Hugh's Story

Hugh was born in 1945 and grew up in the area of Sunnybrook, Toronto. He went to private school and did well in his studies with the goal of becoming a lawyer. He articled at a prestigious law firm in Toronto where he met Gladys, the daughter of one of the firm's partners. He joined the law firm once he passed his bar exam and shortly after married Gladys.

Hugh worked long hours and within three years made junior partner. In 1971, their son was born. Huge continued to work long hours and weekends. He missed out on Paul's milestones.

Due to the demands of Hugh's job and the couple's social status, it was decided that Paul be sent to boarding school once he started kindergarten.

Hugh and Gladys entertained often, socialized with the elite of Toronto. Rich foods and large amounts of alcohol were an everyday occurrence for this couple.

In 1990, Hugh was seen by his family physician for headaches, vision problems, fatigue, and occasional nose bleeds. Hugh was diagnosed with Stage 2 hypertension (blood pressure150/90) and given instructions to change his lifestyle.

Diagnostics

- 24-hour blood pressure monitor
- Routine tests: urinalysis, CBC, electrolytes, BUN, creatinine, cholesterol test, ECG, echocardiogram

Hugh was put on a diuretic and angiotensin converting enzyme (ACE) inhibitor. He was able to manage his hypertension with these medications. He did not change his lifestyle as recommended by his physician.

Medications:

Furosemide (Lasix) – loop diuretic

Ramipril (Altace) – ACE inhibitor

In 2011, Hugh retired. Due to her cognitive and physical deterioration, Gladys required his attention; he needed to be home more to facilitate her care. Over time, Gladys had to live in a long-term care institute.

Hugh was now experiencing urinary issues that he had attributed to the normal aging process.

- Frequent or urgent need to urinate
- Increased frequency of urination at night (nocturia)
- Difficulty starting urination
- Weak urine stream or a stream that stops and starts
- Dribbling at the end of urination
- Inability to completely empty the bladder

Once again, Hugh decided to see his family physician. Physical examination and mildly elevated serum prostate-specific antigen (PSA) confirmed that Hugh had benign prostate hyperplasia benign prostatic hyperplasia (BPH), is a common condition as men age. An enlarged prostate gland can cause uncomfortable urinary symptoms, such as urine flow blockage out of the bladder. It can also cause bladder, urinary tract or kidney problems. His physician wanted Hugh to have a routine colonoscopy as Hugh's fecal immunochemical test (FIT) was back positive.

FIT is a screening test for colon cancer. It tests for hidden blood in the stool, which can be an early sign of cancer. FIT only detects human blood from the lower intestines. Medications and food do not interfere with the test.

Given Hugh's symptoms, he was scheduled for a transurethral resection of the prostate (TURP). A lighted scope is inserted into your urethra, and the surgeon removes all but the outer part of the prostate. TURP generally relieves symptoms quickly, and most men have a stronger urine flow soon after the procedure. After TURP you might temporarily need a catheter to drain your bladder.

Hugh no longer had urinary issues, was sleeping better, had more energy, and was relieved that it was "nothing much". Two months after his TURP, Hugh went in for his routine colonoscopy.

A colonoscopy lets a doctor look at the lining of the entire colon and rectum using an endoscope.

Abnormal results may show:

- diverticulosis (abnormal pouches in the lining of the colon)
- hemorrhoids
- inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- bleeding in the colon or rectum
- polyps
- cancer of the colon or rectum

Biopsies were taken during the colonoscopy for testing in the lab. The pathologist reported Stage I colon cancer.

Hugh required a bowel resection which left him with a colostomy.

With Gladys in long-term care, Hugh was living alone. Home care was ordered to teach him proper ostomy care.

Hugh's self-image was suffering. He did not go out, was not eating properly due to fear of leakage at the ostomy site. He led a very sedentary life. He had concerns about Brian's welfare, who would look after him once Hugh was gone? Brian had Down's syndrome and lived at home where he was schooled and cared for. He was unable to reach out to his son Paul, to discuss helping out with himself and Brian. Hugh and Paul had not spoken in years.

Hugh spent time researching institutions where Brian could live. The only option Hugh could see for Brian was sending him to a home for “people like him”.