
THE WONDERS OF HEALTH TUBING

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My dad died of colon cancer when I was 16. When I was 40, the same age as my father at the time of his death, my uncle called to tell me that he had just received a diagnosis of - dramatic sting here - COLON CANCER!

I'm not trying to be theatrical. The dramatic sting is exactly how I normally hear the word "cancer", even when it's whispered, which it usually is. That's because it's my ringtone. Every time someone mentions cancer, I also seem to get a call on my cell. It works out perfectly, because that's how harrowing the word is to me.

A major part of my revulsion is to the label itself — "colon" cancer. Now leukemia, that's a diagnosis you could utter with resonance. But no matter how you spin it, colon cancer couldn't be called anything worse. I take that back. It's also identified as "colorectal" cancer. That isn't just potentially terminal; it's downright humiliating. It's bad enough to have any type of cancer, but then sticking your colon or rectum on top of it... Well, that just stinks.

Put that image together with a diagnostic procedure wherein someone will be sticking a 1500-foot tube into and through your very most private of privates... How uncomfortable. How embarrassing. How please don't go there. I mean, really. Please. Not there.

But go there they will, those white-coated fetishists with the scopes (does anyone doubt that they enjoy their work?). And despite the terrible knowledge of what the disease can do to a man and his family, what preoccupies my imagination about the bogeyman of colon cancer is not the disease itself but the dreaded... colonoscopy. I try, but I just can't make myself get past the idea of the backdoor B&E.

Perhaps if we just renamed the procedure. Something like "health-tubing," or "interior-surfing," we might look at it with less apprehension. Maybe even look forward to it. Maybe not. Still, it's odd, isn't it? We get our panties in a knot because we're getting a tube with a lovely little video camera fixed to the front of it pushed through a hole THAT'S ALREADY THERE. Save the clench, it's an opening that is hither to... open. That's not bad thing, folks. That's a damn convenient thing.

And to make it even more practical, it that opening takes you right into yon destination: the colon. No muss, no fuss, and no need for them cut a hole into your very bleedable skin and tissue. A hole big enough for the hose and camera to fit.

Perhaps I should put it this way: If you lived in Jersey and had great seats for a Broadway play that might very well save your life—say, Spamalot—and you had a limo waiting right at the Weehawken, N.J. entrance to the Lincoln Tunnel, would you rather that the driver take you through the tunnel that was already there, or would you have the driver drill another tunnel under the Hudson River five miles further away from the theater and have you end up missing the first act... or die trying to get there?

You would think that no matter where a professional—and let me make this clear: You should have your , um, health-tubing, done by a professional . . . a medical professional—wherever said professional must look (in) to potentially save your life, you would gladly welcome the somewhat awkward intrusion.

But if saving your life isn't enough, you should consider the many other benefits of a colonoscopy.

Who wouldn't like to lose ten pounds in one day? Forget Atkins. Forget South Beach. Forget Jenny Craig. Preparing for a colonoscopy leaves them all in the weight-loss dust. It's a diet plan that doesn't even call for a rigorous exercise regimen, save for the dash to the bathroom every fifteen minutes. After prepping for a colonoscopy, I can't get to a scale fast enough.

"Honey, look. I can fit into my old jeans!"

Of course, I gain it all back with the 20,000-calorie lunch I have minutes after the procedure. But for about fourteen hours, I can lay on my back and actually feel what it's like to have my stomach touching my spine. In fact, I recommend prepping for a colonoscopy minutes before every high school reunion.

"Steve, you look as thin as you did in the 10th grade."

"Yeah. And as cancerless!"

Here's another one: You will get the day off from work.

"I've got to go in for a little surgical procedure."

"Little? There's no such thing a little surgical procedure, Young. You take all the time you need."

Maybe even two days.

And while taking nuclear laxatives and allowing a stranger to journey where no man

has gone before doesn't sound the least bit fun, if you do any stand-up, you've got an additional fifteen killer minutes that will absolutely floor the baby boomer crowd.

Yes, the benefits are many and the risks are few — save finding out you have a potentially deadly disease at a point in time when it can be treated before it becomes literally deadly. Some risk. Yet there are still a lot of us who would rather die from cancer than find out we have it . . . and find out we have it while it's still treatable. Did I mention that you can detect it while it's treatable? Did I mention that "treatable" means it can be removed, leaving you WITHOUT cancer? Some humiliation, eh?

So if you still have a modicum of ability in the weighing of your options, you might want to consider that, while there has been vast research into the cancer-detecting power of sticking your head in the ground or covering your ears while you go la-la-la, a colonoscopy still seems to be the best method of catching colon cancer before colon cancer catches you.

So I'll leave it up to you. Which do you find more embarrassing? Dying of embarrassment . . . or dying of colon cancer?

Dramatic sting!

Award-winning TV writer and columnist **Steve Young** is the author of "[Great Failures of the Extremely Successful](#)" (www.greatfailure.com) and blogs at steveyoungonpolitics.com