and the only cure is the bleak immovability of oblivion. For this is a hospital located not in the district of a modern city, but in the uncertain precincts of the Twilight Zone."

In the final, seventh hour the doctor made his appearance. He had a solemn, bewildered air. He examined all the data and could not come up with a viable explanation. He suggested that if the pain continues, that we consider getting an MRI. And then he left.

The next day I got a call from the substitute doctor. Crystals had been detected in the urine sample. It did, indeed, appear to be a kidney stone. He set me up with an appointment for an MRI. The MRI was a breeze. It wasn't a tube, but an open, doughnut-shaped apparatus through which I slid back and forth on a padded table. It took about five minutes. The results came in a few hours later: it was not one, but two kidney stones, a large one and a small one. The doctor advised that I drink lots and lots of water to flush them out. Which I did, adding a lemon concentrate to help dissolve the stones. This was a process that went on for some days and included a trip to the shores of Oregon and a family memorial. It seemed to be getting better, there were times when I felt no pain at all, but if I went for a light jog the pain would return. Some days later I felt the odd sensation of crumbly material slide through my urethra, and that was that. The pain disappeared. Meanwhile, I got slammed by the worse flu of my life. Could this be Covid, I wondered. We tested for Covid, but the result was negative. It was definitely the flu. I wondered where I got it. No one at the memorial had shown any signs whatever of illness. And then it came to me: the emergency room. Someone had been so ravaged by the flu that they'd felt the need to go to the emergency room, and left behind some viral particles. It was nothing I could prove. But these are not normal times, and anything can happen in the precincts of the twilight zone.

