

The Trouble with Surgeons is the tale of a physician who loses faith in himself after suffering a stroke and seizures in the middle of a dying patient's operation. Redemption is found not in technology or medical miracles, but in the no holds barred attitude of a surgeon who refuses to give up on his colleague's prolonged rehabilitation.

The Trouble with Surgeons

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THE TROUBLE WITH SURGEONS

AN AUTOBIOGRAPHICAL NOVEL BY

PHILLIP GORDON



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Chapter 1: Backwards into a Tunnel

Todd runs his gloved finger along the place where he will slice the belly open. He still does the initial incision himself. Most of his colleagues have their residents do it, under the guise of practice, to avoid standing under the hot lights any longer than they have to. I nod to Cindy. It's time for the baby's second bolus of morphine. My head is killing me. Maybe she could give me a pop while she's at it? There is a throbbing pain above my left ear that won't go away. Advil, Tylenol, Aleve, nothing makes it better. I've never had a headache like this one: the mother of all migraines.

I watch Todd open and then explore the baby's bowel. It's a procedure I've watched him do a hundred times. He uses a blunt metal probe to reposition the first loop that bubbles up, so he can see the loops beneath; divining this child's future like a soothsayer with a chicken.

The child's bowel is inflated, blown up from the bad humors leaching inward from a putrid gut. We'd been taking care of her for weeks without any serious complications. Suddenly her belly was taunt, her skin sallow. Giant loops of bowel protruded against the skin, like some great serpent trapped inside. Generally, dead bowel must come out, but only if there's enough left for survival. Otherwise, we don't bother. We'll call it a peak and shriek. If it's all dead, which this one probably will be, then Todd will sew the incision back together and we'll tell the parents there was nothing we could do. This one smells like death on a cracker.

I hate this disease, striking them just when it seems safe to talk to the parents about going home. I hate that we can't find a way to prevent it. I hate calling the mom at midnight. I hate telling her that the surgery might not fix her baby. I hate telling her that I'm sorry, that there's nothing else we can do but go in... go in and see what things look like.

On the brighter side, the surgery might allow us to save enough gut to keep the machines going. Then her daughter can live attached to an IV, growing like a mushroom, sucking up nutrients from the soil of hyperalimentation. Perhaps her short gut will adapt to food the consistency of tooth paste, before her liver hardens into granite. If not, she will die or get a bowel and liver transplant. Most of these will also die, eventually. In any case, all chance for a normal childhood has passed. The moment Todd made that incision, we ripped that veil. I hate it and I hate this headache too.

The glove on my right hand feels like it's on too tight. The meat of my thumb is burning, cramping. In rhythm with my headache, it's got me in a fugue, where one wave of pain and cramping washes over me after another. I look at the monitor, trying to focus on my job. Her heart rate is increasing. Her oxygen saturations are drifting down. I use my left hand to increase the oxygen. The right hand feels funny, as if it won't respond the way it's supposed to. Her oxygen saturations are still drifting down. I use my left hand to increase the breath pressure and dial up the ventilator rate. She's losing her blood pressure, as these cases sometimes do when the swollen intestines are suddenly released.

The blue cloths draped atop the baby heave up and down, faster than the pain in my head and the cramping in my hand. I feel the room starting to sway in rhythm with the cramps in my hand. I stare at the machine, unclear as to what this can mean? I think that it should be the machine which vibrates the room, not my hand. In the distance I can hear Todd's voice, "Phil, she's dropping out! You need to hand bag her. Damn it! We're losing her. Cindy, push 30 mls of saline!"

I feel my right hand clawing into a ball, pulling itself inside out. The right side of my face sneers in a grimace. I am bowing to the floor. I see it crashing up to meet me. I hear Todd screaming at me from far, far away. I see a tunnel with light at the end. I am going backwards in it, away from the light. The pain in my head is gone. I feel a momentary sense of relief and then there is nothing. The world is turned off.

Chapter 2: Love in a Lavatory

I feel the piss dribbling out of me. Drops flow in from my IV. Drops flow out. My head's about to burst, like a ripe fig after a downpour. It's too much oncotic pressure, sucking the water. Like salt on a slug, pulling the fluid into my brain. It's the inflammation. It's the steroids making the occasional tear slip down my cheek. It's all the bad humors mixed together, after the neurosurgeon's knife has conveniently left this little place where they can pool and intermingle.

The ceramic tiles of the hospital bathroom move, not in a uniform motion but agitated and entropic. Brownian motion, that's the precise term. If only I could say it. I try to move the right side of my mouth. A soft moan escapes. Drool, another form of liquid in exodus, slips out of my mouth. It rolls down my chin in a rivulet of dribble. I lift my hand to wipe it. A curled and alien claw ratchets upwards. I guide the sleeve that houses it to my chin and bat it against the wetness, saddened by the simplest act and the reminder it brings. The tiles are dancing, making me tired and dizzy.

"Zarah-Veth!" The echo in the tiny space seems to speed up the motion of the tiles. I know it doesn't work that way, or at least I did. Now I'm not so sure. The whole space seems to be vibrating. The toilet is swaying back and forth. My head feels like its being pushed through a juicer. "Zarah-Veth!"

"I'm here, love. Are you done, do you want to come back to bed?"

No. I want you to stick a fork in my head and see if it's done? "Yeash."

She looks at me like a sculptor appraising an unfinished bust. She gently reaches down and puts her hands under my armpits. I can feel the firmness of her touch, pressing against the sweat and grime that my body has been leaching out for the last 72 hours; yet another way that liquid has been leaving. "Ready, on three: One, two, three!"

She tugs upwards gently. I try to force myself forwards. I remember that my thighs have to contract and my knees must straighten. I cannot do this without a conscious decision, two of them actually. I look down. My left eye focuses on the right knee. My right eye fades off onto the tiles, which scurry away in little curly cue circles. Iron filings on an unstirred water layer, that's how I was first taught to observe Brownian motion. Suddenly I am falling. "Unggh!"

"Phillip! Step forward!" She is trying to hold me, but my pajamas are around my ankles. With no other options, she does the smart thing and lets me down easy. I feel myself being hoisted down to the floor, one back-breaking increment at a time, until she is sure that I have landed my 220 pounds of dead weight. My head now feels as though the juicer has squeezed to the point of pulp. I sob. At first a moan, but soon it becomes a wail. I am a 37 year old man crying, wailing at the top of his lungs in a four by six bathroom, with his pants down, in a hospital where everybody knows exactly who I am and which room I'm in.

Sarabeth is petrified. She has me in her arms. She has pushed the nurse's emergency button. She takes the time to pull my pants up. I gasp for breath in between wails. I feel the blood red pulp of my brain being vise-gripped, and at the same time I think that true love is pulling your spouse's pants up when he's making a fool of himself in his own hospital. I know people can hear me all across the neurosurgical ward and I don't give a damn. I can't take this any more. I am too miserable to continue.

The nurse comes. I sense the tiles ripple as she steps upon the threshold. I feel the two of them lift me up and drag me toward the hospital bed. I still wail. It feels good. It is the best I have felt in some time. I recommend a good wailing to anyone who might find themselves missing a part of their mind, especially so after having depended it for most of their lives.

My training kicks in for a moment, like the CD selector on the stereo. I

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wonder if my intracranial pressure is too high? No, the vision in my good eye is fine. That's not it. It's the damned steroids. I go back to wailing. So this is what it's like to have hormones? No thanks, take them off my med. list.

"Phillip, the nurse is getting the neurosurgery fellow. We're going to figure out what's wrong. Can you stop crying and tell me what's going on?" I am blubbering. I look at Sarabeth through tears and sob. "Please Phillip. I'm scared. I need you to talk to me."

She's scared? I look at her, angry and hurt but also sorry for her. I am sniffing now, taking deep breaths, the type a petulant child involuntarily takes when they are ramping down from a temper tantrum. I have too much spit in my mouth. It's hard to swallow when your mouth doesn't work right and crying juices up your salivary glands. What is it with all these bodily fluids? I never knew I had such an endless supply of liquid. Finally, I am ready to attempt speech.

"Mmm...mry head ish killlin meee.....Presshuure....inside! Can't taaake it anee moore." Sarabeth hold my hand and strokes it. "All right, I'll tell the fellow. We'll figure it out. Can you hold on until then? Can you stop crying until we figure it out?"

"Don know." She understands that I'm serious from the look in my eyes. At the same time we both sense this burst of energy is fading. Since the surgery I have only been able to jump start the old noodle for an hour at a time. Afterwards I need sleep, no matter how bad the pain is. "Shtop the shterhoids!"

"What? What did you say?"

"Shtop the shterhoids! Can't think shtrate on the shterhoids! Mmmakin me earrashunal! Phullin sawt inta maw brawn. Cawsin Swellin threw flewd ree-ten-chun! Not en-fla-may-chun, flewd ree-ten-chun an shterhoid sigh-co-shiss!"

“OK, I’ll tell them. You go ahead and sleep if you need to. I’ll tell them.”

Like I have a choice? I feel the gray gloom coming. It’s nothing like the normal sleep I have enjoyed for most of my life. My brain has always been awirl with thoughts. Sleep would come upon me and sweep me up. Just as vibrant and energy consuming and real to me as the waking world, sleep was my second reality. Not now. I go beyond a foggy veil and have no idea what happens there. Nor do I feel rested. I simply wake and feel that I must take what time in this world my brain allows.

The neurosurgery fellow comes in and wakes me up. “Dr Gordon! Do you want to tell me what’s going on?”

“Shleepin.”

“I mean do you want to tell me what’s happening in your head? The nurse tells me you’re having head pain.”

“Preshure shensashun in mey hed. It’sh the shterhoids. Shtop em.”

“Dr Gordon, steroids reduce inflammation, you should know that.”

“Increash oncotic preshurs. Makin me pissh coshtantly. Caushin headache... Shtop em!”

“Dr Gordon, if you think you’ve got increased ICP then I’ve got to do a CAT scan. Do you really think you’ve got increased ICP.”

“Head hurts! Pain ish 9 out of 10 but not IShePee! Shteroids!” I watch him shake his shaved head back and forth. He is virile, in his prime. Neurosurgery residency takes nine years at our medical school, and he is near the end. They earn the title of fellow after four years. He takes an ophthalmoscope and looks in the back of my eyes, looking for macular edema – one of the rare signs of possible steroid-related headaches that can be serious. But it’s also a possibility with ICP. I

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don't have it. It is too early for that. Most of his patients don't have enough brain left to complain about the individual medications he puts them on. He's deciding whether to humor me or take me seriously. Mine is not a common request. I'm asking him to veer from protocol.

He looks at me, one of those soul-searchers, as if to take my full measure before he speaks. "I'm going to do a CAT scan anyway. If everything looks alright, I will half your dose and we'll start your taper from there. Deal?"

"Shure." I'm going to throw that pill in the toilet starting tomorrow. Surgical house staff, I swear. I've known some that didn't know enough medicine to keep a houseplant alive. He's not one of them, but he's not the best I've seen either.

Chapter 3: The Final Prognosis

Todd walks into my room and starts talking right away. “Well, it’s about time you took visitors.” The sign on my door says “no visitors” in all capital letters. “Why the hell didn’t you tell me you weren’t feeling well? I would have had you in a CT scanner in minutes. Damn. You scared me to death, Phil.” He pulls off his surgical cap and sits down next to my bed. I focus my good eye on him. I can tell that he’s been worried. “Howsh, da baybee wit NEC?” I ask. He pauses before answering, “She’s dead. It wasn’t your fault. We got her out of the surgery, but it was all dead, just like you thought it would be. She died a few hours later, while you were in surgery.” He says it straight. Nothing held back, like he always has. I dab away the spit from the side of my mouth before my next salvo. “Yew sa-aved me. Tank Yew.” He looks uncomfortable. “Sally told me you’d been complaining of a headache. A stroke was the only thing I could think of so I slammed in an IV and some Ativan, then ran you downstairs for a CT scan.”

I wait for him to go on. The neurosurgeons have already told me, but I want to hear it from him. “There was this bleed, sitting in the parietal-temporal region, the size of a quarter. Your blood pressure was normal. I didn’t understand it, but I knew who to call and they were prepping you for surgery in less than an hour. You were really lucky. If this had happened in your sleep, you might have never woken up.”

“Yesh, luckee” I nod, but I don’t feel lucky. I’ve know Todd a long time. I can tell that it’s hard for him to see me like this. “I’m gettin shleepie. Can’t shtay awwake lawng yhet.” Todd nods and gets up. “I’ll come back and see you soon. You have to get better because your partners all suck at neonatal anesthesia.” He winks then walks out, the same bluster of restless energy that’s he’s always been. I roll myself over so that no one will see the tears in my eyes. I wonder if I’m ever coming back. I force myself to think about something else. I think back to our first days on service together, back when I was in medical

school, checking in Dr Spinatelli's pre-op patients on the 3rd floor ward, in a room much like the one I'm in now.

Chartreuse was a rare skin tone in my experience. It was the first thing one noticed about Mr Newton when you walked in. Todd and I did his pre-op waiver. Mrs Newton sat next to the bed, decked out in her designer jeans and jacket, hot pink button down and high-heeled Candies. With the combination of her long curly red hair and pink attire, the early thirty something woman was an attention grabber. When you saw her next to the green man with the full mustache, they made me think of a very depressed Kermit and Miss Piggy.

Todd asked the questions. "Mr Newton, when did you first find out you had cancer?"

"Well, we did the CAT scan last week, but I guess I felt weak and not right for maybe one, maybe two months now. I was also having some back pain."

His wife chimed in. "That's right, and he was having these fevers at night. The doctors said they thought that was when the cancer was growing."

"Do you understand that the surgery we're going to perform carries no guarantees that we will be able to cut out all of the cancer?"

"Yes, Dr Spinatelli told me that it's pretty big already and that if it reaches into the right lobe he won't be able to get it all."

"Do you understand that liver surgery is a particularly risky type of surgery because the liver is prone to bleeding and that we will almost certainly need to give you blood products during the operation?" Mrs Newton's foot was moving up and down in a nervous rhythm, causing her Candies to clack against her heel. Mr Newton looked down at her

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foot for a second, staring at her perfectly painted pink toenails for an extra moment before responding. “Yes, although Dr Spinatelli said you’d give me back some of the blood you recovered in the cell saver device.”

“That’s right. We will recover blood that runs into your abdominal cavity and add a substance called heparin to keep it from clotting. We’ll give that back to you, to help reduce the amount of donor blood products we have to use. The recycling process will be going on throughout the surgery.” Mr and Mrs Newton nodded their heads. “All right, now I have to get you to sign a waiver form and I have to make sure you understand a few more specific things about any surgery in general. Do you understand that all surgeries have a small risk of death, post-operative infection, stroke, adverse-drug reaction (like an allergy) and post-operative bleeding?”

“Yes. Do you think I have any greater risks than usual?”

“Your risk of bleeding will be higher, like I said, because the liver is a fragile organ that bleeds easily. Dr Spinatelli is experienced at doing liver surgery, so I think you’re in good hands, but bleeding is one of the more serious and very real risks of this surgery. On the other hand, hepatocarcinoma is a very serious cancer.”

“Do you think there’s any chance they could cure it without surgery?” Mrs Newton asked. “No Ma’am, not the way it’s growing.” He handed Mr Newton the pen.

The Newtons were quiet for a moment. You could hear the question coming, even as he signed the sheet on all the lines that Todd had indicated. When it came, it came from Mr Newton, his green face scrunched with emotion as he asked it. “Dr Roberts, no one has ever told me what my chances are even if I do have the surgery. Now you seem like a no nonsense kind of guy. Will you look me in the eye and tell me what kind of chance you think I have to beat this thing?” Mrs Newton reached over and held his hand. Pink lacquered nails touching

the jaundiced fingers of a man who has obviously made his living with those hands. Todd took a moment to collect his thoughts. I could see he was going to give the man an answer.

“If we get all of it out, I think chances are reasonably good, maybe as high as 60 or 70% survival at 5 years with chemotherapy. If we have to leave a lot of it behind, your chances are not so good, but they’re not zero either. It will depend on how you respond to chemotherapy. I’m not a cancer doctor and so I don’t know as much about chemotherapy as they would.”

“They tell me that they don’t have highly effective chemotherapies for this type of cancer, that the best they can do is enroll me in a national trial. They say without surgery the odds of 5 year survival are less than 10% if I don’t enroll, and that they don’t know what the odds are if I do. They say that the surgery is the key and that after that almost any chemo will keep it from coming back, if you get the whole tumor.”

“Then I’d enroll no matter what happens after the surgery. That’s how we’ve made progress with childhood cancers, by doing national trials. I know that’s probably not much of a comfort to you, but that’s the best advice I can offer. In the mean time, we’ll do our best to get this thing out you.”

“Doctor, if it comes to a hard decision in there, I mean if you have to decide about some risk as to whether or not to go for it, I want you to go for it. Do you understand what I’m saying?”

“Mr. Newton, I’m the junior surgeon, so I want you to understand that I don’t make those decisions. However, I promise you that if it is possible to resect your tumor, Dr Spinatelli will do it. I will tell him what you said, but you need to understand that he knows how important this surgery is and that he will do what can be done to get this thing out. However, if it’s extended into the right lobe, we won’t be able to resect it all. I’ve assisted in several of these operations and it’s

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not possible. We'll just have to wait and see how far it's grown when we get in there."

Todd stood up and held out his hand to Mr Newton. When he took it, Todd held it for a second before he spoke. "I hope we can get it all. If there is anything that I can do while we're in there that will make a difference, you can count on me to do it. Believe me. When you come out of this surgery, you need to know that whatever answer you hear, whether we got it all or we didn't, you need to know that it wasn't because we weren't committed to success. I promise you, every one of us will be in there doing everything we can."

Mrs Newton cried. She pulled a tissue from her purse and dabbed her nose. Mr Newton looked Todd in the eye for a moment, nodded his head and then let go of his hand with a parting squeeze.

Dr Spinatelli waddled into the OR with his hands resting across his belly, crossed at the forearms and held out just slightly, so that they hung out and across it - hanging free so as not to touch against anything. His bushy eyebrows housed bloodshot eyes and you could hear his sinuses as he suffused them with air on inspiration, taking a big breath before speaking. He wore a mask with a clear plastic shield built into it to cover his eyes. His fat cheeks bulged, so that the shield framed his eyes and eyebrows, but often resulted in a splatter pattern on the sides of this face. "Marge! Have you got them ready?"

A short surgical nurse appeared from behind the equipment table. By short I mean dwarven in stature. She was quite the contrast to Dr Spinatelli who was easily six foot five. "They're here, Doctor."

She pulled open a size 12 pack of brown gloves and assisted him in putting his hams into them. Unlike Dr Anderson, the sound of Dr Spinatelli donning his gloves was more like the squeezing of meat from a sausage. He wriggled them on as Marge held the edges and jumped upwards to get them over the fat folds around his wrists. While comical, no one dared to laugh while observing this process. Dr

Spinatelli did not appreciate laughter unless he was telling a joke, in which case he case expected it. “Phillip, here’s the joke for the day. Did you hear the one about the two barbers who were fighting for customers?”

“No sir.”

“One put a sign in his window that said, ‘we give five dollar hair cuts.’ The other one put a sign in his window that said, ‘we fix five dollar hair cuts.’ Ha? Isn’t that great?”

“Ha ha. Yes sir. Never heard that one before. Sure is funny.”

Todd was already opening up Mr. Newton’s thin belly when Dr Spinatelli walked to the table. I was at Todd’s side holding the clear plastic wand that we used to suck up the blood. The wand was connected to clear tubing that ran down the table to a gallon-sized vacuum container that had anti-coagulant in it. Very soon it would begin filling with blood and when it was half-full, one of the two anesthesiologists would stop and drain the blood from the container into an IV bag. Todd told me we would cycle through 2 or 3 containers in the course of a routine liver operation.

“All right, let’s get this show on the road! Todd walk to the other side and let me you show how it’s done my good man.” Dr Spinatelli stepped up and took the Bovie in his hand. In neat, quick, energy-conserving strokes, he began to slice through the internal fascia and quickly was inside the peritoneum. Todd deftly pushed the greater omentum down, out of the way, with a flat blade especially designed for this purpose. With a few more strokes of the Bovie through the linea alba, the outer capsule of the liver was exposed. Dr Spinatelli already had little rivulets of sweat running down the side of his face. “Marge, wipe me!”

Marge stood somewhat precariously on a two foot high stool and wiped Dr Spinatelli’s brow and the sides of his face with a sterile blue towel

before he turned around and continued. "Let's get everything adjusted Todd."

They took a moment to break out various retractors and clamps, so that the ribs were lifted and the omentum was tucked away, leaving the liver out and exposed. Dr Spinatelli would call for something (the names allude me now) and Marge would hand him precisely the device that he'd asked for out of the cache of thousands she had arrayed on her table.

In no time at all they began to adhere large strips of foam to the top and bottom of the liver, running back to front so as to bisect the organ. Then, together, Todd and Dr Spinatelli began to pass a great long, round-sided needle from the top of the liver, through the first layer of foam, out the bottom, through the second layer of foam and then back in again to create a loop. By this time blood was pouring out of suture sites. Even as they tried to pull the first loop down and cinch the first mattress stitch tight onto the liver, I had almost a third of a canister of blood suctioned out of the peritoneum.

Dr Spinatelli looked like he was doing surgery in the rain. His surgical gown was soaked with sweat. They threw in the second mattress stitch. Blood oozed in rivulets from each of the suture sites. The junior anesthesiologist made me stop suctioning after the second stitch so that he could replace the canister and start the first transfusion. "Damn, already? Todd we've gotta get these things thrown in here!"

"Yes sir."

"You watch the end of the needle down there, now that we're starting to get it cinched up, one of the worse things that can happen is for that needle point to pop out and nick the inferior vena cava!"

"I'm watching. Here, I'm sending it back up." They had the third cinch in place and tied down. They stopped for a moment to put fibrin glue to several of the worst spots of bleeding then continued with their mattress

stitches. It took another ten minutes and a second cell saver bucket before they finally had the liver cinched down from one side to the other. In essence they had sewn it in half, with the sutures all embedded in the white foam strips (now blood red), making a crease across the middle.

“Phillip, hand me that cell saver!” Dr Spinatelli began to use the cell saver to pull up blood from pockets out of my reach. A third bucket was rapidly filling. At the same time, Todd was using a long Q-tip applicator to apply fibrin powder to sites on the liver surface that were still oozing. Dr Spinatelli handed the cell saver back to me. “Marge! Time for a change out!”

He backed away from the table and popped his gloves off. Marge came over and assisted in taking his gown off. She had a new gown waiting for him and they quickly put it on. Marge assisted him with his new gloves and then wiped his forehead and cheeks beneath the plastic shield of his mask. He rushed back to the table, a bit like a Nascar accelerating out of pit stop. I had a rather indecent mental snapshot of Marge checking his oil.

“Phillip, no dawdling! When we cut off the left lobe, there is going to be a ton of blood. Get that blood out of there so we can see to get the bleeders. We’ll have to cinch up any parts of the liver that are oozing badly. It will be a bloody mess. It always is. You take that long arm of yours and stick around my belly and keep the tip of that thing right there!” He pointed to where he wanted me to hold it.

“Yes sir. I will.”

“Todd, I’m going to let you do the cutting, free hand, with a scalpel.” Dr Spinatelli raised his bush hogs up high and appraised Todd with a hackneyed stare, making sure he was up to it. Todd looked confidently back into his eyes and raised the scalpel between them. He brought it down deliberately about a centimeter away from the foam strip on top of liver and sliced into the liver with fluid strokes. I stretched my arm

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forward and touched the tip of the cell saver to the spot I'd been told. Todd was slicing with his right hand and gently pulling the left lobe of the liver away with his left hand. As he got half way, you could see the tumor, white on liver brown. It was the size of a softball. About a fourth of the tumor was going to be left behind. Dr Spinatelli took in deep breath as he saw it. "Oh, he's dead." Todd hesitated for a moment. "No you don't! There's nothing we can do now. We took it as far over as we could, finish it! We've got to tie off those vessels and get control of the bleeding."

Todd finished his dissection. The exposed side of liver was one huge sponge of blood, oozing and weeping and spurting. Dr Spinatelli quickly isolated an artery and ligated it and then coated it with fibrin powder. He found another and ligated it. Todd put fibrin powder in other places whenever Spinatelli backed out for a second. They had a vein that continued to ooze despite several coatings. We were now up to our fifth cell saver container. I thought that was probably higher than Dr Spinatelli usually went.

"Aw damn, we're going to have to put another cinch in!" Todd paused for a second and asked. "How many will the liver take?"

"Hopefully one more, but that vein is probably connected to the tumor and it's valves are probably messed up. We have to clamp it shut with pressure." Spinatelli also paused, as if the next step might be a fateful one.

"All right, it's just in front of the tumor. Maybe if we angle it this way? Do you think that would give us a better chance?"

"You're using your noodle boy. That's just what I was going to say. Get to it. We're running out of time and I'm sweating like a pig. Marge! Wipe Me!"

Todd began to carefully push the long needle through the liver. I could see him concentrating. I felt that the presence of the tumor was

somehow an added burden. Now that they knew it was there, they didn't want to put any suture through it (although I thought that they probably already had). In a moment he had the point down through the other side and they carefully lifted the liver and pulled it through and then started the needle back through the other way.

My back was killing me. All this time I was stretched out, reaching around Spinatelli's girth to keep the cell suction wand in the right place. At that point it was continuously sucking blood through it. I wondered how many times some of those blood cells had passed through my wand. During the course of the surgery I knew that the anesthesiologists were also giving other blood products: concentrated clotting factors, fresh plasma, platelets as well as packed red blood cells. They gave whatever Mr. Newton needed to keep his clotting capacity normal. It was really a remarkable accomplishment considering the abuse that he was going through.

"Alright now, let's pull it together gently. That's it. Here, give me the threads now, you push down the knot with one finger and gently push down the foam on each side with your hand. Not like that! Slowly! Smoothly! Right, there you go. Now let me tie it right there, I don't think we're going any further than that without blowing the whole thing apart." They both stood up and looked at the liver critically.

"Phillip, give me that." Dr Spinatelli used the cell saver to suck up blood and to clean up the face of the liver. I quickly shook out my screaming shoulder, knowing that I would be back into the position of torture again soon. I could see that the vein was still oozing but it did seem to be letting up. Dr Spinatelli handed the cell saver to Todd and took a huge wad of fibrin powder and packed it against the vein opening and held his meaty hand against the surface for a full two minutes.

At the end of the Spinatelli's self-imposed pressure period, he gently pulled his hand away and inspected the liver. The bleeding had finally stopped. There was a collective sigh between the three of us. Todd

The Trouble with Surgeons

handed the cell saver back to me and began pulling out clots that had congealed in places that were not going to benefit the patient.

Dr Spinatelli turned to Marge and asked her to prepare his latest gadget. He was always testing the newest staple gun on this tissue or that organ. That was his special research interest, using internal staplers for surgical tissue repair. It didn't really appeal to me. If I was going to have surgery, I wanted absorbable sutures. That way, someday, long after it was all over, the sutures would also be gone. With staples or Vicryl sutures, they stayed with a patient until they got embalmed for the funeral.

In what seemed like very little time, Todd and Dr Spinatelli were closing Mr Newton. They used the staplers whenever possible, shooting in strip after strip of tiny steel staples and then pulling together the next layer of fascia. In less than thirty minutes, the anesthesiologists were finishing up the last blood transfusion and discontinuing the inhaled anesthetic. Because this was such a rough case and his diaphragm had been all stretched by the retractors, Mr Newton was expected to require the ventilator for most of the day. When Todd finished the last of the bandages and washed him off, they covered him with blankets and rolled him with his ventilator out to the PACU (Post-operative acute care unit) for subsequent management.

Dr Spinatelli said, "I'll meet you at 4:30 for evening rounds. We'll start with him." Then he walked out.

Todd and I had twenty two patients to check, some minor procedures to get done and we'd worked through lunch during this case. We took one look at each other and shot out of there like a rocket. We made a bee line for the cafeteria.

The Newtons were splitting a bowl of lime sherbet when we arrived the next morning. It was a bad color choice in terms of ice cream, because it clashed with Mr Newton's skin. I heard the breath whistle out of Dr Spinatelli's sinuses as he squeezed through the doorway. The rest of us

waited outside until he got in position. He maneuvered himself into the chair by Mr Newton's bed and took a pause. "How's the sherbet? Not bad for a hospital is it? I have a bit of it myself as you can plainly see by the size of my belly."

"I want to thank you for what you did for my husband" Mrs Newton was about to break into tears. Any fool could see that the window for opportunity was closing. If he didn't tell them soon, it was going to be too late. She dabbed her eyes with a tissue. "Yes well, we just do our job Ma'am. It just happens that my job is to cut out cancers. Let me tell you what we found in there. Your cancer was the size of a soft ball." Both of the Newtons stopped, motionless. Miss Piggy put down her tissue. Kermit put his spoon back in the dish. They looked at each and then turned to stare at Dr Spinatelli, completely and utterly hanging on his next words.

"We cut the entire left side of your liver out. All of it we could take. We had a devil of time getting it to stop bleeding, in fact you went through more cell saver canisters than any patient I've ever operated on. The reason it was so hard was because the tumor had started changing the way the blood vessels were growing. As you know, because of the angiogram they did on you a few weeks ago, most surgeons wouldn't have operated. You don't know how glad it makes me to see you eating ice cream the day after the operation. We put your body through hell to get that thing out."

"Did you? Did you get it all out?" Mr Newton had gotten to the punch line and now needed to hear it. The blood was draining out his face, leaving it a worse shade of green than before.

"We got all but a tiny rim."

"What does that mean?"

"Well, it's not as good as getting it all, but sometimes if you take away the primary blood vessels that feed the thing, most of what you have

left is just the fibrous covering. That isn't really the same as the interior tumor cells, so you can get a better outcome. Sometimes that rim of fibrous tissue will get scavenged by the body before it can re-establish a stable blood supply and go away. That's what I'm hoping anyway. It was the best that we could do for you."

"What are my chances?"

"Fifty-fifty! If you get yourself into a good chemotherapy program and you pay attention to what they tell you. Our hemeonc doctors should be plugging you into something like that in the next day or so. I'll have Dr Roberts consult with them and make sure." Mrs Newton sat up straight in her chair, clearly filled with new resolve.

"Dr Spinatelli, we want to thank you for talking to us honestly and telling us the truth. You're the first doctor who's come out and given Harold a straight answer about his chances and I really appreciate the plain facts about his operation. Dr Roberts was right when he spoke to us the other day. We did come out of this operation knowing everything, and knowing everything that could be done was done. Thank you!"

Mr Newton held out his hand, but obviously was at a loss for words. Dr Spinatelli took it in his meaty paws and shook it. Then he extricated himself from the chair and lumbered out into the hallway. What he hadn't told them was the more likely possibility that the chunk of cancer would survive because the liver is actually an organ that blood seeps through, constantly bathing any surviving cancer cells with oxygen and nutrients. Now that the fibrous capsule around the tumor had been opened, the chunk we'd left behind could grow and metastasize directly into the abdominal cavity. The odds of one year survival were abysmal and he knew it. He'd known it in the operating room.

Phillip V. Gordon MD PhD

Todd looked over at me as we walked out the room. I could see the anger in his eyes. It was the first time that I could remember him chafing against the yoke of a surgical mentor, but not the last.

The Trouble with Surgeons is the tale of a physician who loses faith in himself after suffering a stroke and seizures in the middle of a dying patient's operation. Redemption is found not in technology or medical miracles, but in the no holds barred attitude of a surgeon who refuses to give up on his colleague's prolonged rehabilitation.

The Trouble with Surgeons

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