MIND TO MIND

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

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Transplant Time

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On COVID time, we've become accustomed to waiting. We're waiting for the next new protocol, waiting for life after the vaccine, waiting for warmer weather, waiting for next month, waiting for someone, waiting for what? As an editorial assistant who interacts with anesthesiology through words, I know my experience with time makes me among the most fortunate. I have not had to endure grueling shifts in layers of PPE and bear witness to the suffering that so many colleagues have. But I gained an entirely new understanding of waiting when I observed a double-lung transplant for a patient whose lungs had been damaged beyond repair by the virus that sent us into our extended waiting.

In the bluish overcast of a weekend morning, I arrive at the hospital in jeans and a black sweater, with a notebook and fanny pack of extra pens. On transplant time, I'm told, the vigilance that defines anesthesiologists will extend to waiting. Waiting for the next update from the transplant coordinator; waiting for the jet to land with new organs inside a wheeled cooler; waiting for the next critical drug to infuse; waiting for the new lungs to reperfuse. Waiting in the antiseptic clinical office down the hallway from the operating room, with rolling office chairs and live operating room monitors, white boards and critical care textbooks, coffee thermoses and hurried sandwiches, N95 masks and hair bouffants. Waiting to begin, and waiting to know the ending.

A few weeks before the transplant, at our hospital's COVID-19 vaccination drive-through site where I volunteer one morning, time feels gummy and circular, like

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falling into a peach ring candy. Minutes stretch out and bend, reverberating me back into the next one, each indistinguishable. As a nonclinician, I'm directing traffic and keeping track of people's 15-min waiting periods after receiving the vaccine. Post-it notes on cars indicate when each occupant's 15 min is up, when they can move on from this particular waiting room. I stare at the red hand of the clock app at the top of my iPhone, scrutinizing the seconds inhabiting each minute, hovering in 9:17 and 9:17 and 9:17 until, finally, 9:18, until the red Sentra with the woman staring at her own iPhone can back out, can accelerate into a more promising future. It's a privilege and an honor to play a miniscule role in this vaccination effort: Hope is so close.

Transplant time feels taut. Every millisecond is essential and accounted for, occupied by planning and preparation, yet simultaneously elastic, stretched out by the hours of waiting. For the anesthesiology residents and technicians and countless others working behind the scenes, the scheduled start time starts much earlier, setting up the room and exhaustively reviewing the patient's chart. Every aspect of the operating room must be checked and double-checked, much like preparing to fly an airplane. "Once the patient is in the room, you can't just pull over like you can with a car and call AAA," the attending anesthesiologist tells me. "You have to be ready to avoid crises and be able to respond to crises."

In the operating room, I learn new ways of delineating time. Time of cross-clamping. The clock is running. The lungs are good. The patient is on the floor. The patient is in the operating room. The lungs have landed. The lungs are in the room. First anastomosis (right lung). Reperfusion (right lung). First anastomosis (left lung). Reperfusion (left lung). Everyone involved—subspecialty-trained physicians, highly skilled nurses, perfusionists, ECMO specialists, surgical technicians, respiratory and physical therapists, transplant coordinators—works quickly yet precisely where seconds count. The lung transplant program at University of Florida Health Shands Hospital has a 1-yr postoperative survival rate of 98%, almost 10% higher than the national average, according to the Scientific Registry of Transplant Recipients.

Lung transplants are like an aerial dog fight, the attending tells me at another point. Every choice has to be weighed and measured to keep the patient in homeostasis. I try to imagine the concentration and skill it takes anesthesiologists to maintain this vigilance for 8, 10, 12, or 14 h at a stretch on their feet, wearing two or three layers of face masks, late into the night or early into the morning, seeing their loved ones through iMessage bubbles. I try to imagine maneuvering a breathing tube with the

awareness that mere millimeters matter, scrutinizing transesophageal echocardiography images that could reveal life-threatening heart decompensation, hanging new IVs in constant succession, bolusing medications as the surgeon's eyes cast a laser beam on the monitors, breathing by a tired hand into the new organ using a self-inflating bag, watching, reacting, correcting without overcorrecting. I try to imagine the stamina and mental fortitude these hours ask of anesthesiologists, the dexterity and critical thinking required to care for some of the most complex patients in the country, and then I multiply these hours by the staggering number of lung transplants our institution is on pace to perform this year. It leaves me in awe.

Even after the new lungs have been reperfused and the right heart pressure is trending in the right direction, the anesthesiologists must maintain their vigilance, staying the course through an anxiety- and pressure-ridden night. By the time the second lung is reperfused, exhaustion is pressing a cold fist into the corners of my eyes, and all my own hands have done is fill six pages of a legal pad with notes. Yet the anesthesiologists will remain, ceaselessly committed to this patient's safety and recovery. Hope is so close. Sometimes, I realize, we just have to wait.