

MY LAST DAY ON SURGERY ROTATION

by Jana Simonds, MS III

It is my last day of transplant surgery and surgery clerkship. I just had two days off, and today is a half-day anyway; I am basically done. I will leave UCSD Medical Center at 12:30 p.m. or so to get to campus by 1:30 p.m. to attend primary care seminar. This sounds really good since my surgery orals and shelf exam are in two days. Great, at least a little time to study tonight.

I get to UCSD Medical Center at 6:00 a.m., drop my scrubs in a machine, and at the very same moment, I am paged by my intern...already. To my great surprise, he is letting me know that the attending surgeon has requested I accompany the team to Idaho on a procurement later today. What??? Idaho? Today? My easy day, my last day, when my rotation ends in six hours anyway! What do I do? Not sure. The intern says that he has no other information about the procurement, and no other members of the team are in the hospital yet. My first reaction is: no way, I am not going! That means all day, and I will be really tired by the time we return, and I will not be able to study, and I have primary care seminar, and I have no jacket with me... Without any additional information on the planned trip, I decide to round on my patients.

Seven o'clock comes, and I am writing my notes when a fellow shows up. He looks at me and asks, "Are you going?" At that moment all my unconscious desires surface and I produce this joyous, "Yes, I'd love to! I am so excited about this!" I actually feel the emotions: this is awesome! His next question is, "Do you have a jacket? It's freezing there." Of course I don't. After I learn all the details of the trip I realize that I have about 45 minutes to drive home, 15 miles each way in traffic at this time of the morning, notify my primary care leaders, call my husband, and even take my son to school. Well, I'd rather leave out the details regarding my driving speed, etc., but I make it right on the mark. And just like that, the attending surgeon, the fellow, and I are on our way in a private jet to Pocatello, Idaho. Yes, this is my first trip in a private jet, and after our landing in the serene, snow-sprinkled scenery of the little airport in Pocatello follows my first ride in a limousine. Thirty minutes later we are in the hospital getting ready to carry out the procurement.

The intent of this procurement was to obtain a liver for our 60-year-old patient I will call June, who had end stage liver disease as a result of alcoholic cirrhosis. She was first transplanted about a year ago, at which time she received a split liver transplant that was complicated by hepatic artery thrombosis, and the transplanted liver ultimately failed. She had spent the last year in and out of the hospital waiting for another transplant. Just as her body was progressively deteriorating, a new liver became available, and her second transplant operation took place only six days ago. June was weak, but stable, when taken into the OR. During the surgery she started bleeding from all open surfaces of her body. Her bleeding was very difficult to control. She lost 50 L of blood and required 137 units of red blood cells during 14 hours of surgery! By the time the new liver was anastomosed and perfused, histology of this new liver showed 20% necrosis. That was bad news. It meant that this liver would not work

and that she would need to be re-transplanted soon or she would die. Due to her extreme hemodynamic instability during the surgery, the fear was that she might die even that very night. To keep her alive, and keep her blood pressure at a reasonable level, she needed a lot of vasopressors. Vasopressors constrict vessels, including the vessels carrying blood to the newly transplanted liver, further compromising its perfusion and potentially worsening already present necrosis. There was no ideal treatment; the prognosis for June's survival was bleak.

That night, the residents, the ICU team, and I received exact instructions on close monitoring of the patient and administration of proper amounts of vasopressors, fluids, clotting factors, blood transfusions, etc. to keep June alive. We watched her as she fought for her life that night, the day after, and again the day after that. Her body was beaten; it was stressed to the limits, yet she was very strong. In light of her critical and uncertain condition, the wishes of the family for her were changed from full code and full care, to no resuscitation (no code) with full care being provided. Full care included the option of re-listing her on the transplant waiting list should her condition stabilize. To everyone's astonishment, she improved and stabilized four days following the surgery. It was determined that her condition permitted another transplant surgery, and she was re-listed. She became "status one" in the region (the patient in greatest danger of dying unless transplanted within hours). Now, two days after re-listing, came the call from the Regional Transplant Coordination Center offering June a liver, giving her another chance. And that was the reason I was paged this morning, and for the first time in my life set foot in Idaho.

The beautiful, mid-sized town in Idaho, with its small, three-story hospital held a promise for June. In the OR on the second floor lay the body of a 45-year-old woman who I will call Monica. Monica was a blond woman, her long hair woven into a beautiful braid. She was very pretty. Her face had soft features, prominent lips, a few freckles throughout her face; she had traces of make-up on her eyelashes and eyelids. Her body was thin, average height. She looked healthy and athletic. As she was laying there, I could not help but wonder about her life, about her parents, about her husband, her job, school, friends ... Why was she dying? Why her, a healthy person who had not seen a doctor in years? Sinusitis?! Did the doctors do something wrong? Did she do something wrong?

Monica had *Streptococcus pneumoniae* sinus infection that unexpectedly and rapidly progressed to meningitis. She came to the hospital just five days ago, underwent a surgery at that time, but unfortunately without benefit. Her state deteriorated further, and she had been pronounced brain dead just several hours before we arrived. Monica's husband agreed to donate her organs. Our job was to retrieve them: liver, pancreas, and kidneys. The fellow made the incision from the top of the sternum to the pubis. He cut vertically through the sternum, and there was Monica's heart. We clamped the aorta and watched the heart stop. I placed my fingers on the right ventricle of Monica's heart feeling and seeing her myocardial cells twitch in fibrillation as all the visible and apparent signs of life were vanishing from her body. We proceeded with procurement for the next five hours. When it was time to close the incision, the body

was evidently lifeless. There was no tone to the muscles, no turgor to the skin; there was no monitor beeping, no anesthesiologist, and no extubation. Monica was not only brain dead; she was dead. I was profoundly touched and saddened by this surreal scene. After we closed the incision, we removed the endotracheal tube, and a nurse phoned the morgue. The liver, the kidneys, and the pancreas that once belonged to Monica were cleaned and placed nicely in carefully labeled, iced buckets. Her pancreas was on its way to Chicago; I am not sure about the destination of the kidneys, and the liver was on its way to June in our hospital in San Diego.

The very day that death met Monica in Pocatello, life was offered to June in San Diego. June is alive, thanks to Monica and her husband. I wondered how different the lives of these two women were that brought them together in the most intimate and mysterious of ways. Why the two of them?

As I was sitting in the jet flying back to San Diego, my mind was racing; I was replaying the events of the day in my head. I remembered the discussion I had with the attending surgeon while waiting in the OR lounge in Pocatello. I told him that life was not fair! Why did some people have strength to recover from being on the verge of death, while others disappeared unexpectedly, without notice in the briefest of moments? I was happy for June, yet I was so angry that Monica died in front of my eyes! I wanted an explanation, a reason. I felt there was chaos and injustice in the world! The surgeon listened, nodded, and said, "Yeah... what I have learned from my job over the years is that you must be nice to people, every day, all the time, to everyone, because life is unpredictable and you just never know." I thought about it. The answers, the reasons, the logic, the fairness of life, all of that is beyond me. I could ponder, question, doubt, dwell, feel angry, or sad, but in the end I had to accept the unpredictability, the chaos. What was left was to live in the moment and live right.