

MIND TO MIND

*Creative writing that explores the abstract side
of our profession and our lives*

Carol Wiley Cassella, M.D., Editor

Remodel

Mary Oak, M.F.A.*

I IN the heavily overcast dawn, as I strip down for surgery, I recall Inanna. In an ancient Sumerian myth, when she prepares to leave “the great above for the great below,” Inanna arranges her hair across her forehead and dons her regalia: her crown, a small lapis necklace on her throat, a double strand of beads on her breast, and wraps her royal robe around her. She puts on her breastplate and gold ring, and takes her lapis measuring rod and line in her hand. Gate by gate in her descent, each of these is removed from her. At each gate, when something is stripped away, she cries out, “What is this?” and is told, “Quiet, Inanna, the ways of the underworld are perfect, they may not be questioned.” But she keeps asking at each of the seven gates, until naked and bowed low, she enters the throne room of her sister, Ereshkigal. There she is struck by the eye of death and hung on a meat hook for three days: an ancient crucifixion.

My fingers feel odd without the rings I have worn for so long, and even my silver star toe-ring needs to be removed. My fiancé, David has taken my coat to the car, and alone now in a curtained cubicle with a rolling bed, I undress. Naked, I fold my hands over my heart and bow slightly in surrender. I glance at my intact chest one last time before donning the light green gown with busy blue lines and red squiggles. Versions of this will become my uniform in the next week and I will get to know all its openings, snaps and ties to maneuver around tubes. A nurse asks, “Ready?” and when I assent, she opens the curtains and tells me to lie down. She places a heated blanket on me. I try not to think of how during the surgery they will lower my body temperature severely to induce hypothermia. I

* Seattle, Washington, maryoakgrove@gmail.com

Accepted for publication September 29, 2011. This text is an excerpt from a full-length manuscript titled “Heart’s Oratorio: A Healing Journey.”

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won't let myself dwell on the image of cold salt water being poured on my heart, in the same composition as tears.

David returns, holds my hand and reassures me with his loving gaze. The presurgery bustle begins with Dr. Ching, the anesthesiologist, introducing himself. He begins an IV of Versed (to forget) and my awareness dims accordingly. Another gate in my descent. The assistant Surgeon, Stan Stacy, joins us and makes small talk. Dr. Vivian arrives in his scrubs with a cheery "Good Morning" and tells me that in going over my echo again, it looks more likely that my mitral valve will have to be replaced. He doesn't say cut out. I am given more papers to sign and they harness me into the bed. David stoops over, his lips finding mine in a long, slow, time-stopping kiss, before he takes leave. His taste lingers. I know he'll be waiting nearby.

My glasses are taken. Everything is a blur. Sounds muffle and din.

My body strapped down, I rise up from earth's hold. I become the light princess in the story I loved in my childhood. Unencumbered, I float. Instead of being held by the ribbons of courtiers, I am corded with tubes and wires. My consciousness is erased while my body is chilled down and operated upon. There are more gates to pass through in my descent: breath circumvented, circulation rerouted.

As a kite is reeled in from the sky, that evening I come to. In the blur of sedation, I still can't see, although I sense David nearby. As soon as I open my eyes, he is ready to tell me that I am in the ICU, that the surgery was a success. The hand I love above all others strokes my forehead. My lungs are being squeezed—open, shut. There are other hoses draining from my body, and wires connecting me to a monitor. I am being breathed by a machine. I try to find my chest. How is it?—too far away to know.

Over the next few days, my awareness vacillates between semi and complete stupor. I have my glasses now, but what takes place in the ICU is just a veneer, beneath which, as soon as I close my eyes, another world is revealed. It begins with dense black punctured by pulsating points of light, as if I am peering into cellular structures, galactic and subatomic in one. Not just visual, but dizzying, this gravity of oblivion. As long as I keep my eyes open, perhaps I won't fall in?

I vomit and bleed. With effort, I press the button to raise or lower my bed. I can't sit myself. I drift between worlds. I can't stay awake while Betsy visits with a gift of orange mountain ash berries, of crimson oak leaves, to bring nature in to me. David hangs them nearby, a dash of color in the sterile room where flowers are forbidden. I learn the nurses' names. I forget them. Blood is drawn

from me every four hours, IV's checked, replaced. David tells me things. I nod and they fade.

The respirator has been removed. My breath is shallow, but my own. There is a plastic mask of oxygen over my face. I could speak now, if only I could form the words. To string them together demands a rigor I do not yet possess. But I mumble: "Lethargic . . ." To find the word to describe my condition is a supreme accomplishment. I have drunk deeply of lethe, the spring of the underworld, of forgetfulness. My eyes shut despite my effort to keep them wide open. It is useless.

Behind my lids, I enter a different realm. I have lost track how many gates I have passed through. Surely this is subterranean. Beings melt one into another, grasping, jabbering, crying out in anguish. They are hurt. They are tormented, molten, distorted, entrapped, cruel. This toll of misery keeps moving—suffering, suffering, suffering, suffering. Later I will recognize it as hell. Hells dancing. The nine circles of Dante's inferno crisscrossed and jumbled. Meanwhile, I try hard to keep my eyes open. When I don't, I sink back into the swirls of ghoulisish agony.

Later, I awake, alone with the glow of machines interrupting the dark.

I don't know when the oxygen mask was taken off; there are tubes in my nostrils now. My breathing is shallow. I am lying on my back, slightly propped up. I can feel a little steady jolting inside me, against my back. I veer away from going any further into the sensation, understanding that in order to be comfortable, I will need to ignore this. I carefully maneuver to lie on my right side, facing the tube of my IV and the line of the morphine drip that I can self-administer when I want, by squeezing. I hardly use it, preferring pain to the blankness.

Slowly I move my tethered hands to my chest. They rest on the bandaging between my breasts, thickly taped up to my collarbone, and ending somewhere else out of sight, indeterminable. In a rush of gentleness, my awareness reaches into the wound below the wad. Tears flow in gratitude mingling with the pain, not unlike the time after giving birth. I want to comfort this newborn, raw and fragile. I want to cheer her on, "You made it!" I want to soothe what has been cut away, to welcome my remade heart, made new within me.

“Perseverant Heart”

Kristin Adams Forner, M.D.*

“ROBUST”

“ROBUST” was the word that came to my mind that morning as I caught my first glimpse of him. He was sitting on the hospital stretcher, struggling to tie his gown around his broad shoulders. Rather than appearing small and vulnerable, like most patients do awaiting surgery, he took up more room than the curtains afforded him. His thick torso, weighty hands, and roughened skin spoke of the nearly seven decades he’d spent battling the extremes of New England weather. He was an oak.

As I approached him in the preoperative holding area, he looked up at me and unexpectedly smiled.

And with that simple gesture he won me over before he’d spoken a word.

His last name was Albertson. “Everyone calls me Al,” he said by way of introduction. He stuck out his hand, and mine was quickly swallowed by the enormity of his grip.

“Al, a pleasure to meet you,” I smiled, and introduced myself.

I was a first-year resident in anesthesiology, and Al’s surgery—to remove three cancerous lesions from his liver—was going to require more from me that day than any I had participated in so far. I had been in training just long enough to be nearly paralyzed by the quantity of physiology and pharmacology I needed to master, and the level of manual dexterity I had to achieve, but not long enough to have conquered the agonizing self-defeat that daily threatened to eat up whatever small victories I gained in these areas. I was constantly terrified I was going to do something—or worse not do something—that would result in death or injury to one of my patients.

As anesthesiologists, we are trained—more than anything else—to be vigilant. We stand at our patients’ heads and attempt to keep

* Wright-Patterson Air Force Base, WPAFB, Ohio. doctorkiki@yahoo.com

Accepted for publication March 8, 2012. The patient in this piece gave the author permission to write about his story. His name has been changed to protect his identity.

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every organ system in their bodies behaving appropriately. We oversee, survey, inspect, and examine. We manage, control, guide, and direct. And when something begins to go awry, we respond, evaluate, diagnose, and treat.

As a first-year resident I was still learning how to do all of these things, but believed that I ought to be doing them all perfectly. I arrived each morning and asked my patients to give me their lives—the greatest gifts they could possibly give me—all the while knowing I was not the best physician they could have received that day. I was only learning to be. It was the awareness of my own ineptitude—fundamental to any novice, and the profound privilege intrinsic to learning from a human life—true only within medicine, that haunted me everywhere I went. It followed me into every operating room and besieged my confidence daily. I knew my patients deserved better than me. But to become the kind of physician they deserved, I had to keep asking them to give me their lives, and bearing the risk of harming them. I had to stare my fear in the face, with a new set of patients, each and every day.

Dr. H had been assigned to mentor me upon my arrival in Boston six months ago. He lived to make his residents love anesthesiology, and he did so with immeasurable energy and passion. From our first day together, he sensed my fear and made it his personal endeavor to carefully, consistently etch away at it. Each day Dr. H and I worked together, fear's grip on me became a little less crippling and I, in turn, became a little more confident.

On this day, Dr. H had been assigned to oversee my care of Al. Al's case began uneventfully and had been going smoothly for much of the morning. Dr. H briefly stepped out to see another patient, but upon his return he immediately noticed distinct changes to Al's continuous electrocardiograph. I followed his gaze and my breath stopped short. Al was having a massive heart attack.

Panic began to build in me. I may have missed one of the most important, most common, life-threatening perioperative complications we see. Its incidence had been drummed into my head since the first day of residency, something for which I was to be watching more than almost anything else.

I loathed myself.

Dr. H notified the surgeons. Having just completed the removal of all three lesions, they immediately began closing Al's abdomen. He then called the cardiologists and shot a crushed aspirin down Al's nasogastric tube. As I watched him, I wondered how we would treat a coronary blockage. Anticoagulants any stronger than aspirin would be contraindicated in the setting of Al's surgically-injured liver.

My stomach churned with fear.

We packaged Al and his equipment and traveled to the catheterization lab in silence. As the cardiologists gathered around the pictures of Al's heart, Dr. H stood beside me, his unspoken reminder to me to keep breathing. A cholesterol plaque had broken free in one of Al's coronary arteries and traveled to its distal tip. Everyone agreed his body was doing a sufficient job of clearing the plaque all by itself, so no further anticoagulation would be necessary.

Dr. H looked at me. "Bottom line: not your fault. You didn't cause this infarction, and you couldn't have prevented it." I looked down, tears of relief rising in the corners of my eyes, beginning an unabashed course down the sides of my face. "You learned something today. So when it happens again you'll know what to do. And that is exactly why you are here."

In total, Al stayed in the hospital twenty-six days. That first night he looked small, naked, and defenseless. Tubes and lines crawled out of every orifice, and it appeared as if his bed were trying to swallow him. He was no longer the rugged New England outdoorsman I had met that morning. Instead, his frailty and debilitation made my own heart ache.

It took days before I could visit him without my hands shaking, weeks before doing so no longer induced chest pain in me. But slowly, over time, Al's heart began to recover. He started breathing on his own, then eating, then walking the halls. His body began to shed its lines and catheters, his hardiness returned, and within a few weeks he had found his smile again. Each day he improved I noticed my own heart hurt less.

Al's heart had suffered an injury so severe it nearly killed him. My own heart had become almost incapacitated by terror and self-defeat, even more so immediately after our experience together. But from him, I not only learned how to prepare for and manage perioperative complications, I witnessed what it meant to be robust. I observed in him the strength to fight his injury, the courage to overcome its hold on his heart, and the determination to take back his life. And by his example, I found the strength, courage, and determination to heal my own heart, and find its deeply-buried confidence. Just as his heart began to heal and move on, mine felt permission to do the same. Al finally went home, and I, too, recovered. Indeed, over the months and years that followed, the perseverance of his heart became eternally entwined in the perseverance of my own.