An Operating Room Experience Necessitating Prayer: Through a Medical Student's Eyes

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The events of this story arose during a rotation at a hospital that is not disclosed, and the patient's details have been modified to preclude identification.—Ed.

Mr. Carlton was a man with end-stage renal disease who was to receive a living donor kidney transplant from his wife, who was to undergo laparoscopic donor nephrectomy. I was assigned to Mr. Carlton's case, though his wife's donor surgery would be occurring concurrently in the operating room (OR) across the hall.

As we were dissecting down to Mr. Carlton's right external iliac vessels where the transplanted kidney would be attached, the surgeon was asking me questions about kidney transplantation. "So, when we have a living donor, which kidney do we take?" he asked. "The left, because it has a longer renal vein," I answered. "Correct," he responded, "Now, is there ever a case where we won't take the left kidney?" I wasn't completely sure, but given this question was even being asked, instead of hedging my bets, I responded confidently, "Yes." "Good, but why?" he asked. I paused to think, and then said, "Well, I guess if there's a difference in function..." "Right, in that case which do we take?" I paused again. I knew that if you took the good kidney, there would be a better chance of transplant success, but there would also be a greater risk of the donor going on to have kidney problems. "You'd take the worse one," I said, "because if the recipient gets a kidney that fails, they're no worse off than before, but if the donor is left with a kidney that fails, now there's another person with end stage renal disease." He nodded, "Right, what's the first thing we taught you in medical school? First, do no harm."

Just as we were about ready for the kidney for Mr. Carlton, we were informed that while the kidney was out, his wife's donor nephrectomy was becoming complicated and the surgeons were converting to an open procedure. While I and much of the team

stayed with Mr. Carlton, the surgeon and resident went to help with his wife's operation.

Since starting this rotation, there have been plenty of occasions for empathy when I would meet with and talk to patients on the floor and hear their stories. However, I quickly noticed that these occasions seemed to be neatly separated from our work in the OR. Never was this as apparent as when for once, just the opposite was taking place, and I found myself sitting by Mr. Carlton's anesthetized side while awaiting word of his wife's condition.

I sat in anticipation, maintaining the sterile field for what seemed like an eternity, with the steady rise and fall of Mr. Carlton's chest punctuated only by occasional messengers who were sent in with updates. "It's chaos in there." As I looked down on Mr. Carlton, I thought of how worried he'd be if he were awake. I was the only one there to worry for him, and I sat in silence as the nurses and other OR staff drifted into various conversations. "They cut a blood vessel, it might've been the aorta." As the situation became increasingly more worrisome, I wanted to do all I could to help Mr. Carlton and his wife, but I had no idea how to do so. Finally, it dawned on me: Pray.

"They consulted vascular surgery. All of the surgeons are scrubbing in." I sat and prayed everything I could think to pray. I prayed the Our Father on a

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loop. I prayed for the intercession of my favorite saints. I thought of Mr. Carlton and his wife and their children, and what their life was like. I thought of all of the relatives I had met prior to the surgery, full of smiles and gratitude. As the case was running more than an hour overtime, they were undoubtedly waiting for updates. I prayed for all of them. I was doing the only thing I could do in that moment to help our patient.

Saint Faustina tells us that we need to remember our primary three ways of service in life: works, words, and prayer. As a student, there is rarely anything I can do medically to help a patient, and, in clinical scenarios, it's often not the time for a medical student to speak. However, no matter how far along I get in my career, I know that sometimes there will come a point at which there is nothing more I can do or say. I hope that then, as now, I can recognize that moment as an opportunity to turn to prayer.

"She's losing a lot of blood." One of the nurses looked up as she shook her head and said, "I don't have a good feeling about this." Looking back down on Mr. Carlton, a fear struck my heart that there might be a chance Mr. Carlton would awaken as a widower. I thought of what would be undoubtedly one of the most painful feelings in the world that your spouse had lost their own life in the act of voluntarily giving of themselves for you. It was overwhelming and unexpected, to say the least, to be reminded by two unconscious patients of the true meaning of marriage.

At long last, Mr. Carlton's surgeon returned in silence with blood dripping down his gown and the kidney in an ice bucket. Mr. Carlton's wife was stable. The surgeon began to prep the kidney and didn't even look up as he said, "Okay, everything has to go back to normal now. We're just doing what we always do." The resident, clearly shaken, quietly responded, "Yes, sir."

Once the kidney had been reperfused, things had finally calmed down and we began closing up. "I can't even imagine," the surgeon said. "Of course, as a surgeon doing high risk procedures, sometimes you lose patients. It's just the nature of the beast. But the thought of losing a donor, whose operation was completely altruistic and not necessary for their own health . . . I can't even imagine." We stood in silence as the surgeon's words from earlier rang through my

mind, "Right, what's the first thing we taught you in medical school? First, do no harm."

I continued praying for Mr. Carlton and his wife over the next few days as they recovered. As we woke her up on rounds and discussed that she'd be in the hospital a little bit longer than expected because she had a bigger surgery than planned, she simply voiced a calm, unfrustrated understanding, and this meek demeanor left an impact on me. Her humility and acceptance in the face of the great sacrifice to her health that she had made for the sake of her husband reminded me very clearly that this was Christ in front of me. And, of course, that was indeed the very purpose of marriage: to conform each other ever more clearly into the image of God. This was certainly not what I had signed up for when I walked into the OR that day, but it was a reminder that there's always room to pray for, and learn from, a patient. The OR might be sterile, but it need not be sterile to love.

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Biographical Note

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