

Al “Mr. 59” Geiberg

Those individuals who are the “first” to achieve something extraordinary hold a special place in history — Neil Armstrong for his first steps on the moon, Roger Bannister for his legendary four-minute mile, and Althea Gibson, for being the first black woman to win a Grand Slam tennis title at the French Open. Another legendary name to add to that list is Al Geiberger, who became known as “Mr. 59” — the first professional golfer to break the barrier of “60” when he shot 59 in 1977. While he was affectionately known as “Skippy” due to his penchant for eating peanut butter and jelly sandwiches on the golf course,



Rolf Benirschke was the placekicker for the San Diego Chargers for 10 seasons, but his career nearly ended because of a difficult battle with ulcerative colitis. He would require ileostomy surgery but returned to play in the NFL and has been educating and encouraging ostomy patients and WOC nurses ever since. He recently founded Embracing Ostomy Life, www.embracingostomylife.org, a non-profit dedicated to supporting and offering HOPE to new ostomates and the people who love them.

his nickname quickly changed to “Mr. 59” after breaking the “impossible” barrier of shooting 59. What many did not know about Al is that he would need ileostomy surgery several years later and would return to play to rack up many more wins...a feat perhaps even more remarkable than breaking 60 in a golf tournament!

Al’s accomplishments are many — starting with his victories in college and then 27 years on the regular PGA tour where he won 11 Tour titles, including the 1966 PGA Championships, the 1975 Tournament Players Championship and the 1979 Colonial National Invitational. His most memorable day by far, however, happened in 1977 at the Danny Thomas Memphis Classic when he shot 59 in the second round, becoming the first player ever to break 60 in a PGA Tour event! Al recalls that special day with a nod of his head and a wry smile, “I wasn’t even thinking 59 until, after about 15 holes, when the gallery started yelling, ‘59!’ ‘59!’

Apparently, everybody from all over the course heard the chants and started heading over to watch. I wasn’t aware of what was happening or that I had a chance to break a record and shoot 59.”

At 28 years old, in the prime of his professional golf career, Al began experiencing severe intestinal problems. As with most of us, the initial signs were subtle—occasional discomfort, digestive issues, and fatigue. Al remembers, “It evolved very slowly. There would be tests and then my symptoms would resolve.” His doctors explained that this was the nature of his complicated disease. It would

have been easy for Al to put his clubs in the locker and walk away from the sport, but golf was all he knew. He recalls how differently he approached playing on a new course as his disease progressed, “While other golfers were checking out the course to plan their play, I was checking out the port-o-potties!” And Al sadly remembers the times when he had to slip off the fairway into some trees or underbrush to have some privacy.

Al was diagnosed with an aggressive form of polypsis, a condition that caused polyps to rapidly regrow in his colon. He continued to play through the pain, even winning a tournament after undergoing a minor surgery which removed a section of his colon covered with polyps. But, within a year, his condition rapidly deteriorated. He was playing at the Jerry Ford tournament in Vail, Colorado, and had just finished the practice round when the pain became unbearable. He was immediately taken to a small hospital in Vail where they did an emergency resection for a blockage and was then airlifted via helicopter over the Rocky Mountains and into Denver where he had ileostomy surgery.

When Al woke up, he was devastated. Besides the crippling pain from the surgery, his fear of the future was even more crippling. “I couldn’t believe what just happened. One minute I’m making my living playing a sport I love and the next I wake up with a bag on my side! I thought my life was over.”

What Al didn’t know was that his ostomy nurse was determined to help. After hearing me speak at a regional WOCN convention she reached out to me. I remember our conversation vividly because her first words on our



phone call were, “Mr. Benirschke, I really don’t like you very much because I’m in Denver and you and your Chargers just beat my Broncos! I’m calling because I have a professional golfer in my hospital bed who doesn’t want to live. He says he would rather die than wear an ostomy bag. Would you speak with him?”

It was a privilege to speak with Al and assure him that he would recover and he would be able to return to the game he loved. Since we didn’t have video calls back then, I could not actually see Al’s face, but as a fellow athlete, I knew he was locked in on what I was saying. Al also clearly remembers how that conversation impacted his recovery, “My time with Rolf gave me the hope and determination to fight through my doubts and fears, setting the stage for my remarkable comeback. Boy, did that pick me up!”

At the time, although ostomy care products were starting to improve, they were still rather cumbersome

and somewhat challenging to manage. The thought of returning to professional golf seemed overwhelming to Al. On top of that was the grueling recovery road that lay ahead of him. Because his incision went nearly the length of his torso, the loss of abdominal muscles made simple movements excruciating, and Al had to rebuild his strength from the ground up.

After many conversations with Al over next few months, we agreed it would be neat to spend some time together in person. We scheduled the trip to coincide with the PGA tour stop in San Diego so he could see some of his buddies on the tour. I will never forget guys like Lanny Wadkins, Tom Kite, Ray Floyd and Jack Nicklaus greeting Al at Torrey Pines and wishing him well. While they were all happy to see him, they were stunned to see how skinny and gaunt he had become. As they walked away, I remember emphatically telling Al, “I promise you, you will play again!”

While Al’s first steps back onto the golf course were hesitant, with the encouragement of his family and fellow professionals, he began hitting short shots and gradually worked his way

back to playing full rounds. The mental battle, however, was just as significant as the physical one. Could he compete at the highest level again? Slowly but surely, he found his rhythm, and the answer became clear—yes, he could.

It was just six months after his surgery that Al teed it up for his first professional tournament! Despite the challenges, he made the cut and played through the weekend. His presence on the course was more than just a personal victory; it was an inspiration to countless others facing similar health battles. Over the next five years, Al would play a regular schedule and compete with the best players in the world while becoming an outspoken supporter of ostomy patients.

Unfortunately, Al was about to face another battle that was far more difficult than his ostomy journey.

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for landing the wafer in the right spot. The tube placed over the stoma and the prepared wafer is slid down the tube and then pressed into place (figure 2).

For two-piece pouches, the tube is removed after the wafer is secured to the peristomal skin. With one-piece, open-end pouches, the tube can be allowed to drop into the pouch and then removed from the bottom. The slide technique is not recommended for one-piece urostomy pouches or one-piece, closed-end fecal pouches; however, it can work if the wafer can be folded back to allow the tube to be removed before fully securing the wafer to the skin.

Another technique utilizing the tube is the “guide.” First, insert the tube into a prepared wafer and then place the tube over the stoma and use it as a guide to place the wafer into the optimal position.

It may be particularly useful for the partially sighted or where a person has a lot of difficulty seeing the stoma or is using a mirror. People with a tremor may be able to use this technique, although they may need someone to make the tubes in advance. The guide technique works best with stomas that protrude from the skin.

After placing the wafer on the skin, applying even pressure close to the inner edge of the wafer for at least a minute is an important part of getting a good seal and preventing leaks. You can use a paper towel tube, a correctly sized plastic bottle cap or similar device which can apply even pressure. This method prevents the temptation to rub back and forth which shreds the adhesive.

Hints and Tips

It is sometimes helpful to leave

the backing paper on the wafer – in order to remove it (with the tube in place) tear it on either side. Some wafers have plastic backing material and this will need to be cut or removed if covering the hole.

If using paste on a wafer, it may stick to the tube, so keep paste just in from the edge of the hole. Someone totally blind may be able to do their own care providing the stoma is an “outy” or they can feel where the skin meets the stoma. Warming the wafer before application can still be done as it assures better adhesion. For a demonstration, go to www.youtube.com and search for “cardboardtube” by Bill Lashua.

References

1. Heale M. Cardboard tube technique: for optimal ostomy wafer placement and for treating peristomal skin, despite persistent output. *JWOCN* 2013; 40(4). 🐾

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Five years after his operation, Al endured a painful divorce. He remarried and, within a year, was blessed with a son named Matthew. Unfortunately, however, sweet Matthew’s short life, ended tragically two years later in a drowning accident.

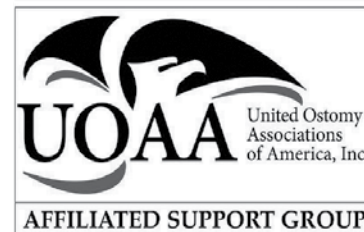
Al thinks back on that horrible time, “After I had my ileostomy and had gotten over my depression, I was so happy to be alive and playing golf again. But after we lost Matthew, I had a hard time getting motivated. Golf just wasn’t that important to me anymore.”

With a wisdom only gained when you can look back on your life, Al reflects, “I think going through my ileostomy – something that I felt at the time was the worst thing in my life – helped me get through Matthew’s loss. My surgery was very difficult for me, but as time

went by, I learned a big lesson from it. Just be patient and you can work your way back again.”

Al went on to win 10 more tournaments on the PGA and Champions Tour, proving he could compete and still play the game he loved at the highest level. He also found a new and very fulfilling role in testing and promoting advancements in ostomy supplies, working closely with manufacturers to refine products that provided better adhesion, flexibility, and discretion.

Now at 87 years old, Al still feels grateful for his ostomy and what he’s learned, “I’ve found that I’m a natural teacher not only with golf, but with giving advice to other ostomates. It’s just one of the things I most love to do!” And for those of us who know Al, we couldn’t be more grateful for our friendship or more proud of the way he has turned a devastating situation into an inspirational story for all of us. 🐾



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