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Through the eyes of a caregiver

By **Tori Foster**

Staff Writer

editor@mycameronnews.com

An unknown author once said, "Sometimes we need someone to simply be there, not to fix anything or do anything in particular, but just to let us feel we are supported and cared about." Wendy Spease became the supporter and caregiver for her mother, Michele Spease, when she was diagnosed with breast cancer in 1997 and had a single mastectomy.

Although Michele's husband Chuck and son Tim were always there for her in different ways, Wendy was the one who took on the responsibility of caring for her mother. Wendy explained her dad helped the first week after surgery, shaving Michele's head after she started losing her hair to chemotherapy and helping her with anything she needed, but had to go back to work at his antique shop Tiques and Stuff, in Plattsburg. Tim was there for Michele to talk to, but taking over the physical work of caregiving was natural for Wendy. Wendy said she felt as though she was being the caregiver for her dad as well, allowing him to work and take some of the stress off of him. Chuck, Wendy and her daughters were all known to go to chemotherapy sessions with Michele, becoming so close with the nurses Chuck began answering the phones in the office. Chuck once spent a session applying press on nails to his youngest granddaughter, Kaiti.

"We each played our roles in helping

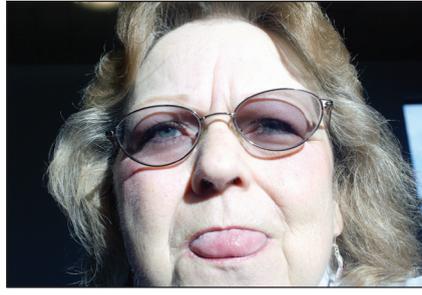


Photo by Tori Foster
Michele Spease sticks her tongue out at her granddaughter during a church service one Sunday morning.

mom," said Wendy. "I had to change her bandages and clean the wound area. I also had to make sure she made it to the bathroom safely since (Mom and Dad) had stairs. I took her back and forth to the doctor's appointments, gave her medicines, took care of the daily household chores and fixed dinner for both of them."

Along with being her mother's caregiver, Wendy had a full-time job, husband, and two young daughters of her own to take care of, Tori and Kaiti Marshall. However, she never let the added stress get her down. Wendy said she was always raised to just focus on what needed to be done and get it done, putting one foot in front of the other.

"I got up every day, determined to do what needed to be done that day and just did as best as I could," said Wendy. "I was raised to believe the only option was

to get through things. We may not always think we are going to be able to, and we certainly may not do it in the most graceful manner, but the only choice is to move through it and do your best."

Wendy was able to take vacation from work to take care of Michele while her girls went to daycare. In the evenings, Wendy picked her daughters up and they would go to Michele and Chuck's for dinner before going home. Like many things in life, becoming a caregiver to a parent is not something someone can easily prepare for; however, Wendy felt she was born for the job and had been preparing for it her entire life.

"I never wanted to be anything other than the ultimate caregiver in my book and that is a mother," said Wendy matter-of-factly. "This, I think, prepares you to be a caregiver for anyone. My mother was the best caregiver I could have ever had, so it was natural to turn into hers."

Wendy said taking care of Michele physically was not hard, but emotionally it was one of the hardest and easiest things she had experienced.

"It was hardest because it was so difficult to see my mother hurting and uncertain about what would come next," said Wendy with a hitch in her voice and tears in her eyes. "But, it was the easiest because she made it so easy. We had always been close but this brought us even closer."

Wendy said they always laughed so hard about the oddest things, but she believes their family's sense of humor got



Photo by Tori Foster
The tattoo Wendy and her daughter Tori designed in honor of Michele's fight with breast cancer.

them through the hard parts. Wendy recalls one instance during a treatment session when Michele pretended to have pierced her belly button to joke with her oncologist. Another time Michele took out her prosthetic breast in the middle of downtown Plattsburg and threatened a friend who had not scheduled her



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Photo by Laci Shatto-McLaughlin

Wendy Spease and her daughters Kaiti Marshall and Tori Foster.

mammogram.

Although Michele beat her first battle with cancer, it returned in 2007 and again in 2009. Between the first and second occurrence, Wendy and her husband divorced, leaving her a single mother. Even though it was hard, her strong family bond got her through. During her time as a caregiver for her mother, Wendy never sought out a support group, saying her family has always been pretty private and self-sufficient.

“When I needed someone to talk to, I talked to Mom,” said Wendy, with tears rolling down her cheeks. “She was my best friend. In some ways, maybe it would have been better if we had talked to other caregivers, but it just isn’t something any of us ever gave much thought to.”

In 2008, Wendy and her oldest daughter Tori designed a tattoo, an angel hugging a breast cancer ribbon with a yellow rose bud, which were Michele’s favorite flower. This tattoo was the first

tattoo either of them had received and it held a lot of meaning for both of them.

“At the time, I got the tattoo because I wanted Mom to know how important she and her experiences were,” said

Wendy. “I wanted a permanent reminder, to honor the fight and how much she meant and continues to mean to me. It was another way for us to be connected. I love having it now because I know I will never forget, it was something that we

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shared and I love that Tori and I designed it together.”

When Michele saw what Tori and Wendy did, she immediately wanted one for herself. Unfortunately, in the fall of 2009, just after her 61st birthday, Michele passed away from congestive heart failure due to complications from chemotherapy. A year or so later, Kaiti, got one just like it, adding Michele’s name and death date to the design.

“There is a huge crater where she used to live in my soul,” whispered Wendy. “But, if there is one thing Momma would

be happy about it is that she didn’t technically die of cancer.”

Being a caregiver was a truly rewarding experience for Wendy. She said she would not change any of the things she experienced for the world.

“We don’t get to choose a lot of the things that come into our lives, we only get to choose how we react to it,” said Wendy. “While I could sit and cry about my mother having cancer, it wouldn’t change anything. I have to take peace in the fact that because I was able to help her through it, it was as easy for her as

possible.”

Although losing her mother was devastating, Wendy knew she had to go on and her care-giving role was not over and stepped in to take care of her dad, Chuck. Wendy said her dad was not incapable of taking care of himself on his own, but knew Michele had done so much and he would need help until he was ready.

Wendy thinks all caregivers should remember to do what is right for your family and not let anyone tell you what you are doing wrong. She said the people

involved -- the caregiver and the cared for-- know better than anyone what is needed, whether it is how much you can deal with in a certain amount of time or how much information you can handle at once.

“It is okay to have bad days,” added Wendy. “Allow your loved ones to scream, laugh, cry or just vent. Allow them to do this, they don’t need you to fix it, they know you can’t. They just need you to let them go through whatever emotion they are feeling and to let them know that it is alright.”

Fertility preservation and breast cancer treatment

Hearing the words “You have breast cancer” can trigger a whirlwind of emotions, especially among women of childbearing age who still want to grow their family. Cancer treatments risk leaving women infertile; however, ongoing research into fertility preservation methods is increasingly offering cancer survivors the possibility of having biological children post-treatment.

October is Breast Cancer Awareness Month. Sponsored by the National Breast Cancer Foundation and the American Cancer Society, this annual health campaign aims to raise awareness of the causes and consequences of the disease and provide women across America with the information and support they need to have the life they’ve always dreamed of.

How does treatment affect fertility?

A woman needs an adequate number

of healthy eggs in her ovaries to get pregnant naturally. These eggs are all made before she’s born and spontaneously die with age; however, invasive drugs and forms of treatment can damage and kill eggs prematurely (e.g. chemotherapy) or delay pregnancy, giving eggs time to age naturally (e.g. hormone therapy).

Fertility preservation options

If you’re a young woman recently diagnosed with breast cancer, your doctor may recommend the following courses of action to ensure a bright reproductive future:

- **In vitro fertilization (IVF).** Colloquially referred to as the “test tube baby” technique, IVF stimulates the growth of eggs, collects them and fertilizes them in a test tube to create embryos, which are later

implanted in the woman’s uterus.

- **Frozen embryo transfer (FET).** FET is a cyclical treatment that involves thawing frozen embryos from previous IVF cycles (or a donor) and transferring them back into the woman’s uterus. FET is considered the most effective fertility preservation strategy to date; however, women who are single or not yet married may feel more comfortable freezing eggs that haven’t yet been fertilized with their partner or an anonymous donor’s sperm.

The American Society of Reproductive Medicine (ASRM) has found that for women less than 35 years old, frozen eggs have just as good a chance at creating life than frozen embryos.



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Communicating your emotional state after diagnosis

People diagnosed with breast cancer often find it difficult to express how they're feeling for several reasons: discomfort, fear of upsetting loved ones, anger, etc. However, keeping your emotions bottled up inside consumes a great deal of energy that would be better used to fight the illness. Sharing your feelings could help you manage stress and provide you comfort in a time of need. Therefore, whenever you're ready:

- Talk to someone with whom you feel comfortable. If it's too difficult to speak to a loved one about your diagnosis, consider

joining a support group.

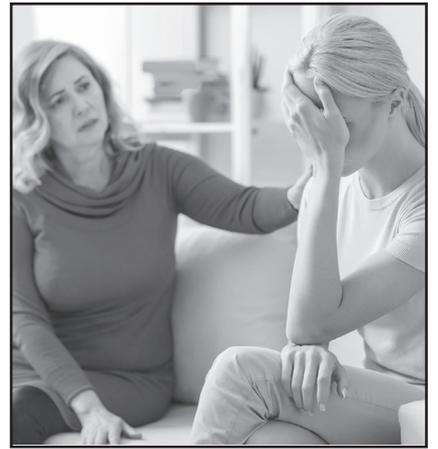
- Don't be afraid to cry or experience intense emotions like anger. Remember, there's no right or wrong way to feel following a cancer diagnosis.

- Try to describe how you're feeling in simple terms to facilitate the conversation and allow the person you're communicating with to better understand your mindset. If you're having trouble formulating what you're feeling, just say so.

- Don't fear silence — it's actually an effective coping mechanism. And if you're

usually one for jokes, don't hesitate to use humor to help dissolve tensions when confronting difficult situations.

Is talking about your diagnosis too painful? Writing (emails, poems, etc.) and making art (sculpting, painting, etc.) are equally constructive when it comes to self-expression. Lastly, if you're tired of constantly having to repeat yourself, ask someone to be your spokesperson and deliver personal messages or status updates about your condition on your behalf.



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ABOUT DR. NELLESTEIN

Dr. Nellestein is a board certified cardiovascular surgeon who has lived and practiced in St. Joseph, Missouri since 1998. His undergraduate degree was in molecular biology from the University of Utah, his medical degree was from the Uniformed Services University of the Health Sciences in Bethesda, Maryland, and he received his cardiothoracic surgery training from Saint Luke's Health System in Kansas City, Missouri. He had a distinguished 25-year military career and is a retired U.S. Navy captain. His airborne paratrooper and jungle warfare training were obtained with the 82nd Airborne Division. His military career included seven years overseas, nine years in Washington D.C., two years in Kansas City, Missouri, and seven years in the reserves.

Dr. Nellestein worked at Heartland Regional Medical Center/Mosaic Life Care from 1998-2014 where he held, over time, positions as medical director of cardiothoracic surgery and medical director of vascular surgery. He also started the existing vein clinic program at Mosaic Life Care.

He has been practicing venous disease management for the past 4 years. His wife of 33 years, JerryAnn, is a practicing certified registered nurse anesthetist in St. Joseph, Missouri, at the Murphy, Watson and Burr Ophthalmology Center. Dr. Nellestein and JerryAnn's daughter Emily, a Bishop LeBlond graduate, is at the University of Colorado in Boulder. Their son Andrew, also a LeBlond Graduate, received his undergraduate degree from Villanova University, his master's from Johns Hopkins University, and is currently attending Georgetown University School of Medicine.

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