Day of Surgery

Emily Deibert Cisneros, Class of 2019

It's a Friday and I'm halfway through my surgical rotation. Our patient is in her early sixties and had a history of perforated diverticulitis, requiring a partial colectomy. She was up for an elective colostomy reversal that morning. Like most patients with temporary colostomies, she was eager to get rid of it.

Due to her history of mechanical mitral valve replacement, she was taking a blood thinner called warfarin. In order to reduce the risk of bleeding during surgery, patients must stop warfarin. Meanwhile, to prevent a clot forming around the artificial valve, they must inject themselves with the shorter-acting blood thinner, Lovenox. Our patient and her husband had followed these "bridging anticoagulation" instructions faithfully.

During surgery, everything went as expected. I was impressed, as always, by my surgeon's delicate maneuvering, as he sewed the glistening layers of bowel wall back together.

But now, just after lunch, I hear his phone ring. It's our patient's nurse. "Be right up," he responds.

We arrive at her room and she is lying in bed, pale. She says she feels lightheaded. The nurse lifts off her bandage and reveals a large dark purple hematoma that is bursting at the seams of her stapled midline incision. Her blood pressure is 83/52. My surgeon repeats it. Even lower. Her husband looks worried. As the rapid response team circles the bed to transfer the patient to the ICU, my surgeon pulls him to the side, "She is having very low blood pressures. I'm concerned that she may be bleeding internally."

Our patient's husband looks upset and confused. "But we followed the instructions from your office!" he exclaims. "She stopped the warfarin earlier this week and I gave her the shot of Lovenox this morning."

My surgeon's brow shifts ever so slightly. "This morning?" he asks, softly, looking concerned. Although it is still early in my rotation, I have yet to hear him raise his voice.

"Yeah, at 4am I gave her the 90 milligram injection day of surgery, like it said," he responds. "Is she going to be okay?" he asks, panic starting to build.

Reassuring him, my surgeon steps into the hallway. "Listen, I need to make a quick call. She's in good hands. Be right back."

On the phone with his office manager, he paces. "Can you read me our Lovenox bridge instructions, verbatim, please?"

"It says take 90 milligrams day of surgery."

My surgeon explains to me what happened with our patient, as calmly as ever, "Nowhere does it specify after surgery." He looks at me, solemnly. "It's not clear. Our instructions are not clear," he sighs. "What a shame."

Approaching the patient's husband, my surgeon is quiet. He is generally serious, but the weight of his silence is different this time. He apologizes to the husband immediately, earnestly. He explains that the form is poorly worded and misleading. He takes full responsibility for what happened. "This is our mistake," he repeats, "and we're already in the process of changing that form."

Later that evening, we take her back to surgery. Her husband trails behind the gurney. I walk beside him, trying to be supportive, but not wanting to provide false reassurance that everything is going to be fine, because honestly I don't know. As we disappear behind the double doors, he tearfully calls out, "I love you so much, honey."

In the OR, I ask her how she is feeling. Despite her critical condition, she states, "Oh, I'll be fine, God-willing. It's my husband who..." as she drifts off to sleep.

We scrub in side-by-side in silence. The hallway is also quiet, as most people are gone for the day. My surgeon takes a long pause,

hands dripping into the sink, and turns to me. “I just hate this,” he admits, vulnerably. “I feel so terrible.”

The amount of blood in surgery is overwhelming. We suction out as much as possible, but it continues oozing from everywhere. The anastomosis is intact, luckily, but to my surgeon’s disappointment, there are no clear sources of bleeding to control. He lays down some hemostatic gauze, and we begin to close.

A week later, our patient is readying for discharge. After several days in the ICU, with multiple transfusions of red blood cells and plasma, her blood count finally stabilized. She is dressed in her own clothes and putting on lipstick when we walk in the room. She looks happy to see us.

“I’m so glad to be done with that thing and go home,” she says, regarding the colostomy. My surgeon nods, understandingly, and apologizes again for what happened. She smiles and shrugs, as if she has already forgotten how critical her condition was just days ago.

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My surgeon demonstrated integrity in his response to this life-threatening error. He put pride aside and the patient and her husband first. He could have easily dodged these difficult conversations and passively allowed them to assume blame for misreading the instructions. Instead, he took full responsibility for the miscommunication, relieving them of that burden. He apologized for their suffering. He was never defensive or accusatory, and he never tried to shift blame to any of his office staff, or to anyone else who had seen the patient prior to surgery. He sought to fix the problem immediately, and new, clearer instructions were written as a result.

Through this experience, I was reminded of the immense value of honesty in medicine. I learned the importance of identifying one’s individual role, as well as understanding the system flaws involved in medical errors. There are miscommunications every day in medicine, many of which put patients at risk. Thankfully, our patient was okay, and improvements were made to prevent this from happening again.

Maintaining the façade of perfection is unnaturally expected of physicians. But this is often at the expense of humility, self-reflection, and honesty. As doctors are so highly trained to prevent errors, we should be equally trained to admit error. As my surgeon showed, failure can be the most fertile ground for growth and change, if we allow it. ■

THE CENTURION

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Matthew Hager is a 3rd year medical student with a passion for global health. He is follower of Jesus Christ, husband, musician, surfer, and Crossfit athlete.