

ENCOUNTERS

“And you, my father, there on the sad height”

“Suck, damn it!” commands the surgeon. “Whissshss, garble garble, slurp slurp, hooooo” goes the suction hose.

We’re in deep and the blood keeps coming. To find the source of the bleeding, we’ve gone through this man’s belly, pushed aside his guts and cut open a chamber known as the retroperitoneal space just inside of the back. Blood squirts out. The bleeding is fast and beautiful, a red as rich as rubies.

“Shit ... shit.” mutters the surgeon. He feels around to find the source of the bleeding.

“Put the suction here!” he demands. The pool of red drains, and we can see a little better. Inside the retroperitoneal space, there is a tube of flesh — the aorta — with a little hole in it. The blood gushes from the hole like a pulsating decorative fountain. The surgeon reaches in to play the aorta like a flute, blocking the holes with his fingers and stopping the bleeding. With the bleeding halted, there is a moment to pause and think. Everyone’s quiet, except for the surgeon’s commands and the suction hose, which keeps slurping away.

“Give me a 2-0 prolene.” He puts in some stitches.

“Right-angle clamp ... no, I said a right-angle clamp, in my hand. Now.” The nurse hesitates as she tries to find the correct instrument.

“No, keep your suction there!” The assistant has lost sight of the bleeding source.

“Oh, shit!”

The surgeon’s lost his seal on the holes, and the blood comes back, just as fast as before.

This time, we can’t stop the bleed. We bring in units of blood taken from other people to try to make up what’s lost, but this man is leaving too much of himself on the table. The suction



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hose keeps gurgling away happily over the shouts and the silences in the room. He’s lost litres of blood by now.

“I’m calling it. Ten forty-six.”

“Ten forty-six, attempted aneurysm repair aborted,” repeats the nurse.

We’re done.

We take a step back from the scene. The patient is draped in sterile blue paper, his face hidden. There’s an organized mess of stainless steel surgical equipment inside and outside of him. His bowels are hanging outside of his stomach and covered with cloth. The pool of red blood continues to slowly grow, its viscous surface pulsing with the beat of his failing heart.

“Okay.”

“Double-stranded PDS (polydioxanone sutures). Staples.”

The suction hose is turned off. We put his bowels back where they belong. We stitch him back together and staple his skin closed. The wound is clean; it bleeds little. We dress the wound with clean white bandages.

The blue drapes come off. He’s a cadaveric yellow from head to toe. The nurses clean him, and they bring out the white body bag.

I walk out of the OR with the surgeon. He has a cup of black coffee.

And then we talk to the family.

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This is a true story. The surgeon has given consent for this story to be told.

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